



FROM THE PRESIDENT, MARGARETHA HAGLUND



In Sweden, as in most parts of Europe, this year has started off with one of the coldest and snowiest winters in a long time. Actually, I just can't remember the last time we had so much snow in Stockholm. For those of you living in the southern parts of the globe it must seem exotic to be able to put on the skis just outside your own house! Therefore, I just couldn't resist sending you this picture of me, taken by my husband Berra during the Christmas holiday. In addition to the snow, the temperature at the beginning of the year averaged - 12 C—cold even for a Swede, but as we Swedes say, "there is nothing such as a bad weather just the wrong type of clothes!"

2001 was a challenging year with many important issues other than tobacco control to deal with. Despite that I am glad to tell you about a breakthrough in funding of tobacco control activities in Sweden. For the first time during my twenty years in tobacco control, my government has provided adequate funding for tobacco control. Of course my expectations, as well as those of my Swedish colleagues, are that we will now be able to form

a tobacco control program in Sweden worth the name. But of course money can never replace skill and enthusiasm but it certainly helps a lot!

More money means that we can continue to develop gender-sensitive tobacco control programs that will better reflect the context of women's whole lives and the impact on both tobacco use and tobacco policy. The tobacco companies have long focussed on women (and men) in advertising and promotion, but unfortunately has taken the tobacco control movement several decades to understand and accept that gender has a distinct place in analyzing and responding to smoking.

In Sweden, it wasn't until we realized the effect of the tobacco industry's marketing activities, the big increase in smoking-related diseases among women, that we began to develop women-centred activities. You might have heard it from me before, that Sweden, while seen as one of the most emancipated countries in the world, is also one of the very few countries where more women than men smoke. I guess this is the backlash of emancipation! But, as an other Swedish saying goes, "better late than never."

continued on page 6

Dr. John Slade *Distinguished Leader in Addiction Treatment and Tobacco Prevention*



Dr. John Slade, an expert on the treatment of alcohol, tobacco and drug addiction, and one of America's pioneer advocates for tobacco control, died Tuesday at the age of 52. Dr. Slade suffered a stroke last July.

continued on page 7

Spotlight on Europe

This issue of *The Net* highlights information and activities about INWAT-Europe.

The European region covers an area from Iceland in the North, to the island of Malta in the Mediterranean and from Ireland



in the West to the the Baltic States. This is an area of diverse cultures and languages; INWAT Europe tries both to encourage the development of national networks and to stimulate activities and information sharing across Europe.

We hope that this spotlight on Europe will be the first of a series of regular "specials" featuring a different region of the world in each issue.

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Poland: Closing the Gaps: Solidarity for Health

The 3rd European Conference on Tobacco or Health will be held in Warsaw on 20-22 June 2002. Conference President Prof. Witold Zatonski says that in addition to implementation of comprehensive tobacco control programmes, Europeans need to 'close the gaps' in policy through solidarity for health. The conference will focus on four main topics: closing the gaps, medicalisation of tobacco control, the economics of tobacco control and secondhand smoke and health.

Deadline for abstract submission is 30 March 2002. Further information is available from www.ectoh2002.org

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The 3rd seminar of the Physicians and Health Professional Women's Network of Spain, *Young Women's Health; Morbidity, Prevention and Social Pressure*, organized by the Women, Health and Quality of Life Programme, of CAPS (Centre of Analysis and Health Programmes) of Barcelona, was held at the Women Institute in Madrid on October 26 2001. More than 80 women, including physicians, psychologists, nurses, sociologists and journalists, met to discuss the current state of women's health in Spain, particularly how to improve women's health and welfare. For the first time the issue of women and tobacco was specifically explored.

In Spain, Tobacco consumption by men is decreasing, while women's use is on the rise. Young women are still smoking more than boys, which has been the case since the late 1990s and the participants of the seminar concluded that it is crucial to influence both men and women at social and multi-individual level to improve women's status and health.

*Dolors Marin Tuyà
SCAPT, Spain*

The Swedish Cancer Society is pleased to invite you to take part in the

2nd European Conference on Smoking in Pregnancy and Passive Smoking in Children

to be held at Djurönaset, Stockholm, Sweden, on 27 – 29 May, 2002.

Aims of the conference:

- To increase health professionals' involvement in quit smoking counselling during pregnancy and in postpartum
- To stimulate and to promote international exchange of experiences on achieving effective intervention strategies in order to reduce smoking in pregnancy and to avoid ETS exposure among children
- To strengthen international co-operation

For more information, consult:

www.cancerfonden.se/smokepreg/

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Scotland: Women, Low Income and Smoking Project

In April 1996 the ASH Scotland project, Women, Low Income and Smoking was established with funding from the Health Education Board for Scotland (HEBS).

The main aims of the *Women, Low Income and Smoking Project* were to explore ways of working to reduce smoking among women living on low incomes by funding and supporting community based initiatives, and to gain new insights into the appropriate ways of evaluating these.

The *Women, Low Income and Smoking Project* developed out of the findings and recommendations of the 1994 report 'Under a Cloud'¹ which was the product of a nine-month research project. The aim of the project was to address concerns arising from research data on smoking rates. The data showed that both high smoking prevalence and high consumption rates were increasingly associated with those living on low income and in materially disadvantaged circumstances. It was also clear that women were over represented in this group.

The project was based on a community development approach to these issues, and proceeded through a number of community-led initiatives. Distributing a total of £37,000, (\$54,000) twenty initiatives were awarded grants of between £500 (\$725) and £3000 (\$4,350) to undertake work that would operate for a maximum of a year. Some initiatives tackled smoking using direct methods and focused on cessation. However, the majority used a variety of indirect methods e.g. poetry and video work, drama, exercise and diversionary activities.

The recommendations from the *Women, Low Income and Smoking Project* and outlined in the report 'Breaking Down the Barriers'² were extensive. These recognised the lack of support services at community level and the need for long term dedicat-

ed funding for work on tobacco. Specifically, the project recommended that workers at local level receive training, support and the recognition to undertake community based tobacco work. The project acknowledged the need to ensure that services at local level are responsive to the needs of those living on low income and that materials and resources produced to support this work are user-friendly and culturally sensitive.

The *Women, Low Income and Smoking Project* stimulated significant interest in developing new approaches to tackling smoking. Funding was renewed for a further three years and the *Tobacco and Inequalities Project* began in October 1999. This project has widened the focus of work to include young people and men living on low income and seeks to develop work that is sustainable beyond the funding of the project. The *Tobacco and Inequalities Project* aims to build on the work and conclusions of earlier work supporting the development and evaluation of community based tobacco work at local and national level.

Further information about the *Women, Low Income and Smoking Project* and the *Tobacco and Inequalities Project* can be found on the ASH Scotland web site. <http://www.ashscotland.org.uk>.

¹ Crossan, E. and Amos, A. *Under a Cloud: Women, Low Income and Smoking*. Edinburgh: Health Education Board for Scotland, 1994.

² ASH Scotland and Health Education Board for Scotland (1999) *Breaking Down the Barriers. Women, low Income and smoking, final report*. Edinburgh: ASH Scotland.

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If you are interested in regional activities and would like to represent your region, send an email to Patti White: patti.white@hda-online.org.uk



Yvonne Ellard, Miss Ireland, revealed that she had given up smoking last Ash Wednesday. In her announcement, Yvonne, who had been wanting to give up for a long time, encouraged other young women to follow her example.

(photo: ASH Ireland)

EUROpean Action on Smoking Cessation in Pregnancy (EURO-scip)



Smoking in pregnancy is linked to serious health problems for the unborn child. In addition, the negative consequences of passive smoking for small children are well established. In fact, the World Health Organization (WHO) ranks smoking as the most important modifiable risk factor for poor pregnancy outcome in the western world.

Several studies have demonstrated an increase in women who stop smoking during pregnancy and do not re-start cigarette consumption in the postpartum period if they were offered systematic and structured cessation counselling. Such a counselling is not necessarily intense or time consuming. However, such counselling this is not as yet standard care for most of the health professionals in their daily practice.

In order to influence counselling behaviour of health professionals, public health and research institutions from seven Member States of the European Community (Belgium, Germany, Greece, Ireland, the Netherlands, Spain and Sweden) started to co-operate for European action on Smoking Cessation In Pregnancy (EURO-scip). The project aims to inform midwives, gynaecologists, paediatric nurses and paediatricians about effective counselling tools and techniques as well as ongoing research in the field of smoking in pregnancy and passive smoking in children by sending out newsletters and providing information via the internet.

Between October 1999 and September 2000 the first two editions of the EURO-scip Newsletter were published in the languages of the seven co-operating EC Member States. Altogether more than 55,000 copies were sent out. Experiences from Germany shows that the mailing of newsletters has an immediate impact on requests for counselling material from health professionals.

In addition to the newsletter information, successful elements of quit-smoking counselling approaches are summarised in the EURO-scip guidelines and recommendations, 'Counselling to promote non-smoking during pregnancy and postpartum'. In order to reduce smoking during pregnancy, a newsletter, guidelines and recommendations can only be a first step; other steps are urgently needed. In general, there is a lack of counselling programmes which span the gestation as well as the postpartum period and which increase the co-operation of health professionals involved during this time.

Experiences from Sweden clearly indicate that such successful public health initiatives can be implemented: Between 1982 and 1998, the proportion of pregnant daily smokers in Sweden decreased from 31% to 15%. None of the other EURO-scip countries have reported such low figures!

For more information, see: www.bips.uni-bremen.de/euro-scip/ or contact:

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Smoke Free Miss Universe in Italy

The year 2002 finally sees a new era of prevention in Italy. After a lot of hard work, an agreement was signed between SITAB (the Italian Society of Tobaccology) and Clarissa Burt Production which organises the Miss Universe Contest to have the Italian section of the Miss Universe Contest smoke free.

Section 4 of the Agreement signed on 28 December 2001 states that "...the winner is committed to become the ambassador for a smoke free Universe and to act as model for young people for a healthy and positive life style". To do this the finalists of the Contest require a training phase, which is provided and considered indispensable to help them become true role models and to enable them to transfer the positive message to the young. This would not be possible without their proper preparation and their conviction in their roles for the challenge they face.

Anna Rigon, 23 year old from Vicenza, is the winner of the "Italian Miss for Miss Universe". She will also be the first Smoke free Italian representative of Miss Universe to compete in the world contest in May in Puerto Rico! We can but cross our fingers and wish her Good Luck!!

*V. Zagà, E. Tamang
INWAT, Italy*

In the know

The INWAT Europe website aims to provide a range of information for work with clients, students or the media.

The basics A set of summary factsheets are being developed for easy reference.

More detail The full factsheets are also being updated with new projects and research. This work has highlighted several encouraging areas - particularly improved smokefree provision, and more cessation initiatives.

Scientific update Three 'current awareness bulletins' are now online, with the focus on new research on women and smoking. These will also be available in Spanish, French and German, and further editions are due. To contribute items please contact kwoodhouse@clara.net

Dutch Women No Longer Europe's Healthiest

While the life expectancy of women in Europe is on the rise, that of Dutch women has ground to a halt. The cause of this stagnation is the cigarette. In 1999, WHO published a list of its 191 Member States, arranged according to the quality of their health and healthcare. The Netherlands, which prides itself on its health and social care, was only 17th on this list. This was felt to be so shocking that the Dutch Minister of Health, Mrs. Els Borst, commissioned the Institute for Health and Environment to investigate the cause.

The research focussed on life expectancy and infant mortality, two major indicators of health in any given country. It showed that life expectancy in the Netherlands was surprisingly low in relation to that in other countries. The life expectancy of men is still rising, although more slowly than that of men in other European countries. For women, however, life expectancy has hit a standstill, and this trend is considered dramatic.

In 1970, with a life expectancy of well over 76 years, the Dutch woman was among the longest-lived in Europe, only surpassed by her Norwegian and Swedish sisters. In 1999, however, with 83 years, the French women were the longest living. Dutch women may expect to live till 78, which is half a year below the European average. This is matched by Denmark where life expectancy of women equals that of The Netherlands

The most frequent causes of death among Dutch women are lung cancer, breast cancer, COPD, pneumonia and intestinal

cancer. Of these diseases the ones involving the lungs are clearly related to smoking. The research has concluded that smoking - with prevalence rates among Dutch women of 29% is the cause of the failure in health improvement. In Denmark, a country with the same life expectancy for women, female smoking prevalence is 30%.



A belly painting.

During the European Week against Cancer, in October 2001, the Dutch Cancer Society and its daughter organisation DEFACTO (for a Smoke free Future) organised a campaign targeting 25 to 35 year old women. Based on the premise that almost a third of women in this age group smoke, and that their own health is not their first concern but that getting pregnant and bringing up children is, the slogan of the campaign was: *Are you a mom?, or are you planning to become one?: Quit.*

In The Netherlands, about 4/5 of all smokers quit when they get pregnant, however they start again as soon as the baby is born. Then they quit again with the second pregnancy and start again after that baby is born, and so on. The idea behind the campaign is to get women to stop when they entertain the idea of becoming pregnant for the first time and to help them stay stopped. The campaign had a pregnant belly-painting session as its kick off, causing the media to give an enormous amount of attention to the subject. If the evaluation of the campaign shows it to be effective, it will be repeated next year.

*Trudy J. Prins
DEFACTO, The Netherlands*

Nurses and Midwives to the Barricades! Nurses networking in Sweden and Europe

How it started. There are about 90,000 nurses and midwives in Sweden and almost every one of them has taken care of a patient with a tobacco-related disease at some stage in their careers. Midwives, paediatric nurses, school nurses, district nurses—all kinds of nurses and midwives meet people over a full life-cycle. Therefore, they are key tobacco control advocates, both as educators and role-models.

Initially, we were a couple of nurses who decided we could no longer silently accept the growing number of people whose health was being compromised by tobacco, so the idea of setting up an anti-tobacco organisation specifically for nurses was born. The year was 1992. At that time doctors' and dentists' organisations had already been set up to tackle tobacco in Sweden, so they became our role models.

The idea won the backing of the National Institute of Public Health, the Swedish Cancer Society and other professional organisations. With seven enthusiastic nurses at our first meeting, Swedish Nurses Against Tobacco was established.

First step to Network-building. The first thing we aimed to do was to build a strong and active network among our colleagues.

The key tasks we set up was

- Increase the knowledge of tobacco among colleagues
- Motivate nurses and midwives to stop smoking and act as role models for their patients
- Promote tobacco-free pregnancies and tobacco-free environments for infants, children and adolescents
- Help patients to quit
- Cooperate with other organisations
- Encourage nurses and midwives worldwide to set up organisations dedicated to campaigning against tobacco

Through contacts with nurses local associations, professional journals and distribution of pamphlets at health care congresses, the recently formed association has become well known.

Contact-persons. A network of contact-persons has been established all over Sweden and they are supplied with news about research findings and efficient methods in treating tobacco dependence. They co-operate with local members who in turn convey knowledge about important tobacco issues to their colleagues and encourage others to join the organisation.

continued on page 8

It is a great pleasure for me to refer to one article in this issue of *The Net* about European nurses against tobacco and the initiative that was taken by some Swedish nurses. Currently, less than 10% of nurses in Sweden smoke as a result of successful work of this project, which proves you don't need many to make change, just some enthusiastic persons—in this case less than ten women who started the process. Women's leadership in tobacco control is an important part of a woman-centred tobacco control program and for me this aspect has always been close to my heart, as you probably know.

Another challenge for Sweden as for many other western countries is fighting the smoking epidemic among poor people, as the poor are more likely to smoke than the rich. Overall, the smoking epidemic is now spreading from its original focus among men and women in high-income groups, to men and women in low-income groups, and from high-income countries to low income-countries. And as women often are poorer than men this has also added a new dimension of the smoking problem among women. The connection between women's smoking and social, economic and political disadvantage will form the undercarriage of smoking for women for the future.

In the United Kingdom, for instance, 14 % of women and 15 % of men in the highest socio-economic group are now smokers; but in the lowest socio-economic group, corresponding figures are unfortunately more than three times as high, with almost 33% among women and 45% among men. This also means that the poor spend a disproportionately larger share of household income of cigarettes; approximately 15% of weekly income compared to an average of approximately 2% among the rich. What also makes the problem more difficult is the fact that in the UK over the past 30 years there has been very little change in smoking rates among the poor. Whether the situation will be the same in all parts of Europe only seems to be a question of time and what stage of the development a specific country is in.

To highlight this challenge for tobacco control, I have to pleasure to inform you that the European branch of INWAT, with funding from the European Commission and the excellent leadership of project leader, Patti White at the Health Development Agency in London, will arrange an Expert Seminar on women smoking and inequality in June in Berlin. The Seminar will focus on both the existing data on women, smoking control and inequalities as well as formulate research needs. We also hope that the Seminar will try to build a bridge between people who work in the different fields either as

researchers, policymakers or founders.

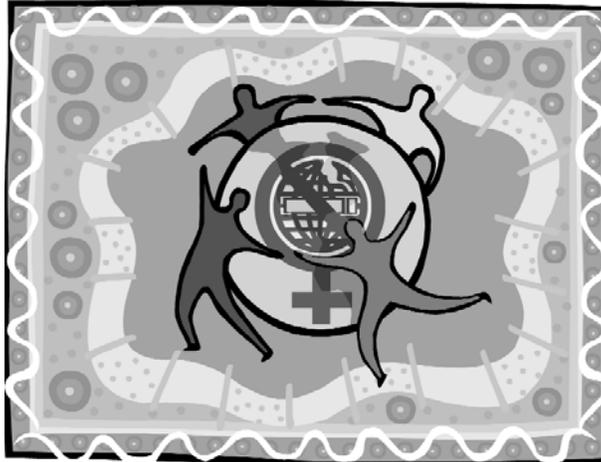
From a newly released report of WHO Euro, I can also report that approximately 30% of the adult population in the Region (51 states) are regular smokers. Nearly 23% of women are smokers, (38% of the men). Since 1997, smoking among women has decreased in 20% of European countries and increased in 5% of the countries (mainly east European countries). Five countries representing mostly the western part of Europe have a female smoking prevalence of above 30% (Germany, Ireland, Norway, Hungary and Andorra) even if some of these have had stable or decreasing levels in recent years. However, other countries like Belarus and Portugal have a female prevalence rate less than 10%.

You might think that this issue of *The Net* only seems to cover activities in Europe and actually you are right, as this issue is the first in a series that will focus on a specific region, one each issue, and the first to accept the challenge was Europe.

In this newsletter you will be able to read about different examples of woman-centred activities in Europe such as the European Nurses Association against Smoking, an initiative that started in Sweden in the beginning of the 1990's and which has now resulted in several sister organizations all around Europe. Also the agreement in France in between 12 top women magazines not to promote smoking in any form, the European Smoking and Pregnancy project and about the work against smoking and inequality in Scotland. Further, you will find information about two European Conferences that will take place this spring, the 2nd Smoking and Pregnancy Conference in Stockholm and the third European Smoking and Health Conference, in Warsaw, 20-22 June. In Warsaw INWAT Euro will be responsible for at least one Seminar.

As this initiative has its roots in INWAT Euro, I also like to advertise the Current Awareness Bulletins, which you will find regularly, 4 times per year, on our web page (www.inwat.org) on the special European pages. The Bulletin is an excellent summary of the latest information on women and smoking with the links to further information on research, as well as action for those who are keen on keeping themselves updated on the latest!

With this I like to wish you a happy reading and a successful 2002!



An internist by training who projected the quiet air of a small-town doctor, Dr. Slade had a deep, personal concern for people struggling with addiction, and he devoted his life's work to fighting that public health pandemic. He provided treatment to patients as Director of the Program for Addictions at the University of Medicine and Dentistry of New Jersey (UMDNJ) School of Public Health, and he worked arduously for global changes in smoking laws. He spoke out vigorously about the advertising and promotion of tobacco products, and his knack for collecting tobacco promotional items—from T-shirts to model cars—led to the creation of one of the largest repositories of its kind, which he dubbed, "Trinkets & Trash."

Reserved and self-effacing, with a penchant for bow ties and professorial dress, Dr. Slade was nevertheless passionate about stopping the harm caused by tobacco use, as evidenced in his New Jersey license plate that read, "No Cigs." His groundbreaking research to prove that cigarettes are nicotine delivery devices helped make it possible for the US Food and Drug Administration to claim regulatory authority over tobacco products under then-FDA Commissioner Dr. David Kessler.

Dr. Slade was an outspoken champion for ensuring that treatment for nicotine addiction and other forms of substance abuse were available to all who needed help. He has been listed since 1994 in *The Best Doctors in America*.

He co-edited the first major clinical textbook on nicotine addiction, founded the Committee on Nicotine Dependence of the American Society of Addiction Medicine (ASAM) and, since 1988, directed a program in New Jersey to help treatment and addiction programs address tobacco and nicotine addiction that has become a national model.

Dr. Slade contributed to the Surgeon General's reports on smoking and other landmark national reports. A widely-published researcher, he was a founding member of the national Society for Research on Nicotine and Tobacco, and was honored with awards for his work in addiction medicine and tobacco control, including: Emory University's Moore Award for outstanding contributions to community health; The Koop Award of the New Jersey Group Against Smoking Pollution; the Award of the New Jersey Public Health Association; two leadership awards from the American Society of Addiction Medicine; and, The Goethe Trophy from the German Medical Association for outstanding contributions in global tobacco control.

Nancy Kaufman

Robert Wood Johnson Foundation, USA

Charte "Pages sans fumée" "Smokeless Pages" Charter

Smoking prevalence amongst French women is one of the foremost public health concerns in France: 43%¹ of women aged 18 to 35 smoke, and the proportion of women among all smokers has been steadily increasing for the last 30 years. At the age of 17, almost 80% of girls have already tried smoking. More than 42% of 20 year old girls smoke every day. If smoking prevalence remains at its present level, France will have an estimated 160 000 victims of tobacco-related illness in the year 2020, including 50 000 women, versus 3 000 women today. Women's tobacco-related mortality will then be 15 times higher than today.



Since 1993, the Evin law has banned tobacco advertising and traditional ways of advertising tobacco products have disappeared - including most indirect ads. Initially, the ban was strongly opposed by journalists, as it was seen as a major obstacle in raising resources for publications. Time has shown that they actually managed to raise funds by using other ads than those of cigarette brands and the written press could survive without the tobacco companies' money. Nowadays this law is very well accepted and recognised as a positive step towards a tobacco free society.

Even if the image of cigarettes is less positive than years ago in both men and women's minds, it is still a compelling symbol of seduction, glamour and emancipation for women, because of cultural and social representations driven by fashion icons, artists, models and actors. Women's press, due to its influential power, has had a major impact on such representations, and we believe they can make a difference by modifying the way they treat tobacco in their editorial style.

In order to counter act this trend, the French Committee for Health Education (CFES), together with the National health insurance² and the Ministry of Health, has launched a very innovative project called "Smokefree pages charter" together with the national women's press. The aim of the "Smokefree pages charter" is to eradicate positive representation of cigarettes among national women's press. In the long run, the objective of the initiative is to enlarge the Charter to all media - TV, cinema, radio and press.

The Smokefree pages charter has been elaborated together with 12 major women's magazines in France: *Elle*, *Marie-Claire*, *Femina Hebdo*, *20 Ans*, *Vital*, *Version Femme*, *Madame Figaro*, *Maxi*, *Votre Beauté*, *Côté Femme*, *Femme Actuelle*, *Prima*.

French women's press has a total readership of 27 million, and the 12 members of the Charter reach 20 million of them.

The Charter took effect as of March 26, 2001, in Paris with the official endorsement by all of the Editors in Chief and in the presence of the French Minister of Health, Dr. Bernard Kouchner.

By endorsing the "Smokefree pages" Charter, these 12 leading magazines guarantee not to promote a positive image of tobacco, that is to say:

1. Avoiding showing people smoking;
2. Not referring to the pleasures associated with smoking;
3. Providing information on health related risks associated with tobacco;
4. Refusing any direct or indirect association with the tobacco industry.

Now that the first steps of the initiative have been launched, the aim is to enlarge the members of the charter to other types of press as well as to other media.

Karina Oddoux

Comité Française d'éducation pour la Santé, France

¹ Health Barometer 2000, CFES.

² Caisse nationale d'assurance maladie des travailleurs salariés.

Smoking and Mental Health

We all know the scene. The woman is in crisis - with partner, children, job - and sucks intensely on her cigarette. That's what women do when stressed.

Both smokers and health workers may believe that smoking can help control stress, particularly women, who generally have poorer mental health. But what's the reality, and what can be done? This was the focus of the symposium 'Smoking and mental health' organised November 2001 by Smokefree London and the mental health promotion group Mentality.

Smoking and mood

A review of the evidence proved both fascinating and complex. For example, presentations showed links between smoking and most types of poor mental health, with depressed women more at risk than men. Smoking rates are particularly high in those diagnosed as mentally ill. Around three-quarters of those in UK mental institutions smoke, a major factor in poor life-span for this group. Some studies suggest that smoking may act as 'self-medication'. However, for most people the only 'benefits' are to relieve withdrawal. Indeed other research suggests smoking may predict poor mental health, for example depression and anxiety among young adults. Or smoking and depression may be linked through a third factor, such as social deprivation. So popular ideas about 'stress control' are questionable.

What can be done?

However complex the evidence, there is no doubt of the pressing need for appropriate services. Diane Hackney, a service user, vividly described the difficulties in stopping - lack of other activities, widespread use of tobacco within hospitals, and lack of appropriate support and resources. Dr Lynne Friedli of Mentality also emphasised the importance of developing better policies and services, including training for workers.

Yet UK data suggest that half of those with mental health problems want to stop, and US evidence suggests that support including medication can be effective. Several speakers emphasised best practice - to address mental health problems, offer a range of high quality support, and allow for slow progress. Karen Williams of ASH (UK) also outlined a small number of special projects for this group.

This issue seems likely to move up the international agenda, as poor mental health discourages quitting in deprived communities, and perhaps slows quit rates in some populations.

Resources - for a linked review by Dr Ann McNeill search 'mental health' at www.ash.org.uk

*Kate Woodhouse
INWAT Europe*

Nurses Network

continued from page 5

Twice a year we invite the contact persons to a conference to share their experiences. Members of Nurses Against Tobacco receive newsletters plus a magazine, "The Tobaccofront", four times a year.

Getting tobacco prevention onto the agendas of nurses and midwives is not always easy. In addition to our day-to-day work we also try to lobby the government for legislative changes. We encourage politicians to increase their knowledge of tobacco issues and to keep it on their agendas. Some of our activities have sometimes been controversial - but to be heard you also have to be seen.

Network all over Europe. By 1999 it was time to form European Nurses & Midwives Against Tobacco by initiative of nurses and midwives in Sweden, United Kingdom, Denmark, Spain and Iceland. Key-persons - at least one nurse and one midwife from each of the 15 European Union countries were identified and invited to the 1st European Network Conference in Stockholm in March 2000. This was done with financial support from the European Commission's Europe Against Cancer programme. We hope to be able to hold follow up-conferences.

Our work got a boost in Oct 2000 when the International Council of Nurses (ICN) made a strong official statement in support of the WHO Framework Convention for Tobacco Control. WHO European Guidelines on the Treatment of Tobacco Dependence - A guideline for Nurses, describes how best to help smokers stop. Nurses are ideally suited to address and support this work.

Much is still left to be done. Nurses and midwives have good opportunities to reduce the number of victims of tobacco and prevent tobacco use. As the largest single group of health

professionals, nurses and midwives often provide the first contact with the health system as well as continuing care and support for vulnerable and deprived groups in the population. From different positions in education, leadership, prevention and caring, the platform for work is wide and strong.

Since the first network started in Sweden in 1992, many of our goals have been achieved and nurses and midwives now are a powerful voice in the tobacco debate. It is a great way to work, developing a network that tackles the most important health issue on the planet.

We hope, that our experience can encourage nurses and midwives not only in Europe but also worldwide to form networks to strengthen and enhance the role of nurses and midwives in the work of tobacco control.

Finally, the motto of Nurses and Midwives Against Tobacco network is:

- Have a passion for your work
- Create a ripple effect through networking
- Set up working partnerships
- Show a sense of humour in everything you do
- Don't be afraid

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