



INTERNATIONAL NETWORK OF WOMEN AGAINST TOBACCO

## Why COP 4 Is Important for the World's Women

By *Patricia Lambert*, Vice President, INWAT

The fourth session of the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (FCTC) is due to take place in Punta Del Este, Uruguay from 15th – 20th November 2010. To date, the FCTC has 171 Parties, representing almost 90% of the world's population.

The agenda for the meeting contains several items that are of particular importance for the world's women. We know that tobacco kills both men and women, but there are some sex-specific differences and we should always keep these in mind when formulating tobacco control policy.

Before looking at the COP 4 agenda, it will be useful to recap the significant outcomes of COP 2 and COP 3 as they affect women since that will give us a better sense of what has already been achieved and also focus us the challenges that lie ahead.

At COP 2 in 2007, the Guidelines for FCTC Article 8 on **Protection from Exposure to Tobacco Smoke** were adopted unanimously. They advocate the adoption of 100% smoke-free environments as a measure of protecting women and men in the workplace, as well as educational strategies to reduce exposure to tobacco smoke in the home, where women and children are particularly vulnerable.

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By: *Lorraine Greaves*, President, INWAT

### President's Corner

## Women and the Framework Convention on Tobacco Control

This edition of the NET is focused on the WHO Framework Convention on Tobacco Control (the WHO FCTC), and its relevance to the world's women. Both women who smoke and women who do not smoke, as well as women who are exposed to smoke are all affected by the continuing evolution of this landmark public health treaty. Even early skeptics such as long time INWAT member Judith Watt confirm the importance of the FCTC in reducing tobacco use among women!

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# President's Corner

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The shape of the tobacco epidemic is slowly changing. Contrary to historical trends, the rates of global tobacco use among girls and boys are increasingly similar. This makes messages about education and public awareness even more critical, if we are to slow down or divert the tobacco epidemic and prevent more girls from becoming women smokers.

What was once a very gendered epidemic with men taking up smoking first and smoking more than women is changing, likely reflecting these global youth trends. While male smoking rates have peaked globally, women's rates are only just beginning to rise. This century may see the rate of women's smoking rise from the current 12% to 20% by 2025. These frightening predictions mean that the face of the tobacco epidemic in the 21st Century may be predominantly female.

The implications of this are manifold: women's health will suffer, but so will the health of their infants, children and families. In addition, the economic drain of tobacco addiction on families already being felt by people with low incomes in many regions of the world will only increase.

Hence, the upcoming meeting, COP 4 (Conference of the Parties) in Uruguay is a critical event. As is described in this issue, the COP meetings are a time to flesh out the Articles in the FCTC, and agree on moving forward. At the upcoming event, Article 12 on Education, Communication, Training and Public Awareness and Article 14 on Tobacco Dependence and Cessation are being highlighted among others.

The countries with more gender equity generally have more similar rates of smoking between men and women. The overarching challenge for INWAT and the world's health organizations is to empower women and continue to work to increase women's status, while simultaneously reducing the growth of tobacco use among women. This is a difficult challenge. It is made more difficult by the ongoing manipulative messaging of the tobacco industry that is focused on girls and women in low and middle income countries, and that overtly implies a link between tobacco use and liberation and empowerment. This is an old theme, indicative of the artful and gender sensitive advertising and marketing that the industry has carried out.

The FCTC and the alarming trends facing the world's women, indicate how important it is to continue to work against tobacco use by women. It is always important to link our efforts to related issues such as reaching the Millennium Development Goals, reducing Non Communicable Diseases or improving the Gender Equity index, all of which you will also read about in this issue. But most of all, it is always heartening to welcome new and emerging voices to INWAT, such as that of Magdalena Petryniak from Poland and Irina Morozova from Russia who are featured in this issue. They are joined by a new Swedish tobacco control think-tank, Tobaksfakta, which has very kindly sponsored this issue of The Net. With such emerging interest and support, INWAT will continue to strengthen its voice and gain new allies.



The need for standardized packaging:  
Increased advertising targeting girls and women on cigarette packages across Europe.

# Why COP 4 Is Important for the World's Women

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At COP 3 in 2008, amongst other things, Guidelines were unanimously adopted for Article 11 on **Packaging and Labelling of Tobacco Products** and Article 13 on **Tobacco Advertising, Promotion and Sponsorship**. The Article 11 Guidelines advocate the implementation of large, visible and regularly changing pictorial and textual health warnings that clearly reflect sex and gendered effects and patterns of tobacco uptake and cessation. The Article 13 Guidelines advocate the enforcement of comprehensive bans on advertising, promotion and sponsorship to protect women and men from being targeted by the tobacco industry.

At COP 4, the Parties will discuss, and hopefully adopt Guidelines on the following Articles:

Article 12 on **Education, Communication, Training and Public Awareness**. The proposed Guidelines take a human rights approach to education and public awareness of the harms of tobacco use and specifically focus on the need for gendered as well as gender-specific education and communication approaches that transmit tobacco control messages that are sensitive to both gender and cultural norms. Such communications need to take into account the status of women in communities and the stigma attached to tobacco-use by women in some societies. Without this, women may be reluctant or afraid to seek information about the dangers of tobacco use or they may have unequal access to educational or public awareness materials and programmes. The Guidelines emphasise the importance of involving both men and women in the development of information and education materials in order to ensure the relevance of the materials, and to make them empowering, blame-free and stigma-reducing. The proposed Guidelines emphasise the active participation of civil society, in accordance with Article 4.7 of the Convention, an essential measure for effective, appropriate gender- and sex-sensitive education, training and public awareness tobacco control messaging.

Article 14 on **Tobacco Dependence and Cessation**. The proposed Guidelines advocate for the increased availability of treatment and cessation services as well as appropriate training of health professionals in these services. It is essential for these services to take into account the different ways in which women and men become addicted to tobacco products, the different circumstances that prolong use of tobacco products and the different responses to cessation services. There are a number of factors such as hormonal cycles, pregnancy, fear of weight gain, identity and depression, for example, that play a vital role in the patterns in which women use tobacco products and try to quit and if these are not incorporated into treatment and cessation services, women are less likely to quit tobacco use successfully. The proposed Guidelines emphasise the active participation of civil society, in accordance with Article 4.7 of the Convention, an essential measure for effective, gendered treatment and cessation programmes.

In addition to these two sets of Guidelines, COP 4 will examine reports on three other aspects of tobacco control that have resounding relevance to women:

- » A progress report on attempts to find economically sustainable alternatives to tobacco growing. This is of particular significance for the thousands of women who work on tobacco-growing farms where they are at great risk of developing 'green tobacco sickness' and where they are also routinely exposed to hazardous chemicals used in the cultivation of tobacco. The drafters of the report have identified as one of the key principles that should underpin further work in this area, the creation of a holistic framework that will encompass all aspects of the livelihoods of tobacco growers, including the health, economic, social environmental and food security aspects.
- » A technical report on tax and price policies in relation to public health and the use of tobacco products. This is significant for women because research has shown that the more expensive tobacco products are, the less likely people, especially women and young people, are to use them.
- » A paper on the control and prevention of smokeless tobacco products and electronic cigarettes. In the wake of increasing tobacco control measures aimed at cigarette-smoking, the tobacco industry appears to be concentrating on attempts to increase the market share amongst women for smokeless tobacco products, like snus, and electronic cigarettes. These two forms of nicotine delivery have gained immensely in popularity since the adoption of the FCTC and this makes it an important focus and an urgent matter for the COP to consider so that, moving forward, innovative products or new approaches at popularization, can be dealt with effectively in tobacco control policy-making, legislation, implementation and enforcement.

The regular meetings of the COP are the signal events in the life of the FCTC. They represent the most favorable opportunity for Parties to the treaty to share their common experiences, exchange technical information and adopt forward-thinking policies based on up-to-date information and evidence. If we are to ground tobacco control firmly into health policies and practices that effect women, we have to take note of the proceedings, including any successes and shortcomings, and act on them swiftly and decisively. We know that tobacco use is increasing its impact on women and girls around the world. We know that in large part, international tobacco control revolves around the meetings of the COP. That's why COP 4 is important for the world's women.

# Gender Sensitivity Critical to the Implementation of Article 12

By *Margaretha Haglund*, Past President, INWAT

Article 12 of the FCTC, on education, communication, training and public awareness, recognizes one of the Convention's key guiding principles, that every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco. The strong implementation of Article 12 is also very critical to the Convention as a whole. With the ratification of the FCTC, Parties have agreed to implement effective and comprehensive educational and public awareness programmes including displaying a wide range of information on the tobacco industry.

At its second session, the COP established a [working group to elaborate guidelines for the implementation of Article 12](#). The working group has comprised Parties from all six World Health Organization (WHO) regions, led by Germany, Palau, Sweden and Turkey as key facilitators. At

COP 4 Parties can now contribute to the better implementation of Article 12 by adopting the draft Guidelines from the working group.

These Guidelines are extremely important as for decades the tobacco industry has contributed significantly to public acceptance and social normalization of tobacco use and exposure to second-hand smoke. To counter the tobacco industry's influence and protect present and future generations of women and men from the tobacco epidemic, huge efforts are now required to change social norms and educate the public about the health risks of tobacco use and exposure to tobacco smoke, the benefits of cessation and tobacco-free lifestyles, and the adverse health, economic, and environmental consequences of tobacco production and consumption. Currently, even in countries which have made significant public education efforts, people underestimate the extent and severity of the

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## Burden of Tobacco Tax Crime Falls Hardest on the Most Vulnerable

Tobacco taxation and the illicit trade in tobacco are two key, and related, issues being discussed in Punta del Este at the COP 4 meeting. As readers will know, raising tobacco price through taxation is the single most effective way to cut tobacco consumption. The illicit trade in tobacco undermines this policy objective by making tobacco available at a fraction of the price of legal products and it is the poor who are much more likely to be targeted by those peddling illegal tobacco.

An authoritative report from the International Union against Tuberculosis and Lung Disease (the Union) estimates that if illicit trade were eliminated, governments globally would gain at least \$31 billion, and from 2030 onwards, 160,000 lives a year would be saved<sup>1</sup>. In just six years, over a million lives would be saved, the great majority of which would be in middle and low income countries.

The tobacco industry claims that smuggling is linked to high cigarette prices, but the evidence suggests that higher income countries, where cigarettes are more expensive, have lower levels of cigarette smuggling. The total illicit cigarette market is estimated to be about 9.8% in higher income countries compared with about 11.8% in middle income and 16.8% in low income countries. The proportion of the illicit cigarette market reaches very high levels in many low and middle income countries. For example, 50% of the cigarette market in Georgia is thought to be illicit and 40% or more in Uzbekistan, Bosnia Herzegovina, Albania and Bolivia<sup>1</sup>.

No country can afford the huge loss of revenue represented by illicit tobacco trade, least of all those low to middle income countries. The Union report estimates that globally governments lose \$40.5 billion a year from unpaid tobacco tax, with \$17.6 billion lost in high income countries and \$22.9 billion to governments in low to middle income countries.

Even within high income countries, illicit tobacco targets the young, vulnerable and those living in poor or disadvantaged communities. Cigarettes are often sold informally in pubs and clubs, or even by 'delivery men' knocking on doors in public housing estates. More shockingly, tobacco smugglers have no reservations about selling to children, with some children reporting they can buy single cigarettes from ice cream vans. Scrutinising health inequalities in the United Kingdom, a parliamentary Health Select Committee pointed out the role illicit trade has in maintaining health inequalities: "Unfortunately, tobacco smuggling, by offering smokers half price cigarettes, negates the positive impact of pricing and tax policies. Tobacco smuggling has a disproportionate impact on the poor, particularly young smokers<sup>2</sup>."

The Illicit Trade Protocol (ITP) being discussed at COP 4 is the first subsidiary treaty to be negotiated under the FCTC. If Parties can work together to agree a strong and workable treaty, there will be enormous

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risks of tobacco related disease. For example, most smokers are unable to name more than a handful of smoking related diseases and few are able to accurately estimate their chances of dying in middle age due to smoking.

It is also vital to ensure the world does not experience a second wave of the tobacco epidemic that could be brought about by increases in female smoking, especially in developing countries. Among the tobacco industry's many targets of opportunity, women constitute one of the biggest. That's because fewer women than men smoke or chew tobacco. Only about 9% of women smoke, compared with 40% of men. Of the world's over 1 billion smokers, only about 200 million are women.

INWAT welcomes the draft proposal for Guidelines, and in particular is pleased to note that the draft guidelines clearly state, as a guiding principle, gender should always be considered in all aspects of information, education and public awareness activities. At the same time, the tobacco industry has taken gender roles into account in all its activities as most Parties are still not considering Article 4.2.d of the FCTC in their implementation of the FCTC. This states that all tobacco control strategies, including information, education and public awareness raising activities,

should take into account the different needs of both women and men. According to the WHO and INWAT, gendered education and communication approaches are vital for ensuring that education, training and communication will increase public awareness and maximize access to information for women as well as men. Today too often, the sole group singled out by sex is pregnant women, primarily driven by foetal health concerns. This compels pregnant women to quit smoking through guilt, failing to ensure they also quit for their own health and contributing to high rates of postpartum relapses.

Instead, tobacco education, information and public awareness programmes and materials should be empowering, blame-free and stigma-reducing for both women and men. Governments and nongovernmental organizations must also continue to educate the public about how gender identity and gender roles are manipulated by the tobacco industry.

INWAT is now looking forward the adoption of the Guidelines for Article 12 which will contribute to better implementation of the Article as well as media and community-based campaigns and workplace activities that will better ensure that messages and actions work successfully with both sexes.

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benefits globally. Women and women's organisations have clear interest in pressing their public servants and decision makers to forge an international agreement that will help make tobacco control policy more effective, protect the government revenues that might be spent on schools, health or social care and help to stop the criminal gangs that prey on the young and vulnerable in our societies.

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A number of reports on tobacco taxation in different countries can be found on the World Lung Foundation website [http://www.worldlungfoundation.org/ht/d/Contents/contenttype\\_id/5/pid/6512](http://www.worldlungfoundation.org/ht/d/Contents/contenttype_id/5/pid/6512).



## Smokefree provisions in Venice

Smokefree provisions in Venice extend to water taxis. And passengers are reminded to dispose of their cigarette butts responsibly and not throw them in the canal or on the landing stage!

# A Giant Step for Tobacco Control in Europe?

By **Florence Berteletti Kemp**, Director, Smokefree Partnership & **Celine Brassart**, Legal and Policy Advisor, Smokefree Partnership

Tobacco warning labels in the European Union are governed by the provisions of the [Tobacco Products Directive 2001/33/EC](#) (TPD). Black and white text warnings have been required since 2002 but graphic warnings are voluntary and only three out of 27 EU Member States (Belgium, Romania and the UK) have taken up this option so far. It is envisaged that Latvia, Malta and Spain will follow suit in 2011. Non-EU countries, such as Turkey, Croatia and the Ukraine are moving forward on graphic warnings but if the EU does not move to catch up with them, they could find their national legislation threatened; there is evidence to suggest that Turkey is currently being legally challenged in the courts by the tobacco industry (TI) because its proposed legislation goes further than the EU's.

The review of the **TPD constitutes a major opportunity to introduce mandatory graphic warnings and standardised/plain packaging in the European Region** (and beyond) for the following reasons:

- » Firstly, the EU is the largest trading block in the world and the standards it sets have significant international, European and regional ramifications (i.e. If the EU were to introduce standardised/plain packaging, the world would notice).
- » Secondly, the European Commission (EC) has a great influence on the outcome of discussions at international level (i.e. the EU and its Member States negotiate as a block and they continue to play a key role in negotiating the text of the FCTC).
- » Thirdly, tobacco control legislation enacted by the European Union is binding on the 27 EU Member States and accession countries (Turkey and Croatia) but can also influence neighbouring countries wishing to join the EU (e.g. Ukraine, Georgia, the Balkan countries).

As this year's World No Tobacco Day highlighted, smoking rates among women are increasing in some countries where they have traditionally been quite low. Beautiful, chic pack designs are appealing to women and girls. Marketing literature routinely highlights the critical role played by pack design in marketing, emphasizing that the "product package is the communication life-blood of the firm", the "silent salesman" that reaches out to customers<sup>1</sup>. Ingredient flavorings such as mint, chocolate, mango and vanilla also increase the attractiveness of tobacco products particularly to young people and women<sup>2</sup>.

**Policy Process:** The adoption of a revised TPD will be long and complicated. The review started in 2009 and any new Directive will not be adopted before 2014. If the proposal is adopted in 2012 (after inter-service consultation between the different DGs of the European Commission), the proposed text will go through the [co-decision process](#) shared between the [European Parliament](#) and to the [Council](#) (EU Member States).

**Impact assessment:** The European Commission is currently doing its [impact assessment](#) (IA) preparing evidence for political decision-makers on

the "advantages" and "disadvantages" of possible policy options. The [Smoke Free Partnership](#) (SFP) is currently preparing a coordinated response to ensure that policy evidence, research and scientific expertise to support the necessary policy changes are communicated to the decision makers in a timely manner. **SFP will send its response by the end of October 2010 to all organisations interested in giving feedback.** We would like to stress that this feedback will be crucial in securing a favourable impact assessment that will allow the Commission to bring forward a proposal for a revised Directive requiring mandatory graphic warnings and standardised/plain packaging (according to FCTC ARTs 11 & 13), maintaining the ban on snus and banning ingredients (according to FCTC ARTs 9 & 10).

**Public consultation:** The European Commission is also holding a [public consultation](#)<sup>3</sup> until 17 December 2010 to hear the views of stakeholders. It is important to note that stakeholders include tobacco control organisations in Europe, not only the EU countries. Once again, the Smoke Free partnership will prepare a generic response to help all those who want to be engaged and will circulate this response also by the end of October.

**Industry opposition:** Obtaining a Commission draft proposal will not be easy as the TI is using the EU Better Regulation and impact assessment agenda to try to block any new proposal. The Commission has already received 750 responses (mostly orchestrated by the tobacco industry). This is not surprising; Recently published research<sup>4</sup> commissioned by the SFP found that the entire [Better Regulation agenda](#) was put together by BAT ten years ago with precisely this goal in mind.

We look forward to cooperating with you. The battle will be fierce but, together, we can and will win this case.

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## Emerging Voices

# Marketing Tobacco to Russian Women: the Vogue Brand Promotion

By Irina Morozova

**Irina Morozova** is Communications Officer for the World Lung Foundation for Russia and Central and Eastern Europe. She has worked in advertising and public relations for 13 years.



At 60.2%, smoking prevalence among Russian men is approximately three times greater than that among women<sup>1</sup>. But while tobacco consumption among men may have reached its peak, the rate among females is steadily growing. Today in Russia, 21.7% of women smoke<sup>1</sup>, more than 20% of girls ages 15-16 smoke regularly and 57% of teenage girls aged 17, have tried cigarettes. In Moscow, girls smoke even more frequently: 30% of girls are regular smokers, and more than 70% have tried smoking<sup>2</sup>.

## History And Background: Advertising to Russian Women

Tobacco companies in Russia did not initially consider women as potential consumers of their products. Before the 1917 revolution, few women had an independent source of income that could be spent on cigarettes. Also, there was a dominant societal view that female smoking was associated with promiscuity, immorality and low social status, so the practice was condemned. But during and after the war, when many women performed the jobs of men, female smoking started to grow.

In the post-war period, with the advent of women's emancipation, women began to have the means and the desire to acquire the status and habits of men, and this, too, added to increased smoking rates for women.

Then came "perestroika," and with the collapse of the Soviet Union the country was flooded with western corporations including transnational tobacco companies (TTC). The number of female smokers doubled from 1992 to 2003 though female prevalence was still comparatively low at 15% vs. male 63%<sup>4</sup>.

In the Soviet Union, tobacco advertising did not exist. However, as soon as the TTC appeared, tobacco ads became widespread. It was estimated that by the mid-1990s in Moscow, half of all billboards and three-quarters of all plastic bags advertised cigarettes.

## The Vogue Example

Today, women can choose from a wide range of cigarette brands marketed exclusively to them. There is active promotion of more than 100 slim brands of cigarettes<sup>5</sup>, which are marketed by equating smoking with the desire to be slim, sexy and beautiful.

The oldest brand targeted at women in Russia is Vogue, a British American Tobacco (BAT) product. Sold since 1932, in recent years Vogue has become the iconic female brand. Its evolution is indicative of how marketing to women taps into their desire to be part of a fashionable lifestyle.

BAT marketers develop promotional campaigns based on a strong understanding of values important to women. They use all available channels of communication, exploiting loopholes in Russian advertising legislation<sup>3</sup>, particularly in the glossy magazines that are highly popular. As the health hazards of smoking become better known and it is harder to persuade women with words, the industry's strategy has become more purely visual.



## Pack Design Is a Marketing Tool

Today, tobacco companies are moving to a marketing strategy that isn't limited to advertising. The cigarette package itself is the shortest, simplest way to the consumer; a smoker always carries it with her and sees it on average 15 times a day. Very often the choice of brand is based on the appeal of the pack<sup>5</sup>.

Vogue Superslims and Superslims Menthol appeared in Russia in 1989. They attracted attention for their refined and sophisticated packaging, with an image of leaves painted different colors to suggest flavor, taste, femininity and health.

Since then there have been frequent package re-designs and ever more glamorous names: Vogue Aroma L'Emotion, L'adoration, Diner en Ville. The advertising headlines speak for themselves: "Transformation," "In Vogue rhythm," "Light as down," "Intrigue of the aroma" "Vogue moment."



## A Modern History of Vogue: Selling Choice, Lights, Perfumes and Accessories

In 1999, BAT began the promotional campaign “Four Seasons” in Moscow and St. Petersburg. The main objective was to remind consumers that Vogue and its good taste were created exclusively for women. This cemented the idea of women-only brands being superior cigarettes and played on the idea that women are superior as well. The advertising depicted a woman with a cigarette, with a man behind her.

As a result of this campaign, women’s consumption grew by 117%, and for three years Vogue cigarettes were the only super slims on the market<sup>6</sup>. Competition began in 2003. The company responded with three new varieties of Vogue ultra light. These new lights created the misleading impression of “healthier” cigarettes with advertising that called the cigarettes “light as a feather.”

Despite the fact that cigarettes with lower tar and nicotine provide no health benefits, tobacco companies in Russia are still allowed to label cigarette packages with the words “light” and “ultra light.”

In this decade, BAT organized events in clubs to mark the launch of “lights,” using celebrities, socialites and trendsetters. And despite the high cost of such events, they guarantee publicity in society columns with a broad reach to the industry’s female audience.

Market research conducted in 2003 showed that smokers perceive Vogue as a classic brand and concluded that though consumers preferred “super slim,” the product was again in need of a new direction and taste<sup>6</sup>. So based on women’s concerns about the unpleasant smell of tobacco smoke, different aromas were employed to make the smoke more acceptable. In 2005, BAT launched three ‘Vogue Aromas’ with packaging that had a silhouette of streaming silk and looked like perfume packages.

In 2007, super premium Vogue Noire and Blanche were launched, with black and white patterns, an openwork gold ornament and new names – Belle de Jour and Belle de Nuit. This attracted attention, was trendy and made the package look like a fashion accessory. The next new brands were Vogue Ephemeral Azur and Vogue Ephemeral Topaze, with heavenly hues and a snake theme. The designs of Ephemeral change every six months reflecting seasonal fashion collections.



Last year, “haut couture” was launched with Vogue Ephemeral Clair and Ephemeral Obscur, created by French designer Etienne. The packages represent works of art with optical illusions.

### Promotions

Promotional activities are still allowed in Russia and brand launches are staged to ensure that re-branding does not go unnoticed. There are high-end social events. For example, the launch of Vogue Ephemeral was part of the immensely popular Open Russian Film Festival “Kinotavar,” held annually in Sochi.



## Exclusivity

Another trick is to create demand with limited edition packages that often disappear after a month. In 2007, a limited collector's series of Vogue appeared at a Moscow gallery with an artist's vision of three Vogue flavors: Bleue, Lilas and Menthe.

Russia has a demographics crisis as the population is shrinking by 400,000 people each year. In recognition of this, a priority project called Healthy Russia was begun by the national government in 2008. Then in 2010, a National Tobacco Control strategy was developed and adopted by the state.

There is now promise of legislation that would reduce the consumption of tobacco in years to come, including a complete bans on advertising, promotion and sponsorship of tobacco, as well as the introduction of



hard-hitting mass media campaigns that deglamorize smoking and graphic pictorial package warnings that tell the tragic truth about tobacco.

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# The Tragic Toll Tobacco Takes on Women

By Cheryl G. Healton, DrPH, President and CEO, Legacy & Julia C. Cartwright, Senior Vice President, Communications, Legacy

In December 1941, a speech titled For Whom the Bell Tolls by Dr. Abel Wolman of Johns Hopkins University was published in the *American Journal of Public Health*. In it, Wolman implored the public health community to remember John Donne's famous prose from *Devotions upon Emergent Occasions of 1624*:

"No man is an Iland, Intire of it selfe; Every man is a peece of the Continent, a part of the maine... Anyman's death diminishes me; Because I am involved in Mankinde; And therefore, never send to know for whom the bell tolls; It tolls for thee"<sup>1</sup>.

As he gave this speech, the health of American women was already under siege. By the late 1920s, Edward Bernays was applying pseudo-science, clothed in the language of psychoanalysis, to tobacco industry marketing strategy. Working for the American Tobacco Company, Bernays consulted with Dr. A. A. Brill, a noted psychiatrist of the day, who advised:

"But today, the emancipation of women has suppressed many of the feminine desires. Many women now do the same work as men do... Cigarettes, which are equated with men, become torches of freedom"<sup>2</sup>.

Positioning cigarettes as symbols of independence worked all too well. By 2001, the Surgeon General's report, *Women and Smoking*, found that

"...[W]omen's share of tobacco-related disease has risen dramatically over the past half century. The point is underscored by the 600-percent increase since 1950 in women's death rates for lung cancer. Lung cancer accounted for only 3 percent of all female cancer deaths in 1950, whereas, in 2000, it accounted for an estimated 25 percent... In 1987, lung cancer had surpassed breast cancer as the leading cause of cancer death in U.S. women"<sup>3</sup>.

Smoking initiation rates for women and girls would peak in the 1960s as a result of targeted marketing by the tobacco industry in the preceding decades<sup>2,3</sup>. In the last 100 years, 100 million people died as a result of tobacco use<sup>4</sup>.

Fast forward to the 21st century. based on current trends, the World Health Organization (WHO) has warned that tobacco is a risk factor for six of the eight leading causes of death in the world with the potential to rob us of an estimated one billion lives this century<sup>4</sup>.

Given these grim statistics, we must marshal the political will necessary to implement what is proven to work. If we fail to act, the case could certainly be made that tobacco will remain one of the leading threats to the public health and well-being of women.

Much of the blame for this public health crisis lies squarely at the feet of the tobacco industry. In 2010, the United States Supreme Court let

stand a damning August 2006 ruling that found the tobacco industry guilty of widespread wrongdoing. In *United States v. Philip Morris*, the court found the tobacco industry to be guilty of fraud and racketeering. Judge Gladys Kessler said it best:

“...over the course of more than 50 years, Defendants lied, misrepresented, and deceived the American public, including smokers and the young people they avidly sought as ‘replacement smokers,’ about the devastating health effects of smoking and environmental tobacco smoke, they suppressed research, they destroyed documents, they manipulated the use of nicotine so as to increase and perpetuate addiction, they distorted the truth about low tar and light cigarettes so as to discourage smokers from quitting, and they abused the legal system in order to achieve their goal – to make money with little, if any, regard for individual illness and suffering, soaring health costs, or the integrity of the legal system”<sup>5</sup>.

Today, 18 percent of women in the United States smoke<sup>6</sup>. Female smokers face an increased risk of lung cancer, heart and chronic lung disease, but they are also at risk for bladder, esophagus, kidney, larynx, oral, pancreas, pharynx and uterine cancers<sup>3,7</sup>. Sadly, 156,000 women smokers lose their lives to tobacco-related diseases annually<sup>8</sup>. If expectant mothers continue to smoke during their pregnancies, or either parent smokes once their babies are born, their children are then exposed to a wide range of health risks<sup>3,9</sup>. Youth whose parents smoke are also twice as likely to start smoking themselves once they reach adolescence<sup>10</sup>.

If, in 2010, women’s health is to be on the forefront on our national agenda – as we all agree it should be – we must do all we can to help more women stop smoking. By doing so, their lives would be extended, their families would no longer be exposed to dangerous secondhand smoke and the economic costs to treat ill female smokers as they age would decline dramatically. Women play a vital role in our social fabric, and their good health is paramount.

Also, consider that tobacco is no longer the equal opportunity killer it was before Surgeon General Luther Terry first made public its life-threatening risks in his landmark Report on Smoking and Health in 1964<sup>11</sup>. In 2010, the link between smoking and low income and lower levels of education cannot be overemphasized. Americans below the poverty line have a smoking prevalence 60 percent higher than those at or above the poverty line<sup>6</sup>. The poor are not only more likely to smoke. They are also less likely to quit<sup>12</sup>, and they lose their lives to lung cancer at the highest rates<sup>13</sup>.

How can we help them quit? We must continue to de-normalize smoking, positioning it as the very difficult addiction it is to beat, not the adult choice the tobacco industry would like us to think it is. Smoking cessation coverage must be championed for those who need it, to provide the tools and social support smokers require to be successful quitters. In 2008, Legacy joined with public health leaders, 17 states and Mayo Clinic, in launching a bilingual national smoking cessation campaign, Become An EX ([www.BecomeAnEX.org](http://www.BecomeAnEX.org)) to do just that. EX<sup>®</sup> now has a robust online community that is helping smokers “relearn their lives without cigarettes.” As smokers often take 8-11 quit attempts<sup>3</sup> before they finally quit for good, EX helps them to try again.

Leaving a smoke-free legacy is the single most important act that a woman, mother, daughter, sister or friend, can do. That bell has tolled for both of our mothers, and we must all continue to work with a great sense of urgency so that it won’t toll for you or yours.

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# Working with the United Nations: a Major Opportunity

By *Judith Watt*, Strategic Adviser, Framework Convention Alliance

In the late 1990s, I confess to having been sceptical as to the value of the FCTC. It seemed to me that many good advocates were being diverted from the real job of tobacco control into endless rounds of meetings that did not appear to produce any concrete results. It took a while for me to realise just how wrong I had been. The FCTC has put tobacco control on governments' agenda and built capacity in almost every country in the world. That the treaty is the most important achievement in tobacco control in a decade is beyond doubt.

International tobacco control is now facing the prospect of another global campaign for the FCTC – this time to ensure that full implementation of the treaty is properly funded.

There is a severe and chronic shortage of funds for tobacco control in low- and middle-income countries. Private philanthropy will always play a role but, in spite of the generosity of Michael Bloomberg and Bill and Melinda Gates, it does not meet current needs and is unpredictable. With a few small exceptions, international development agencies have so far not provided support for tackling tobacco control in developing countries.

**We need decision-makers in all countries to fully appreciate the extent to which tobacco is a driver of both poverty and disease; and more importantly, we need them to understand that the FCTC offers a uniquely effective and cost-effective set of solutions.**

Over the last few years, it has become clear to many working in tobacco control that for the objective of the FCTC – to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco – to be fully realized, we must connect the treaty to the broader UN initiatives on poverty and health.

UN initiatives can develop a life of their own. Our challenge is to understand how they work and to spot opportunities to position tobacco control within them.

In the year 2000, when the International Negotiating Body of the FCTC met for the first time, two other major UN initiatives also got underway. The UN General Assembly adopted the Millennium Declaration, committing their nations to reducing extreme poverty by achieving the Millennium Development Goals (MDGs) by 2015; and the World Health Assembly adopted the Global Strategy on the Prevention and Control of Noncommunicable Diseases (NCDs).

Over the next decade, these initiatives developed along their different paths with few connections being made between them and with wildly different levels of investment and attention:

- » The MDG initiative resulted in many billions of dollars flowing from developed to developing countries to tackle the many dimensions of extreme poverty, and has included a strong focus on tackling (some types of) disease and improving maternal and child health.
- » The NCD initiative resulted in a Global Action Plan<sup>1</sup> being adopted in 2008 but with very little funding. A 2009 report from the Center for Global Development estimates that less than 1% of the \$22 billion spent on health in developing countries by international aid agencies is spent on NCDs, despite NCDs forming 60% of the disease burden in those countries.

The MDGs provide the framework for almost all international development assistance and, since the MDGs do not include action to reduce NCDs, donor countries simply do not prioritise any request from developing countries to prevent or control NCDs.

There is a perception that NCDs are 'lifestyle' diseases that affect the old, unproductive or affluent and that they are therefore secondary to overall development priorities.

However, NCDs pose a threat to all national economies and to the global economic system. The NCD epidemic demonstrably holds back the attainment of MDGs in developing countries, where health systems are poorly prepared to grapple with the double burden of infectious diseases and NCDs.

So if we want to see this state of affairs improve, we must join forces with advocates for other development and health issues and apply the same campaigning tactics and energy that secured the treaty to positioning tobacco control at the forefront of these broader initiatives.



That work has already begun and progress is being made:

- » In May 2010, the UN General Assembly passed a resolution to hold a High-Level Meeting on NCDs in September 2011<sup>2</sup> with the participation of Heads of State. In making the case for this NCD Summit to be held, the resolution refers to the Millenium Declaration, the FCTC and the Global NCD Action Plan.
- » In July, the Economic and Social Council of the UN passed a resolution urging member states to “consider the importance of tobacco control in improving maternal and child health as part of their public health policies and in their development cooperation programmes”.
- » In September, the UN General Assembly reviewed progress towards the current MDGs and committed themselves to accelerating progress through “undertaking concerted action and a coordinated response at the national, regional and global levels in order to adequately address the developmental and other challenges posed by non-communicable diseases ... and working towards a successful high-level meeting of the General Assembly in 2011”.

Getting an issue onto the UN agenda takes a great deal of time and hard work. Simply to get a resolution passed to hold a Summit next year took many months of behind-the-scenes campaigning. However, that Summit could be an important stepping stone to getting NCDs and tobacco control funded as a development priority.

The role of civil society in pressing governments to take action cannot be underestimated. A global alliance<sup>3</sup> of non-government agencies working to reduce cancer, heart disease, diabetes and lung disease was instrumental in securing that resolution and is now building a global network to campaign for the strongest possible outcomes from the NCD Summit. They have already agreed that ‘full FCTC implementation’ is a priority they will fight for. Organizations wishing to get involved can join the [NCD Alliance Common Interest Group](#).

The Framework Convention Alliance has been working closely with the NCD Alliance in developing this campaign, which is an important part of the FCA’s overall strategy to secure sustainable funding for FCTC implementation.

It’s easy to be sceptical about whether time and resources spent on trying to influence the UN are well spent. But if we don’t try to take full advantage of this opportunity, we may never realise the potential the FCTC offers.

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## Eileen Mercer Crofton

We were saddened to hear of the death on 8 October of Dr Eileen Crofton, one of the inspirational figures for many women working in tobacco control today. Eileen had a varied career and as the first Director of ASH Scotland, she was one of the most important figures in the struggle to ensure that women’s tobacco use was taken seriously both in the UK and internationally. To mark International Women’s Day this year, INWAT published Eileen’s memoir of those early days, with a Foreword by her colleague, friend and successor as Director of ASH Scotland, Alison Hillhouse. Find it at <http://www.inwat.org>.

# Women and Tobacco Agriculture: the Case of Brazil

By *Adriana Gregolin*, Consultant to Brazilian Tobacco Growing Diversification Programme of Brazil's Agrarian Development Ministry & *Vera Luiza da Costa e Silva MD PhD*, Senior Consultant to the World Health Organization (WHO)

Tobacco growing in Brazil is an activity essentially conducted in small properties, using tobacco growers' family manpower. It is estimated that approximately 200 thousand families in the country are part of the tobacco integrated production system. Ninety six percent (96%) of tobacco growing areas are located in the South region while 4% belong to Northeast states. Brazil is currently the second biggest producer and the biggest exporter of this commodity in the world<sup>1</sup>.

Tobacco growing activities in Brazil are conducted on average by three to four family members, corresponding to around 520 thousand people dealing with tobacco growing, harvesting, classification and cure of tobacco leaves<sup>2</sup>. Usually, the cycle of production takes around 11 months annually (from the preparation of the soil to the pre-classification of the leaf), equivalent to 150 to 200 working days per year for each member of the family. Considering that each family has at least one woman, we can estimate that at least 200 thousand women participate in tobacco growing activities in Brazil, without counting the work of daughters, nieces or other women in the family. These women work in all phases of tobacco production, including tasks that demand physical strength and in the risky application of pesticides. They are also responsible for the duties at home, other productive activities and general services of the property.

In a 2009 survey by the Parana State Network for Controlling Tobacco among Women<sup>3</sup>, carried out in the tobacco growing municipalities of Teixeira Soares, Blue Rio and Mallet, a number of women were interviewed to investigate women's roles, beliefs and attitudes regarding tobacco production. The survey is still ongoing and variables under analysis include women's satisfaction with tobacco growing work, willingness to change their job and knowledge and attitudes regarding crop diversification. Variables like social organization and mobilization of the tobacco growing communities might be central to those changes and questions on the guarantee of income generation, community labor organization, capacity to undertake new activities, increase of educational level and existence of day-care center for children of female farmers in the rural area should be answered. Health problems, often associated to the production of tobacco are frequently a concern. Some messages of these women offer an idea of the wishes, difficulties and limitations they have:

- » "We want more profitable work ... We already got potato growing alternatives... We need more jobs in order to help our husbands" (interview in Teixeira Soares).
- » "We never behave as a group in our community ... only when we pray. We miss more action from the group in terms of doing, wanting and helping ... we must help each other more frequently" (Interviewee of Blue Rio).

- » "Most of us have only basic education. We are all illiterates". "Here in the rural area there is no place to leave our children" (Interviewee of Teixeira Soares).
- » "There is no other activity here apart from growing tobacco. We only get jobs far away from here ... most of the young people from our community are already leaving our region in order to engage on a different activity" (Interviewee of Mallet).

It should be appreciated that difficulties of women who work in tobacco farming go beyond the productive system, being part of a specific context of social exclusion of countless rural impoverished regions that were hampered along the years because of the production system adopted, where monoculture predominates, like the tobacco production. In these circumstances, women are even more penalized, especially when there is involvement in the productive chain of pregnant women and mothers with young children, with increased risks to their health and wellbeing of the family.

Since 2006 the Ministry of Agrarian Development (MDA)<sup>4</sup>, through the Program of Diversification in Areas Cultivated with Tobacco, has been subsidizing 60 projects for tobacco growing areas, with the objective of supporting families to identify economically viable alternatives to this cultivation, in sink with Article 17 of the WHO Framework Convention for Tobacco Control<sup>5</sup>. These projects include initiatives in the area of technical support and rural extension, capacity building and research. This work is undertaken in partnership with the Ministry of Health and includes activities of communication, information and education. In order to promote activities directed to female tobacco farmers, the MDA is supporting the project of Technical Support and Rural Extension for Female Farmers in the



Woman tobacco agricultural worker  
Marty Otanez, Center for Tobacco Control Research and Education,  
University of California, San Francisco

state of Santa Catarina, as part of the Ecovida de Agroecologia Network. The objective of this project is to value the work of female tobacco farmers, offering information on food safety and nutrition, in addition to identifying and supporting initiatives that provide opportunities for diversification of production and income, reducing the dependence from the tobacco agriculture. The project involves around 200 women of 8 tobacco growing municipalities and is implemented in partnership with eleven organizations in civil society that work on family agriculture.

This subject is challenging not only for the Brazilian government but also for the groups that act in the family agriculture in tobacco growing areas. One of the identified problems is that tobacco cultivation that uses a substantial work force requiring considerable physical effort in all production levels. Another is the model of production, based on intensive use of fertilizers and pesticides and a third point is the risks to health resulting from this activity. These risks have concerned the Brazilian authorities, which besides the physical fatigue and intensive exposure to pesticides have recently identified a new condition in the country, Green Tobacco Sickness (GTS). Epidemiologic studies carried out in the tobacco growing regions of Arapiraca (Alagoas state) and Candelária (state of Rio Grande do Sul), confirmed for the first time in Brazil the diagnosis of GTC both in men and women<sup>6,7</sup>. The disease is caused by the nicotine that is absorbed by the skin of farmers that have contact with tobacco leaves.



Tobacco curing barns using wood for fuel  
Marty Otanez, Center for Tobacco Control Research and Education,  
University of California, San Francisco

Other specific consequences of tobacco cultivation for women's health are still not well known, but an analysis conducted in European countries combining eleven case-control studies suggests that women who work on tobacco agriculture have a bladder cancer incidence three times bigger than the control group<sup>8</sup>, suggesting that there are specific risks on this activity and that this issue deserves more attention from occupational risk factors research groups.

Another aspect that should be noted is that women live generally in isolation in the tobacco growing properties and in the shadow of their husbands, which makes accessing these women and providing relevant information difficult. Surveys carried out among 13-15-year-old adolescents in the tobacco growing region of Alto Vale do Itajaí (Santa Catarina state)<sup>9</sup> have shown that even young people have important information gaps since their teachers rarely address the dangers of smoking at school making it also unlikely that they receive information on the risks of growing tobacco. This is a real problem, not only in terms of health, but also on the economic and social dimensions of tobacco agriculture which deserve further studies and more attention from all involved.

Some aspects that need urgent attention from the government, scientific community and civil society include a better understanding of the health damages associated with tobacco production and ways they can be prevented. Questions on liability are also important: Who is responsible for the GTS when it comes to women and children? What is the responsibility of tobacco companies and of the government? Which regulations, activities and projects on tobacco production are essential, especially the ones that include women labor and families quality of life? What are the answers the WHO Framework Convention on Tobacco Control will provide to women's problems in the tobacco cultivation? Until these questions are answered, government and civil society should collaborate to anticipate mechanisms of attention and care to women involved in tobacco farming.

*We thank Deborah Carvalho Malta and Betine Pinto Moehlecke Iser from SVS/MOH Brazil, Leticia Casado from INCA/MOH Brazil and Isabel Scarinci from the Rede Paranaense para Controle do Tabaco em Mulheres for the valuable information provided.*

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## Emerging Voices

# From Krakow to Baltimore: Lessons for Poland

By Magdalena Petryniak

**Magdalena Petryniak** is Director of Manko Association in Krakow, Poland and Coordinator of the Bloomberg Initiative-funded Smokefree Poland project



Along with Dorota Kaleta from Medical University of Łódź, I represented Poland in the Tobacco Control Leadership Programme organised by the Johns Hopkins Bloomberg School of Public Health in Baltimore last summer. The 100 participants from over 30 countries were drawn from different organisations (public institutions, ministries, NGOs, universities), cultures and professional backgrounds. We spent nearly two weeks developing skills, sharing experience and firing up our motivation in the intensive training course.

My first impression was: “Wow, there are so many people in the world truly dedicated to fighting tobacco use. It is almost like an army, with passionate soldiers”. I learned that not only passion but also strong scientific evidence are the great weapons in our hands. I met wonderful experts in epidemiology, economics, promotion and public health. The lesson I learnt is that we - as tobacco activists must use the **scientific evidence** to combat the tobacco industry’s offensive and misleading arguments and policies. My recommendation for Poland: we need more country specific research, better use of existing data as well as closer and more flexible cooperation between universities, scientific institutes, public officials and activists.

However, evidence is not enough to make comprehensive tobacco free laws. We also need dedicated **leaders – champions in the parliament, Ministers, organisations** to promote and implement tobacco control legislation. The President of Uruguay, leaders of Mexico City and the district of Alexandria in Egypt were great supporters and fighters for

tobacco free laws. I understood that it would be very difficult for Poland to change and implement good tobacco control legislation without the political will to make tobacco control a priority and strong and vocal political support. My recommendation for Poland: find champions and supporters to promote tobacco control and smokefree environments as a basic right.

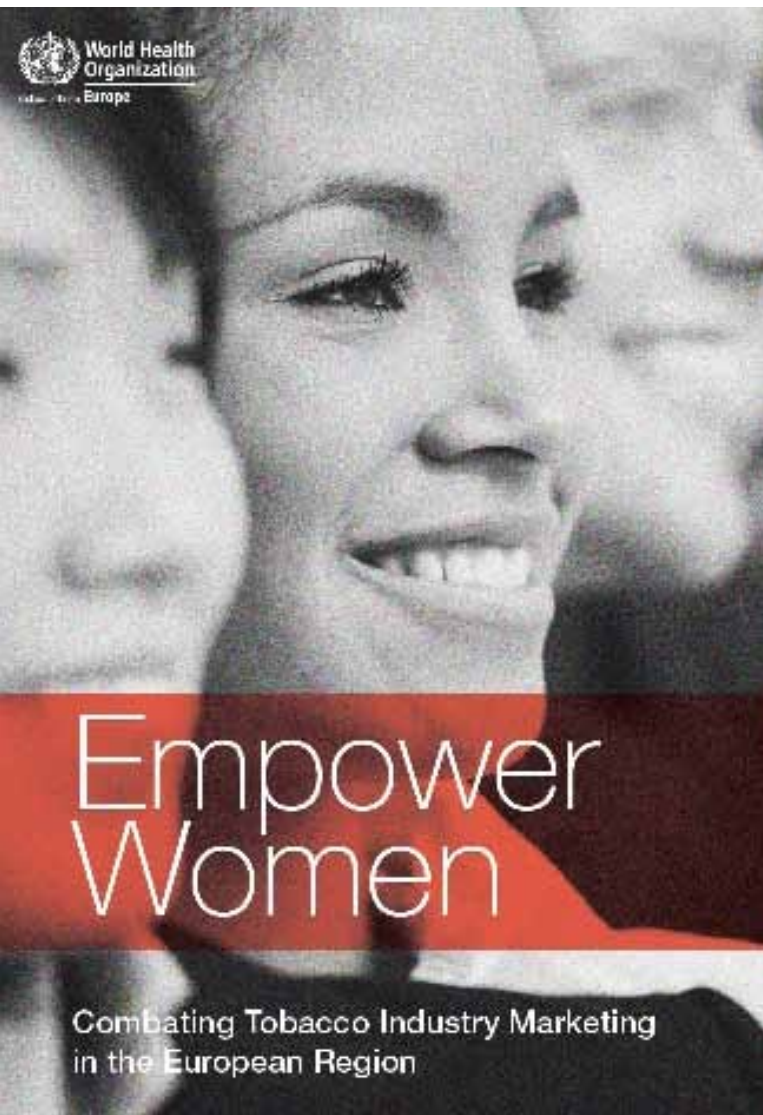
And the last, but not least – **partnerships**. A synergy of knowledge and action always results in greater results, both in business and health promotion. Different organizations (public institutions, universities, NGOs, media, businesses) should develop joint programmes, strategies to promote smokefree and be stronger advocates. An important issue is specialization: some organisations are expert in research, others in law, advocacy or health promotion. Working together, we can use all these skills and act much faster and more effectively. So my recommendation for Poland – we should cooperate more closely, prepare joint strategies and programmes and realise them as public – private partnerships.

Apart from everything else, the Baltimore course was a great adventure. I met wonderful people from all over the world and made friends with many of them. We are still in touch, communicating by Facebook or Skype and helping one each other in our protracted battle with tobacco use and the harm it causes. The course gave us not only increased knowledge but also inspiration and stronger motivation to work. I am grateful for that opportunity.

## Hello, Hanna!

The Net Co-editor, Sara Sanchez, has been engaged in a different sort of production this summer - little Hanna Bengtsson Sanchez was born on 4 July.

**Many congratulations and warm wishes to Sara, Johan and Hanna’s big sister Ellen from all at INWAT, especially The Net team.**



## Incentives to Quit?

This is a version of a section in the WHO Euro publication 'Empower Women: Combating Tobacco Industry Marketing in the European Region' (2010)

How can pregnant women living in financially difficult circumstances be best encouraged to quit smoking? A meta-analysis based on the 2009 updated Cochrane review found that financial incentives were significantly more effective than other strategies in helping pregnant women quit. Give It Up For Baby is an incentive programme developed through a partnership between the National Health Service and local government in Dundee, Scotland, and a low-cost national supermarket chain, ASDA.

Women from socially deprived communities are offered cessation help, support and grocery vouchers in exchange for giving up smoking. An incentive of £12.50 (US \$19.00) per week is paid for every week a pregnant woman demonstrates (through carbon monoxide testing) that she is smoke-free during her pregnancy and for three months after the birth of her child. The incentive payment is provided through a card scheme agreed upon by local authorities and ASDA. Smoking cessation support is given by community pharmacies and local support groups. Community workers and community development organizations give the women social support.

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This has been recognized. In May 2010, the UN General Assembly passed a resolution on noncommunicable diseases (NCDs), of which tobacco is a major contributing risk factor. Further, at a side event at the MDG Summit 2010 in September, the World Health Organization and partners met to discuss the political relevance of integrating NCDs into the global development agenda. This is to be followed shortly with the first UN General Assembly meeting on NCDs with high-level participants from the member states.

Furthermore, the uptake of tobacco differs between the sexes, threatening progress made in gender equality – one of the six key MDG goals related to health. One of the most striking things about smoking prevalence in the WHO European Region is that among all the WHO Regions, the difference between men's and women's prevalence is among the smallest in the European Region, and the gap is closing rapidly, especially among women in the east of the Region and girls, as shown in the Global Youth Tobacco Survey. Social and cultural constraints are weakening. Female spending power is increasing. Females are becoming empowered. These are all very positive developments, but there is a need for the global community to work together to maximize the benefits of globalization and address the consequences. Across the Region, it has become more acceptable, and possibly even glamorous, for women and girls to use tobacco. Tobacco products are becoming more affordable in many parts. The impact of the Industry's false portrayal of smoking as a symbol of female empowerment is indisputable.

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## Empowering Women!

By *Kristina Mauer-Stender*, Program Manager a.i., Tobacco Control, WHO Regional Office for Europe & *Rula Khoury*, Surveillance Officer, Tobacco Control, WHO Regional Office for Europe

At the Millennium Summit in September 2000, the United Nations General Assembly adopted the United Nations Millennium Declaration, from which the Millennium Development Goals (MDGs) derive. Among the eight MDGs, six are related to health, illustrating the strong links between good health, combating poverty and ensuring sustainable development. Tobacco prevention is currently absent, at least explicitly, from the MDGs. However, it is still very relevant to the global development agenda. Numerous studies have shown that tobacco use and deaths follow a marked socioeconomic gradient. It is clear that tobacco imposes a great burden on socioeconomic development, and is a powerful factor in health disparities.



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Women who are eligible for the Give It Up For Baby programme are identified by midwives, local pharmacists and health visitors, and are recruited if they indicate they would like to give up smoking. The scheme is also publicised through local media and word of mouth.

Typically, a community worker contacts a woman who has expressed interest in the programme and supports her attempt to quit smoking. Additional support, including free nicotine replacement therapy and one-to-one help from a local pharmacy or from a smoking cessation group, is also provided. The financial incentive can be redeemed with an electronic card at local ASDA supermarkets, but may not be used for tobacco or alcohol products. (Similar supermarket cards exist for parents to help their children at university to buy groceries.)

The programme found that giving an incentive resulted in a big increase in engagement with stop smoking services. About 25% of the cohort of pregnant women recorded as smokers by their midwives are now engaged in the scheme, compared to virtually no women before the programme began. Work with the women participants has provided several insights, including that the incentive provides an excuse to adopt different smoking behaviour from that usually seen in poor communities. Women also valued the structured support and feeling of belonging to the programme; indeed, they valued this more highly than the incentive.

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If one examines the rankings from the Global Gender Gap Report 2010, there is a positive correlation between country rankings on gender equity and the difference between male and female tobacco use. Generally speaking, countries that ranked high on gender equity had very little difference between tobacco usage among males and females, whereas countries that ranked low on gender equity had a substantially larger difference between the sexes. There are, of course, complex reasons for this correlation, but it reinforces the incorrect perception that smoking is a symbol of empowerment, and highlights the need for the health community to take back the true meaning of “empowering women”.

Many important steps have already been taken. In 2005, the WHO Framework Convention on Tobacco Control expressed alarm at the increase in the use of tobacco by females and called for gender-sensitive tobacco controls strategies. In 2007, the World Health Assembly endorsed the strategy for integrating gender analysis and action into the work of WHO. By 2010, 46 European Member States and the European Community had ratified the Treaty.

To address this issue further, WHO devoted the 2010 World No Tobacco Day theme to it. The WHO Regional Office for Europe partnered with the International Network of Women Against Tobacco (INWAT) and has recently released a monograph, **Empower Women: Combating Tobacco Industry Marketing in the European Region**, to provide a practical framework for

Around 350 women have registered to date. An interim review of outcomes showed that about 50% of the women have continued their attempts to stop for 4 weeks and about 31% of women have completed 12 weeks.

The engagement of women in the programme, and their high levels of success in managing to stop smoking during their pregnancies, have created interest in Give It Up for Baby. Recent guidance for professionals on quitting smoking in pregnancy and after childbirth published by the National Institute for Health and Clinical Excellence (NICE) noted the findings of the Cochrane review and meta-analysis and recommended research questions to investigate the effectiveness of similar interventions in the United Kingdom.

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promoting a gender perspective in policy-making and action. The new publication illustrates, largely through case examples, the wide spectrum of promotional activities by the Tobacco Industry that specifically targets women and girls across the Region. This includes less traditional forms of promotion, such as using the pack itself as a form of advertising. There is now a wealth of evidence, including analyses of the Tobacco Industry’s internal documents, that cigarette packs are regarded as a key way of communicating with smokers and promoting cigarette brands. The monograph is meant to provide reinforcement to the WHO FCTC as a powerful legal instrument to help stakeholders approach tobacco control with a gender equality framework. Although gender should be considered in the implementation of all articles of the WHO FCTC, this report focuses on Article 11 and Guidelines (packaging and labelling), Article 12 (health education, communication and public awareness), Article 13 and Guidelines (tobacco advertising, promotion and sponsorship) and Article 14 (cessation services and support). The publication includes examples from across Europe that show action already taken, serving as a starting point in providing countries with a practical guide. Efforts should continue to sustain the downward trend in male and female smoking seen in some European countries, and to focus more attention on halting and reversing the levels of smoking in girls and women in those countries where it is increasing.

To get a PDF of the report, please write to Rula Khoury, [rkh@euro.who.int](mailto:rkh@euro.who.int)

# A Comprehensive Smoke-free Policy for Women and Girls in Germany: a Challenge for the Public Health Community

By Sibylle Fleitmann, FACT – Frauen aktiv contra Tabak e.V.

While smoking rates among men in Germany have been declining for the last 20 years, those for German women have been reduced only slightly since 2003. The latest data<sup>1</sup> show that 34% of men and 26% of women older than 18 years are smokers. Tobacco consumption among young women between the ages of 18-29 is at 40%. Smoking rates<sup>2</sup> among young women with low educational status (56%), low level jobs (46%) and low income (47%) are even higher. An average of 13% of pregnant women smoke throughout their pregnancy<sup>3</sup> and this increases to 25% for pregnant students or women going through an apprenticeship. These data clearly indicate that young women of low socio-economic status need our highest attention from both legislative and public health perspectives.

“Non-smokers protection laws” have been passed in all 16 German states, but exceptions are the rule. Loopholes in current legislation make it possible to smoke in small pubs that do not serve food, in shopping malls and in casinos. Women may be more sensitive than men to the toxic substances contained in tobacco smoke and have additional health risks for cancers and cardiovascular disease. Of the 1.2 million bar and restaurant workers in Germany, more than half are young women, many of whom are of low socio-economic status, living with children and sometimes pregnant. Exposure to passive smoking, combined with the difficulty of quitting when working in a smoke-filled environment, make comprehensive legislation necessary. As one young pregnant bar server said: “I want to stop smoking for my baby and my kids...but how do you want me to quit if everyone smokes around me?”

Despite this situation, there are two encouraging developments. After one year of campaigning for a referendum, tobacco control advocates succeeded in July 2010 in imposing a total ban on smoking in public places in Bavaria. Getting such a victory via popular referendum required dealing with difficult administrative requirements and facing the well-funded opposition of the Tobacco Industry. The success was comparable to a fight between David and Goliath and has given hope that change can be achieved. This example is now being followed by Berlin and Hamburg where referenda are pending.

The second encouraging development is a cross party initiative in the Federal Parliament to amend the Federal worksite regulation. Private “public workplaces” and bars and restaurants benefit from exemptions to the laws protecting non-smokers. This new initiative is possible because a Federal Constitutional Court decided in July 2008 that a comprehensive law to protect non-smokers from

environmental tobacco smoke is not unconstitutional. Although this will be a long process, a change in the Federal regulation would supersede the current regulations of the 16 states. A lot of persuading still has to be done, especially with the members of the Conservative Party.

Treatment for tobacco dependence is not covered by health insurance; health professionals do not systematically address smoking status with women and girls; training is not integrated in medical training and smoking rates among health professionals are still high: 15% of doctors, 30% of nurses and midwives, and 39% of assistant nurses smoke. The Association of Women against Tobacco Germany (FACT e.V.) actively participates in advocacy campaigns to support comprehensive implementation of the Framework Convention on Tobacco Control (FCTC) at the federal and regional levels. We believe that involving women health professionals in our activities will be important if we want to create better living and working conditions for young women of low socio-economic status and especially pregnant women. Since smoking is responsible for half of the difference in life expectancy between lowest and highest income groups and smoking related death rates are 2-3 times higher among low socio-economic groups<sup>4</sup>, a targeted policy approach which takes into account the needs and life circumstances of women and girls is necessary not only in Germany and in Europe, but worldwide.

For further information please contact Sibylle Fleitmann, FACT – Frauen aktiv contra Tabak e.V., [www.fact-antitabak.de](http://www.fact-antitabak.de), email: [s.fleitmann@gmx.de](mailto:s.fleitmann@gmx.de)

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## 5th European Conference on Tobacco or Health, March 28-30th 2011, Amsterdam

As the burden of tobacco in the European Union (EU) is still enormous, it is of utmost importance that tobacco control remains our top priority. We know what is effective and what is not; the FCTC is our main guidance. There is however, still room for improvement in implementation of the FCTC guidelines and national comprehensive tobacco control policies.

The European Conference on Tobacco or Health (ECToH) will provide an opportunity for tobacco control professionals, researchers, policy makers, advocates and other interested colleagues to develop their knowledge and skills, and share best practices.

The conference in Amsterdam aims to inspire and empower tobacco control professionals across Europe. Participants will be able to learn from each other about overcoming barriers in their home countries, and there will be a special emphasis on how EC policies,



FCTC and good practices can support national tobacco control. The Association of European Cancer Leagues (ECL) created its ECToH Young Professional Award to recognize and support newer career professionals who have advanced tobacco control in research, advocacy, policy and practice. The award is granted based on the quality of the abstract submitted to the conference, so those early in their careers are encouraged to participate. And we are very pleased that the 3rd European Tobacco Control Scale by Luc Joossens will be presented at the ECToH 2011!

**On behalf of the Executive Committee, I hope to welcome you to Amsterdam in March. More information can be found at [www.ectoh.org](http://www.ectoh.org).**

*Lies van Gennip, Chair of the Executive Committee and CEO of STIVORO, the Dutch expert centre for tobacco control*



## “The Think-tank Tobaksfakta” – a New Tobacco Control Advocacy Organisation for Sweden

By *Ewy Thörnqvist, Director of Communication*

Tobacco control efforts in Sweden look satisfactory at first glance – smoking continues to decline, with prevalence being among the lowest internationally. Unfortunately this has given decision-makers the impression that the work is complete. Progress on strengthening tobacco control policies in Sweden has been limited in the last few years and Sweden has lost its lead in European tobacco control, mostly to its neighbouring countries of Norway and Finland.

Health Professionals Against Tobacco and A Non Smoking Generation have joined forces to create a new advocacy group. The “Think-tank Tobaksfakta” will focus mainly on policy development at the national level in accordance with FCTC recommendations. The aim is to help Sweden regain a lead role in tobacco control by mobilising more allies from all parts of society.

There is widespread use of smokeless tobacco, “snus,” among men in Sweden; fortunately few women have been hooked on the product. Snus – moist ground tobacco placed under the upper lip – is becoming as well known as two other Swedish words, ombudsman and smorgasbord. Snus is prohibited in the EU, except in Sweden, which obtained an exception when it joined the Union in 1995. The ongoing revision of Tobacco Products Directive 2001/37/EC has given the tobacco industry and advocates of “harm reduction by snus” hope of getting the EU ban on snus lifted. The arguments are that snus is less harmful than cigarettes and should be included in the EU clause on the free movement of goods.

However, snus is not like other merchandise. Its high nicotine content creates a strong addiction, especially when snus is used along with cigarettes, which is quite common. Although the health effects of snus use are less devastating than those of cigarette smoking, they are serious enough to reject the recommendation that these products be used as a substitute for cigarettes. One important goal of the “Think-tank Tobaksfakta” is to raise awareness in the international tobacco control community that introduction of another tobacco product is not the solution. Smokers globally are better off by increased implementation of the FCTC. Serious investments in comprehensive tobacco control measures have been shown to reduce smoking rates – without snus.

Margaretha Haglund, who has had a long career in tobacco control in Sweden and internationally, including over 30 years in the governmental sector, will be the strategic adviser to “Think-tank Tobaksfakta,” starting in December, 2010. Among other well known advocates that will work for the new organization are Göran Boëthius and Paul Nordgren.

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