

Responding to Women's Smoking: A Women-Centred Approach

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Presented by

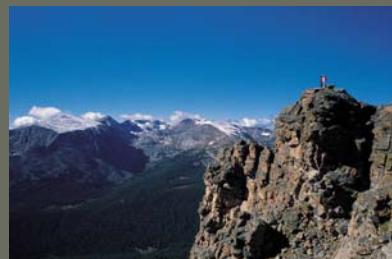
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This presentation will

- Describe current issues and trends in girls' and women's smoking
- Place women's smoking in the context of women's lives
- Describe women-centred approaches to treatment, policy, research and prevention

What are the elements to consider?

- Women's experiences
- Sex differences and gender influences
- Evidence of policy and program effects



What do we want to achieve?

- Integration of women's experiences into the response to tobacco
- Sex and gender sensitive research on tobacco use
- Women specific and women-centred treatment
- Gender and diversity sensitive tobacco policies

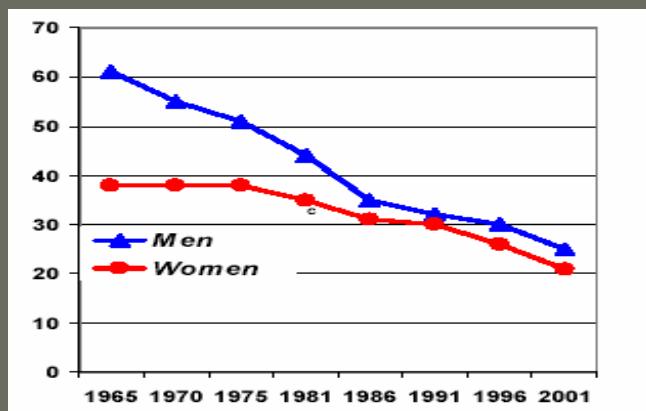


First, the trends

- Overall rates of smoking in Canada are on the decline
- Sex differences in those trends
- Sub-group rates and opposite trends are masked by this

Positive trends in smoking among men and women Canada

Physicians for a Smoke-Free Canada – March 2002



When we look through a gender and diversity lens...

- We can identify sub-group trends and opposite trends such as:
- Indigenous people
- Young girls
- Low income smokers
- Francophones

Troubling News:

The overall decline in girls' and women's smoking in Canada masks subpopulations that exhibit high or persistent rates of smoking

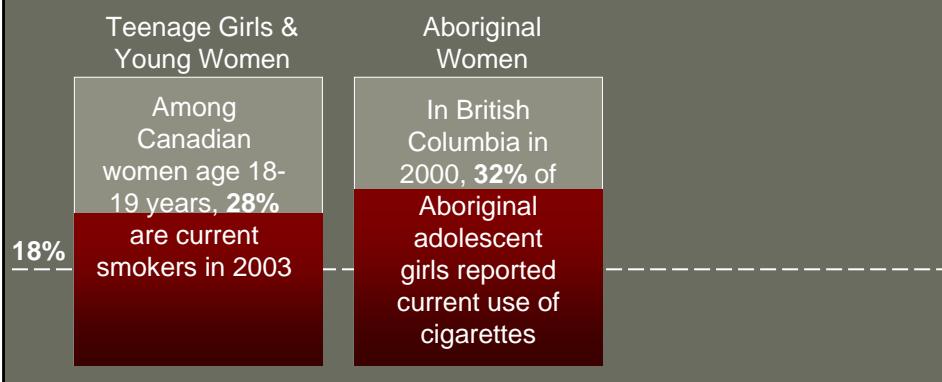
Teenage Girls & Young Women

Among Canadian women age 18-19 years, **28%** are current smokers in 2003

18%

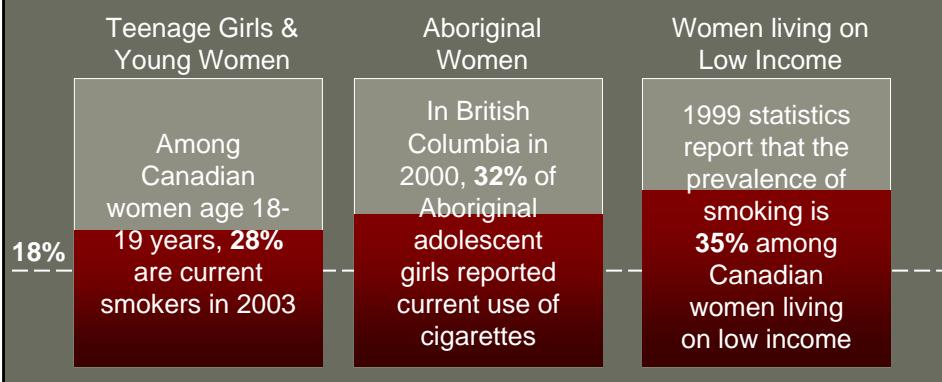
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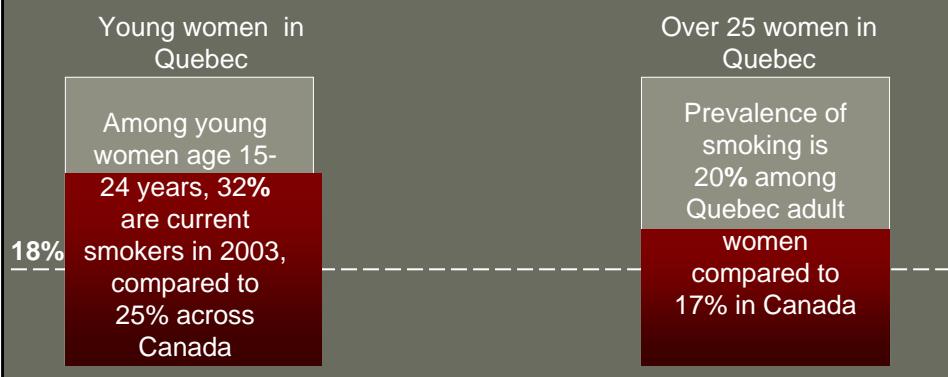
Troubling News:

The overall decline in girls' and women's smoking in Canada masks subpopulations that exhibit high or persistent rates of smoking



Troubling News in Quebec

The overall rate of (over 15) women's smoking in Canada is 18%. For over 25s, Quebec is second highest (20%) after New Brunswick (23%)



Quebec has the highest rate of smokers among Francophones in Canada (1995)



The patterns in these groups are are masked

- **Low income** women and girls (most smokers are Low Income)
- **Teen girls** (higher than boys, for the first time)
- **Aboriginal** girls and women (highest in Canadian population)
- **Francophones** (not enough data on girls and women)
- Women who use **other substances** (co-use is common)
- Women in **psychiatric** facilities (self-medication issues) etc....

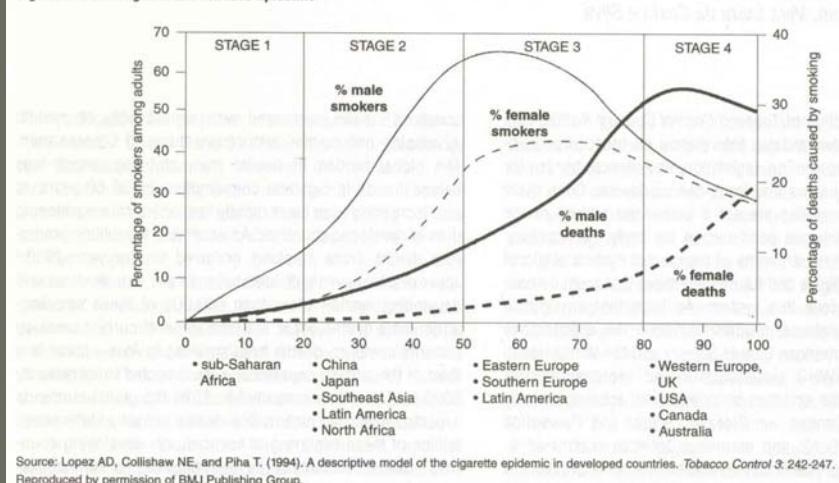
International Trends

- Developed countries-on the wane
- Less developed countries-on the rise
- Different stages of the epidemic of smoking across the globe
- Huge new “markets” of women and girls being targeted



Four Stages of Tobacco Epidemic

Figure 1. Four Stages of the Tobacco Epidemic



For women and girls- a global increase

- 12% of world's women smoke currently
- By 2020
- 20% of the world's women will be smokers

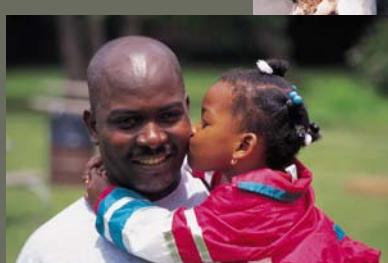


Placing women's smoking in Context



Contexts

- Social
- Psychological
- Cultural
- Religious
- Economic



Women's Experiences are the Root

- Meanings of smoking to women
- Everyday realities for women-poverty, single motherhood
- Experiences of sexism and racism
- Experiences of violence
- Links to trauma and early childhood abuse

Smoke Screen

WOMEN'S
SMOKING
AND
SOCIAL
CONTROL
Lorraine Greaves

Meanings of Smoking for Women

- Creates an Image
- Manages Emotions
- Organizes Social Relationships
- Fills dependency needs
- Creates an Identity

Lorraine Greaves, 1996.

“Costs” and “benefits” of women’s smoking

- For some women, smoking is a coping mechanism and quitting is not a priority
- Smoking allows women to carry on without expressing negative emotions
- Smoking assists in attracting or deflecting people and children
- Cigarettes can be “a best friend”, or a “reliable partner” Lorraine Greaves, 1996

Tobacco Industry Uses a Sex and Gender Analysis!

- The industry has developed and promoted “female” brands in North America since at least 1928
- Campaigns promoted smoking to women consistent with social and political trends



- Industry focus on weight control in 1928
- Reach for a Lucky instead of a sweet!

- Avoid that future shadow!

Products for women

- Long, slim and light cigarettes were designed for girls and women

- Virginia Slims combined weight concerns with slim cigarettes
- “If I ran the world, calories wouldn’t count”



The Industry position in 2001

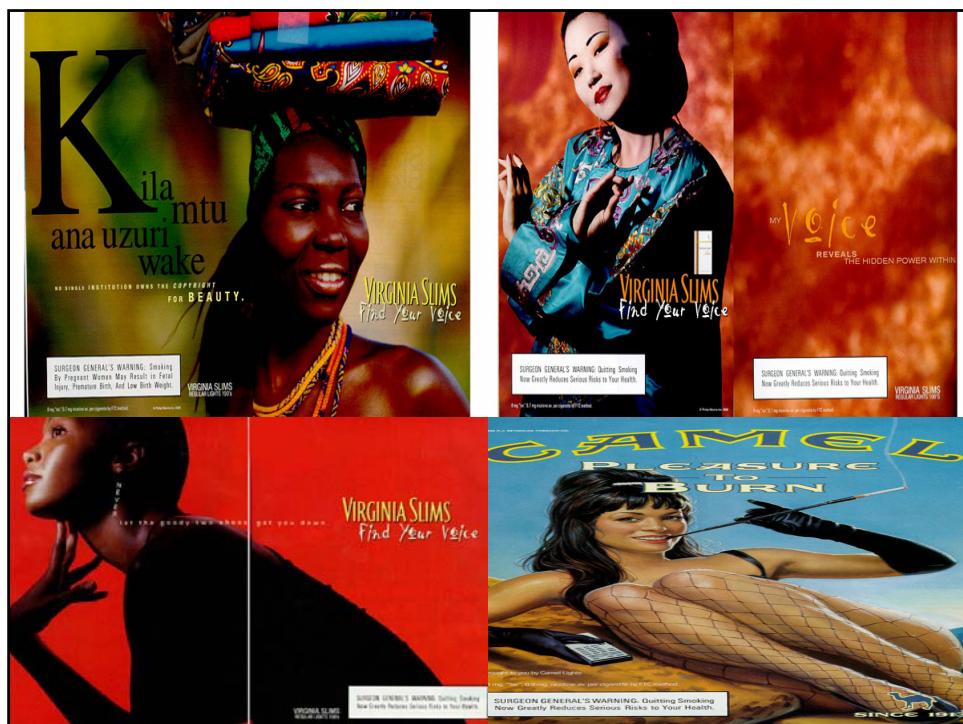
- “Selling tobacco products to women currently represents the single largest product marketing opportunity in the world.”

Kaufman and Nichter 2001



Diversity is a market opportunity

- The tobacco industry divides its market in many groups, male and female, gays, lesbians, Hispanics, African Americans, working class women, Asians, Africans etc..
- The Virginia Slims “find your voice” campaign



Changing images in advertising

- Being *bought* by men (prostitute) 1890
- Being *like* men (lesbian/mannish) 1920
- Being able to *attract* men (glamorous/sexy) 1940
- Being *equal* to men (feminism) 1920, 1960
- Being your *own* woman 1980

Lorraine Greaves, 1996

Sex & Gender
sensitive
research,
programs and
policies



Sex differences and Gender Influences

- **Sex differences**
the biological and physiological differences between female and male responses to tobacco and nicotine, and the resulting differences in illness and disease for women and men.
- **Gender influences**
the social and cultural aspects of being female (or male) that affect roles, behaviours and meanings related to tobacco use or cessation.

Example of Sex Differences

- Women who smoke are 20 to 70 percent more likely to develop lung cancer than men who smoke the same number of cigarettes (Manton 2000; Shriver et al. 2000).
- Women who drink alcohol and smoke have 35X rate of esophageal cancer
- Teen girls' smoking associated with increased breast cancer risk (Band et al, 2002)

Some Specific sex-specific health effects

- Different trajectory for lung cancer in women
- Increased Coronary heart disease among diabetic women
- Both Environmental Tobacco Smoke and smoking affect women's reproductive outcomes
- Women gain more weight after quitting than men
- Women have different nicotine sensitivity, may be more sensitive to withdrawal from nicotine...

(see Surgeon General Report on Women and Smoking, 2001)

Some gendered issues that affect smoking and policy impact

- Weight issues
- Girls, women and image creation
- Women, work and family pressures
- Poverty and low income issues
- Women in prison, low literacy, women experiencing violence, women who abuse alcohol or with mental illness.

Treatment, Cessation and Prevention Issues for Females

- Women-specific—focussed on women?
- Women-centred—sensitive to women's issues?
- Girl-centred approaches—sensitive to sub cultural issues for girls
- Pregnancy Cessation approaches—sensitive to women or fetus-centric?

The BC Centre of Excellence for Women's Health has applied a Gender Based Analysis to tobacco use & policies

Three reports:

- *Filtered Policy*
- *Expecting to Quit*
- *Reducing Harm*





Filtered Policy: Women and Tobacco in Canada

- Completed a gender based analysis of tobacco policy in Canada
- Assessed regulations, pack warnings and tax and pricing issues
- Considered income adequacy, child care responsibilities and the nature of women's work

(Greaves and Barr, 2000)

Without Gender-Based Analysis (Tax and Pricing Policy)



- **VERSION A**

- Taxation policies do not calculate or ameliorate specific effects on low income people.
- Nor do they investigate the unintended and possibly negative consequences—such as spending less money on food—when household expenditure on tobacco is increased.

With Gender-Based Analysis (Tax and Pricing)

- **VERSION B**

- The effects of increased taxation and higher prices are investigated to reveal their consequences for low-income women and men.
- Household expenditure patterns, particularly with regard to food, are considered (ie in lone mother families).
- Measures may be taken to ameliorate these effects by, for example, providing free cessation aids or programs and/or nutritional supplements.

Without Gender-Based Analysis (Pack Warnings)

- **VERSION A**

- Direct and dramatic messages about damage during pregnancy or damage to children do not convey primary concern about women's health. Improving a woman's own health is not the stated objective.
- Rather these messages suggest that pregnant women are regarded primarily as reproducers.

With Gender-Based Analysis (Pack Warnings)

- **VERSION B**

- Pregnant women are recognized as wanting the best for their children and being conflicted about their smoking.
- Support and empathy are communicated through health warnings and information inserts about cessation or the social context of women's smoking.

Without Gender-Based Analysis (ETS)

- **VERSION A**

- No recognition or analysis is made of the gendered nature of child care and the added impact on women of messages about reducing environmental tobacco smoke for children.
- The consequences of environmental tobacco smoke reduction policies in child custody, neglect and abuse cases are not recognized or evaluated.

With Gender-Based Analysis (ETS)

- **VERSION B**

- Recognition is given to the fact that exposure to environmental tobacco smoke is most likely to occur in disadvantaged homes where both women and children are less likely to have options to visit venues outside of the home.
- Efforts are made to avoid blame and work toward mutual goals of reducing children's exposure to environmental tobacco smoke.

Policy Issues

- Need for Gender Based Analysis- we must routinely assess the differential effects on women and men, girls and boys.
- Women-centred tobacco policies-ethical, inclusive of smokers, educative, holistic, linked to women's experiences, recognize diversity

Expecting to Quit- August, 2003

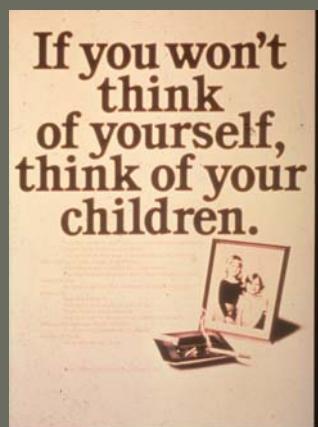
- Better practices in tobacco cessation for pregnant smokers
- Recommends a shift to a women-centric from a fetus- centric approach



A new approach to pregnant smokers

- Promotes harm reduction
- De-linked partner cessation counselling
- Teaches practitioners to reduce stigma not contribute to it
- Has served as the basis for a new Quitline protocol for pregnant women designed for Health Canada, 2004

An “other-centred” approach to quitting



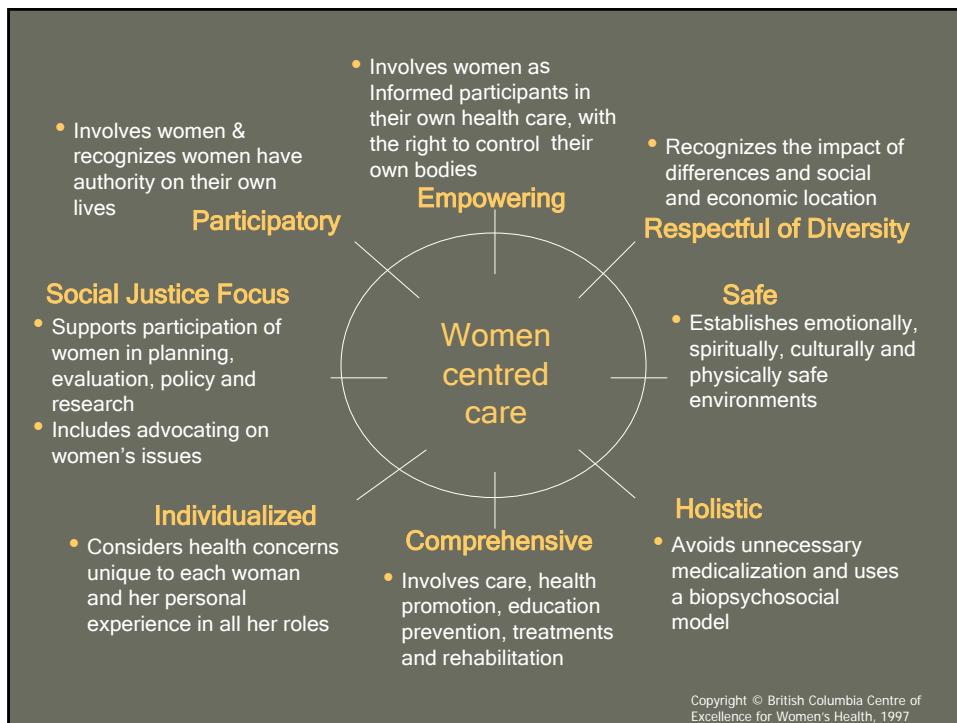
A shame-based approach to quitting



Treatment, Cessation and Prevention Issues

- Women-specific—need to be focussed on women
- Women-centred—sensitive to women's issues and life circumstances





Reducing Harm—due out December, 2004

- Assessed the differential effects of tobacco policies on diverse populations
- Aboriginal people
- Low income people
- Young people

Recommendations

- More research and evaluation on unintended consequences of policy
- Create an evidence base for policy making that is ethical and increases equity and social justice



Recommendations..

- Development of an ethical framework for tobacco control policy—
- Engaging smokers in policy development
- Reducing stigmatizing approaches to smokers



Policy Issues

- Women-centred tobacco policies-ethical, inclusive of smokers, educative, holistic, linked to women's experiences, recognizant of diversity
- Need for Gender Based Analysis-assess the differential effects on women and men, girls and boys?

Looking forward....

- A waning epidemic in Canada, but persistent issues among girls and sub-groups of women
- Diverse groups of girls and women need separate research, planning and programming
- Development of more specific programming and policy
- Need more leadership in reducing women's global tobacco use

Treaties and policies can help us

- The Framework Convention on Tobacco Control – FCTC
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- World Health Organization- WHO
- Government of Canada –Gender Based Analysis policy

FCTC

- The FCTC declares that its WHO members are alarmed by the increases in smoking and other forms of tobacco consumption by women and young girls worldwide
- The FCTC states that there is a need for full participation of women at all levels of policy-making and implementation and for gender-specific tobacco control policies
- Article 4 of the FCTC proposes that measures are needed to address gender-specific risks when developing tobacco control strategies

CEDAW

- According to Article 10 in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), women have the right to have access to specific educational information to help to ensure the health and well-being of families
- Furthermore, women have the right to the protection of health and safety in working conditions, for example smoke-free environments.

World Health Organization policy

- "...WHO will, as a matter of policy and good public health practice, integrate gender considerations in all facets of its work."
- "...integration of gender considerations, that is gender mainstreaming, must become standard practice in all policies and programmes."
- "...all programmes will be expected to collect disaggregated data by sex, review and reflect on the gender aspects of their respective areas of work, and initiate work to develop content-specific materials."

Canadian policy

- Federal policy to do GBA on most policy development
- Health and Justice are leaders among the Ministries
- Exploring Concepts of Gender and Health-
- a manual for training and doing GBA

http://www.hc-sc.gc.ca/english/women/exploringconcepts_a2.htm

- Thank you!
- Merci!



