International Network of Women against Tobacco - Europe

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Report from an Expert Seminar, March 30-31, 2005

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Summary

From March 30-31, 2005 INWAT-Europe held an expert seminar on second-hand smoke and women. The purpose of this seminar was to bring together experts on women's smoking, inequalities and gender to examine the issues of smoke-free policy changes from a European perspective. The adverse health effects of second-hand smoke on women are a key issue for women's health. Women will be affected by both active and passive smokers at work, in public places, and importantly, at home. As is well known, children's health is very liable to be affected by their exposure to tobacco smoke.

Before the session started, a background paper was circulated to participants. The two-day seminar began with a review of this paper, seminar goals and a formal welcome by the Ministry of Health in Catalunya. Thereafter presentations by experts currently working on the issue of second-hand smoke took place; specifically research and on health effects of smoking and second-hand smoke, mass media campaigns, smoke-free homes, population-based policy development, equality and gender-based policy research.

The presentations were followed by a facilitated discussion on the topic of women and second-hand smoke in Europe. This discussion raised pertinent challenges, problems and opportunities for change.

The seminar ended with a meeting among INWAT-Europe Advisory Board members which drew recommendations for *The Way Forward (See. p. 6)* for future policy development, health promotion and research at the European level. The recommendations aimed to advance the issue of women and second-hand smoke by effectively developing research, programming and policy.

The costs of the seminar were sponsored by INWAT-Europe and the Government of Catalunya Ministry of Health.

Rationale

Second-hand smoke and its adverse effects on health have been recognised worldwide by government, scientific collaborative groups and health authorities.[1 - 17] Health is a basic human right that must be guaranteed regardless of socio-economic status, gender or where one lives or works. The ground-breaking Hirayama[18] study on lung cancer in Japanese non-smoking women who had been exposed to their husbands' smoking brought to light that protection from second-hand smoke was a gender and human rights issue.

Although not consistently incorporating a gender-focus, research on the adverse health effects of second-hand smoke has evolved since the Hirayama study and action implementing smoke-free policies around the world has advanced. Lowering possible exposure to other people's tobacco smoke is increasingly recognized as a key policy of tobacco control. Among countries in Europe Ireland, Norway*, Malta, Italy*, Sweden* and Scotland have implemented national indoor smoking bans.

Yet, it still remains that women are disproportionately affected by second-hand smoke. The reasons are complicated and include policy development in the home and working in jobs that *'require'* exposure to second-hand smoke. In Europe, these inequalities are larger in certain countries where increasing tobacco use due factors such as tobacco industry promotion and weak policy is a very pertinent challenge. Using data that has not been gender disaggregated it was estimated that in the year 2002, 7000 deaths were attributed to second-hand smoke in the workplace and an additional 72,000 estimated deaths from exposure in the home across the European Union.[19]

The importance of smoke-free workplaces and public places is now recognized as a key policy to 'denormalize' tobacco use as well as to protect non-smokers from second-hand smoke. This is in part because of the growing understanding of the dangers of second-hand smoke. Indeed, the World Health Organization's International Agency for Research on Cancer (IARC) classified second-hand smoke as a carcinogen in 2002.

Globally the WHO Framework Convention on Tobacco Control (FCTC)[20] which came into effect on 27 February 2005, after the 40th country ratified the Convention, calls for countries that are Parties to the Treaty to adopt and implement *"effective legislative, executive, administrative and/or other measures"* to protect people from second-hand smoke in *"indoor workplaces, public transport, indoor public places and, as appropriate, other public places"* (Article 8.2). The preamble of the

* Allowance for a separately designated indoor smoking room is permitted.

FCTC requires Parties to incorporate a gender perspective through all articles in the convention including this one on second-hand smoke. The WHO Member States of the WHO-EURO Region that have ratified the FCTC can be found in Table 1.

Table 1: EURO-WHO Member States that have ratified the FCTC – *current 15 May 2006*

Albania	Armenia	Austria	Belarus	Belgium
Bulgaria	Denmark	Estonia	Finland	France
Georgia	Germany	Greece	Hungary	Iceland
Ireland	Latvia	Lithuania	Luxembourg	Malta
Netherlands	Norway	Portugal	Romania	San Marino
Slovakia	Slovenia	Spain	Sweden	Turkey
United Kingdom of Great Britain and Northern Ireland			European Community	

In the past, both the public and private sector have tried to bring in smoking restrictions at work through voluntary or incremental implementation. However, this action is usually limited to large companies, mostly with 'white collar' or professional employees. Smaller companies have been much slower in changing policies voluntarily and many find implementing a policy more difficult. Typically, these small to medium sized enterprises may employ less skilled or lower paid individuals. Bars and pubs, snack bars and restaurants fall into this category and are notoriously controversial and difficult places to ban smoking. In Europe as in the rest of the world, women are more likely to hold part-time or lowly paid jobs, particularly in the catering industry, and thus the failure to ensure smoke-free policies in all workplaces impacts more significantly on women's health. As smoking in Europe is now highly patterned by socio-economic status[21], this policy failure also has an important impact on health inequalities in Europe.

Although this is a truly global issue, the seminar focused on European countries, both those that are already implementing policies as well as those considering their policy changes.

Figure 1: *Catalan Health Minister Marina Geli i Fàbrega (right) meets with INWAT-Europe.*

Seminar Presentations

The presentations covered a variety of topics within the scope of second-hand smoke and gender. The seminar opened with an introduction by the Chair Trudy Prins and a welcome by Anotin Plasencia of the Ministry of Health in Catalunya. Thereafter, Patti White outlined the objectives for the two-day seminar including a presentation of the discussion paper. The objectives were to:

- Learn from expert presentations about second-hand smoke from the perspective of health, national legislation, smoking in the home, mass media, equality and gender-based policy
- Discuss the issues of second-hand smoke policy development, health promotion, cessation and health effects from a European perspective
- Draw conclusions and recommendations to take forward in efforts to advance policy

After participants introduced themselves the session ended for the first day. Later that evening, the INWAT-Europe Advisory Board met with the Minister of Health for Catalunya Marina Geli i Fàbrega to discuss women and tobacco control priorities for the Province of Catalunya. This meeting was followed by a reception dinner for all delegates.

The second day opened with a comprehensive presentation of the health effects of second-hand smoke and tobacco smoking on women, pregnant women and children by **Dr Sinéad Jones**, Tobacco Control Director at the International Union against Cancer (UICC). The adverse health effects are summarized in Table 2. Although this table is not comprehensive, it highlights the most important health effects based on current epidemiological evidence. In particular she drew on the findings of two key British Medical Association (BMA) Board of Science and Education scientific and policy reports on this issue *Towards Smoke-free Public Places*[22] and *Smoking and Reproductive Life.*[23]

Table 2: Health effects of second-hand smoke and tobacco smoking on women, pregnant women and children – *derived from presentation.*

	Active Smoking	**Exposure to Second-hand Smoke**
Women	Lung Cancer	Lung Cancer
	Respiratory illness - Asthma - Exacerbation of asthma - Airway irritation - Cough - Bronchitis - Shortness of Breath - Chronic Obtrusive Pulmonary Disease	Respiratory illness - Asthma - Exacerbation of asthma - Airway irritation - Cough - Bronchitis - Shortness of Breath - Chronic Obtrusive Pulmonary Disease
	Circulatory illness - Angina - Heart Attack - Stroke	
	Breast Cancer-mixed evidence to conclude increase in risk	Breast Cancer-mixed evidence to conclude increase in risk
	Alterations in sex hormone metabolism - may increase risk of irregular and painful menstruation - smokers tend to develop male-like body shape - Early menopause - Risk of infertility doubled, delayed conception	
Pregnant Women	Increased risk of - eptopic pregnancy - miscarriage - stillbirth - death of newborn - premature rupture of membranes - placenta abruption - placenta praevia	1 in 5 pregnant non-smokers exposed at home 3 in 10 pregnant workers exposed at work
Breast-feeding Women	Reduced milk supply and reduced milk quality as smoking affects prolactin	Likely compromises breastfeeding
Infants	Low birth weight Premature birth Foetal malformation (cleft lip) Impaired lung function Respiratory illness Increased risk of cot death	Impaired lung function Respiratory illness Cot death (SIDS)
Children	Impaired growth, development – CVD, diabetes, obesity Behavioural problems – colic, attention deficit, hyperactivity	Middle-ear disease Development of Asthma Exacerbation of Asthma Slower Growth of lung function Childhood cancer - uncertain
Men	May increase risk of male sexual impotence by 50% Reduced semen quality, sperm damage	Limited evidence of Second-hand smoke and impotence

In the next presentation **Matthew O'Callaghan** and **Eddie Cassidy** from the MANDATE Trade Union of Retail, Bar and Administrative workers in Ireland made the case for workers' protection from second-hand smoke, based on their experience during the process of passing the smoke-free legislation in Ireland. They described how MANDATE was able to persuade unions in Ireland to support this legislation. Keys to success included: making known the health effects of second-hand smoke, holding information seminars, meeting with key leaders and winning support from critical unions. After gaining the support of the trade unions, they became strong advocates in favour of the smoking ban proposed by the government.

Brenda Fullard from Smokefree NorthWest (UK) described a smoke-free home project that had been developed and implemented in deprived communities in Merseyside, UK. This project was based on the findings from a 1996 Dutch study on the behavioural factors influencing passive smoking exposure in infants, which concluded that health education should focus on changing attitudes and increasing self-efficacy of parents and on increasing awareness of the health consequences of exposure of children to tobacco smoke. In this project special attention was paid to disadvantaged smokers with a low education levels. The educational component included providing information materials and training for health professionals and parents. To complement these efforts, a community-based media campaign which focused on strengthening the ability of non-smokers to deal with smokers was delivered through television, radio, posters, newspapers and magazines. Interviews with 324 parents and guardians revealed that prior to the project smoking occurred in 79% of homes. The project evaluation found that between 1996 and 1999 smoking in the presence of children aged 0-10 years decreased from 41% to 18% and maternal smoking decreased from 24% to 20%. While there was low recognition of media materials, the training yielded positive results.

Maurice Mulcahy from the Western Health Board Ireland in his presentation "Smoke-Free Ireland" described the comprehensive research that was being conducted to evaluate the landmark law passed on 26 March 2004. His presentation featured several studies including a study examining cotinine levels in children which indicated that those children from non-smoking homes reflected community exposure while those in smoking homes showed parental exposure. Pre-ban measures revealed that 93% of children showed evidence of passive smoking, 0.7% of active smoking and five children had cotinine levels as high as bar workers. Cotinine levels increased respectively from no parents smoking to father only/to mother only to both. A study on bars and second-hand smoke in Ireland revealed that prior to the legislation bars could not control second-hand smoke at busy times and the consequent smoke levels could impair the function of a person after 30 minutes of exposure. It was estimated that this exposure was responsible for 150 deaths per year. Following the implementation of the comprehensive smoking ban second-hand smoke pollution was found to have decreased when examining different pubs in different areas three times pre-ban and twice post-ban.

Kari Huseby, Director of the Department for Tobacco Control, Norway presented a comprehensive overview of tobacco use behaviours, cancer statistics, the long tobacco-control tradition in Norway and the implementation and maintenance of the smoke-free law which came into effect on 1 June 2004. There was a high compliance rate, but some bars have opted to build designated smoking rooms and many have sought outdoor serving licences. After six months, there were no negative economic effects of the law including changes in employment, taxable sales or bankruptcies. Benefits for employees included increases in indoor air quality, decreases in reported adverse health symptoms and a small but significant change reported in levels of respiratory problems among employees. Among patrons there were small changes in dining and drinking patterns and increased support for the law and compliance.

Karen Gutierrez, Centres for Disease and Control and Prevention (CDC-USA) Consultant on mass media, presented an international review of smoke-free media campaigns from a woman's perspective. Her overall conclusion was that mass media campaigns can and do help change individual behaviours and community norms when planned strategically, with attention to detail and executed with excellence. She presented a variety of social marketing media examples from her global review on effective media approaches to change individual behaviours, community norms and enforce policy. Many of the

examples focused on women including waitresses in serving establishments and protecting children and families exposed by second-hand smoke.

Figure 2: *Karen Gutierrez presents her review of women-targeted social marketing campaigns.*

The final presentation was by **Dr. Lorraine Greaves**, the Executive Director of the British Columbia Centre of Excellence for Women's Health in Canada. Her presentation reviewed the research led by the Centre which focused on the complex dynamics of smoking behaviours in the home which are due to power imbalances. The presentation started with a synopsis of research conducted previously on gender-based analysis of tobacco control policy in Canada on second-hand smoke regulations, package warnings and tax and pricing issues. Conclusions specific to second-hand smoke indicate that policy in this area has different effects on women and men and on people of low income. The results of this research includes a series of reports *Filtered Policy: Smoking and Women in Canada*[24] and *Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Women and Gils.*[26] This was followed by a description of the findings from a recent qualitative research study which had explored household couple and family dynamics and examined issues of differences in power between men and women, conflict about smoking, differences in smoking status and pregnancy and childcare. The study included several types of women which were: Those that smoked those that lived with smokers and those that worked in smoke-filled locations. The gendered nature of household work, roles and responsibilities, including childcare and less leisure is a worldwide pattern. A key conclusion was that home-based policies disproportionately affect women.

Discussion

Lorraine Greaves opened the discussion by reviewing the presentations that had been presented over the two days and provided her reflections and questions to focus the subsequent discussion:

1. What is our goal in pursuing second-hand smoke policies? Health protection? Cessation? Should we be explicit about goals?
2. Power imbalances and power relations. What would a woman-centred policy look like? Some key relationships: child/parent; women/men; individuals/group; public/health professionals; pregnant smoker/health professional; researcher/policy maker or politician; smokers/non-smokers; workers/management; ill people/well people. Who has the power and who doesn't? What are implications for health messages; implementation; enforcement?
3. Place – the importance of location. Do people have more or less status by economic geographic or social location?
4. Social context of smoking and unintended consequences of restricting smoking, for example family conflict; increasing stigma on smokers.
5. History- this discussion reflects the early history of smoking and pregnancy that opposed child and maternal health. Perhaps increasing women's own motivation for cessation results in longer lasting consequences.

The subsequent discussion identified challenges and opportunities for change. These challenges included power relationships in different situations where smoking takes place. For example, in a home where men enforce and establish rules for smoking and a woman believes she has less power to change this. Another power relationship would be one of a worker and employer where the employee perceives that they can do little to change their workplace.

From a cultural and societal perspective there exists the barrier of opposition to smoke-free policies which is often the tobacco industry or tobacco-industry supported aimed at maintaining the 'choice' standard which consequently endangers the lives of workers. It is because women disproportionately work in locations where smoking is viewed as normal behaviour that there is a great need bring the issue forward and develop policy from a gendered perspective. Examples from Norway

and Ireland demonstrate that from a broad national level smoke-free legislation is working.

Another important challenge was the lack of education and knowledge about the specific harmful effects of second-hand smoke in the face of accommodating a person's smoking behaviour indoors. Increasing awareness of the known health effects from a woman's perspective should be one component of policy development and mass media campaigns.

One opportunity identified for progressing a gendered approach to smoke-free policies was the FCTC. Article 8 specifically includes provisions for developing smoke-free environments. It is in the interpretation of the FCTC that Governments to the Treaty must take the healthiest measures available to protect citizens from second-hand smoke. Moreover, the FCTC preamble requires measures specific to women and girls. This is legally binding and must be incorporated throughout the articles of the Treaty text. A second opportunity was the increasing momentum of European countries to become smoke-free. Ireland, Norway, Italy, Malta, Sweden, Scotland and the rest of the UK have implemented or passed comprehensive legislation that will increase the health of their populations.

Figure 3: *The Seminar Group gather around to celebrate INWAT's 15th Birthday during a break.*

The Way Forward

It is essential to continue the momentum toward a smoke-free world which has at its base the overwhelming evidence of the health effects of smoking and second-hand smoke. Given the new era of the FCTC, the time is now ripe to move European governments to implement research, programmes and policy to protect women from exposure to second-hand smoke.

Given the situation that many women work in environments where they are exposed to second-hand smoke, are often negatively affected by power roles in locations such as the home and often hold beliefs that they have little or no control over creating smoke-free environments, the INWAT-Europe Advisory Board recommends the following:

- The advancement of comprehensive smoke-free legislation at the European and national country level given that women often find themselves in jobs where they are exposed to second-hand smoke.
- Research which takes into account and investigates the health effects of second-hand smoke and the situations in which women's exposure is high.
- Research into smoking in the home, not least qualitative explorations of the role of gendered relationships including power dynamics.
- Development, implementation and evaluation of health promotion initiatives including mass media campaigns to determine their effectiveness on increasing knowledge of the health effects of second-hand smoke as they affect women, changing attitudes and social norms, and increasing self-efficacy among women.
- Advocacy at the community, national, European and international level to encourage politicians and decision makers to incorporate a women and tobacco perspective in research, programming and policy on second-hand smoke.

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Appendix I – Participants

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