

Women and Tobacco

Introduction

Approximately 6 000 Australian women die prematurely each year as a result of tobacco caused illness¹.

Sex differences and gender influences tell us that women and men have some differences in behaviour, illness and disease associated with smoking. As such, we should be responding in appropriate ways that take any differences into account when we talk about prevention or treatment.

Sex Differences

There are some differences in the way women and men respond to tobacco and nicotine, and also differences in illness and disease. Some examples include:

- Women and men's bodies break down nicotine differently².
- Women are more likely than men to carry genetic mutations that are associated with an increased risk of lung cancer².
- The type and progression of lung cancer is often different in women².
- Both smoking and passive smoke affect women's reproductive outcomes^{3,4}
- There is a possibility of an association between active smoking and exposure to passive smoking during adolescence and later development of breast cancer in women⁵.
- Women often gain more weight after quitting than men⁶.
- Nicotine replacement may be less effective among women as a treatment for tobacco dependence^{4,7}.

Gender influences

In women, some of the social and cultural aspects that affect roles, behaviours and meanings related to tobacco use or cessation are:

- The tobacco industry has specifically targeted women using sophisticated marketing techniques which include gifts, the Internet, fashion events and alliances with companies that sell products for women^{8,9}
- Women account for more than 80% of sole parents in Australia. Around 46% of single mothers smoke, and in 1995, the highest smoking rate in this group was single mothers between the ages of 19 and 29 at 59%¹⁰.
- Young women and girls may use smoking as a method of controlling their appetite and weight^{11,12}
- Poverty and low income is associated with higher rates of smoking among adults¹³, and women constitute a disproportionate share of people living in poverty.
- Nicotine addiction plays an important role for most smokers. There are also reinforcing cultural and environmental factors for women, such as fear of weight gain and life stressors^{6,4}.
- Smoking is intimately linked with poverty¹⁴, isolation and the care-giving role.¹⁵
- When quitting, there are a number of specific situation in which women find it especially difficult to resist smoking. These situations include: socialising with smokers; being near other people who are smoking; when feeling sad, tense or irritable; when they are under pressure from children; and on the telephone¹⁶.

Implications for the Future

Future research needs to address both sex and gender differences in relation to:

- patterns of tobacco initiation and use
- nicotine impact, addiction and cessation
- cultural, psychosocial and environmental factors influencing tobacco use and barriers to cessation.

Taking a gendered approach to the development of prevention programs in health promotion and education may improve their effectiveness.

¹ Victorian Government (2005) *Smoking statistics*.
http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Smoking_statistics?OpenDocument Accessed on 22/05/2006.

² Harvard Medical School (2005) Lung Cancer in Women, 12 Dec
<http://www.itp.net/business/features/details.php?id=3538&category> Accessed 22/05/06.

³ Pollard, Irina (1996). Preconceptual/Prenatal Care of Our Children: On the Ethics of Drug-induced Disabilities, *Eubios Journal of Asian and International Bioethics* 6: 2-6.

⁴ Mc Dermott et al (2002). *Cigarette smoking among women in Australia: National Drug Strategy*, Commonwealth Department of Health and Ageing, Canberra, p.38, 47-52.

⁵ Elwood MJ & Burton RC. Passive Smoking and Breast Cancer: is the Evidence for Cause Now Convincing? *Medical Journal of Australia* 2004; 181(5): 236-237.

⁶ Victorian Government (2005) *Smoking- weight gain and quitting*.
http://www.betterhealth.vic.gov.au/BHCV2/bhcarticles.nsf/pages/Smoking_weight_gain_and_quitting?open Accessed on 22/05/06.

⁷ Samet Jonathon & Yoon Soon-Young Eds. (2001). *Women and the Tobacco Epidemic: Challenges for the 21st Century*, World Health Organisation, Canada, p.111

⁸ Harper T (2001) Marketing Life After Advertising Bans, *Tobacco Control* 2001; 10: 196-198.

⁹ Harper T, Martin J (2002) Under the Radar – How the Tobacco Industry Targets Youth in Australia, *Drug and Alcohol Review* 21: 387-392.

¹⁰ Siahpush M, Borland R & Scollo M (2002). Prevalence and Socio-economic Correlates of Smoking Among Lone Mothers in Australia, *Australian and New Zealand Journal of Public Health*; 26(2): 132-135.

¹¹ Clarke V, White V, Beckwith J, Borland R, Hill D (1993). Are Attitudes Towards Smoking Different for Males and Females? *Tobacco Control*; 2: 201-208.

¹² US Department of Health and Human Services (1990). *The Health Benefits of Smoking Cessation. A report of the Surgeon General*. Rockville, Maryland: US Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. DHHS Publication No (CDC) 90-8416.

¹³ Bobak M, Jha P, Nguyen S, Jarvis M (2000) Poverty and Smoking, in Jha P & Chaloupka F Eds. *Tobacco Control in Developing Countries*, OUP for the World Bank and World Health Organisation, p.41-61. <http://www1.worldbank.org/tobacco/tcdc/041TO062.PDF>, Accessed 22/05/06.

¹⁴ Junor W, Collins D, Lapsley H (2004) *The Macroeconomic and Distributional Effects of Reduced Smoking Prevalence in New South Wales*, The Cancer Council of New South Wales, Sydney.

¹⁵ The Atlantic Health Promotion Research Centre (2006). *Disadvantaged Women and Smoking Project (1994-1995)* Centre for Health Promotion University of Toronto
<http://www.ahprc.dal.ca/1994-1995.html> Accessed 22/05/06.

¹⁶ Mullins R, Borland R, Gibbs A (1992). *Fresh Start Evaluation: Evaluation of the Fresh Start Workplace and Community Courses in 1990 and 1991*, Quit Victoria. Quit Evaluation Volume 7 Chapter 20.