INTERNATIONAL NETWORK OF WOMEN AGAINST TOBACCO

Can you support your Nursing colleagues to become Tobacco Control Advocates?

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In the face of the growing tobacco epidemic, nurses need to be equipped to assist people with smoking cessation, to prevent tobacco uptake and to promote strategies to decrease exposure to secondhand smoke. Although the engagement of the nursing profession is vital, no formal mechanisms currently exist to coordinate the activities of individual nurses or their National Nursing Associations (NNAs).

Nurses enjoy a great deal of public trust and respect, and have access to all levels of the population, including the traditionally underserved. As a profession, nurses have tremendous potential to effectively implement smoking cessation interventions and work with the goals proposed by the WHO FCTC. The potential of nurses has even been recognized by the tobacco industry as a 1998 internal Philip Morris document states, nurses "…as they become more active in politics … they could easily be formidable opponents of the tobacco industry."

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By: Lorraine Greaves

President's Corner

'Nightingale Nurses' against tobacco use

This issue is about nurses. Florence Nightingale's name is used by the Nightingale Nurses, who formed solely to address the tobacco use issue among people all over the world. What better name? Florence Nightingale remains the iconic nurse -- caring, ethical, pioneering. A nurse's nurse. These adjectives also describe this wonderful group, the Nightingale Nurses, whose article appears in this issue. And these adjectives also describe each nurse who is described in, or is contributing to, this issue of the NET.

Tobacco use remains a huge global public and population health issue in 2009. In fact, more than ever, tobacco threatens the health of larger numbers of women and men, as tobacco use spreads to the low and middle income countries where populations are large and tobacco policy often less developed.

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But what is often unrecognized is that men's global rates of tobacco use have peaked, while women's use is escalating. This means that during the 21st Century, women's use of tobacco will be an increasing public health issue, and burden, not just to governments and countries, but, more importantly, to women and their families.

Further, the issue of women's and girls' tobacco use, especially in concert with other factors such as poverty or culture, will be, or should be, one of the most central agendas in the tobacco control movement. This trend is not news to INWAT members, who have been working diligently since 1990 to address this looming issue. However, it has been, and remains, a difficult issue to transmit to mainstream health authorities and tobacco control advocates. The notion of applying a gender analysis to tobacco use and policy, or better still to prevention, is still, amazingly, a hard sell, even though past trends and current developments seemingly demand it. Nonetheless, the nurses described in this issue have seen the validity of this approach and are acting accordingly. They have the support of the WHO Framework Convention on Tobacco Control (FCTC), which, due to women's advocates, was artfully designed with the need to attend to gender and diversity issues clearly articulated in the Preamble.

There are 13 million nurses in the word. At Mumbai, the site of this year's 14th World Conference on Tobacco or Health (WCTOH), the Global Network of Tobacco Control Nurses formed. Nurses are increasingly a force in tobacco control. Further, the UCLA School of Nursing has sponsored this issue of the NET. While all health professionals are key elements in successful tobacco control, nurses have the most face-to-face and influential health care contact with individual women and men and their families. And most nurses are women. These facts position nurses as a critical and key element in tobacco prevention and cessation, as well as key players in developing tobacco policies that address the particular needs of women and girls.

INWAT and our issues received huge exposure at this year's World Conference in Mumbai. This issue of the NET describes many of the sessions and presentations that were made by INWAT members and others who share our concerns. INWAT worked closely with our Board Member, Mira Aghi, of India, who led the abstract review committee for the conference. Mira received a special award, as you will read about in this issue, recognizing her efforts. There was a plenary as well as multiple sessions on various aspects of women and tobacco use.

One of the key sessions that kicked off activity at the conference was a pre-conference workshop on women and tobacco, cosponsored by INWAT and WHO-Tobacco Free Initiative (TFI). This was an excellent opportunity to display the multiple initiatives underway both singly and jointly with WHO-TFI. It was also a wonderful networking opportunity for all concerned with women and tobacco issues. A new collaborating partner joined us this year at the pre-conference workshop -- the Global Network on Reproductive and Perinatal Health (GNRPH). This group is concerned with women's and infant health globally, and has recently recognized and adopted the issues of smoking during pregnancy as a global health issue. Collaborations such as this are valuable for INWAT, helping spreading our influence to other global initiatives on women and tobacco.

Last, but by no means least, INWAT spawned a new regional network this year. The Latin American and Caribbean INWAT was officially launched at the World Conference in Mumbai, and more than 100 eager Spanish speaking members flocked to its first face-to-face meetings. Our Board Member, Gabriela Reguiera, deserves special mention for mobilizing this group and we all have high hopes for its success and effectiveness. INWAT Europe, our first regional network, is still going strong and remains a key model for future regional network development.

Enjoy this issue of the NET and please write to us with your ideas and suggestion for future issues. And to all of our almost 2000 members worldwide, while you are thinking of INWAT, recruit a new member this month! It's free and informative.

Can you support your Nursing colleagues …

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Past barriers to nursing engagement in tobacco control issues have included:

- Few nursing leaders have embraced the cause and promoted the benefits of nursing engagement in tobacco control.
- Similar to other healthcare professionals, nurses lack education and training in all aspects of tobacco control, prevention and cessation.
- Continuing smoking among nurses and the risk of an explosion in smoking rates for nurses in countries where women traditionally had a low smoking prevalence.

There is no doubt that nurses are excellently placed to make a difference and to incorporate tobacco control as an integral element of nursing practice. However, to collaborate effectively with other professional groups, a support structure needs to be created.

A Global Network of Tobacco Control Nurses could:

Support all nurses to become tobacco-free role models and enhance the culture of nurses as advocates of a smoke-free society.

Encourage nurses to take an active role in tobacco control policy development at local and national levels, and provide tools to support them to do so.

Assist NNAs to embrace the WHO Code of Practice on Tobacco Control for Health Professional Organisations.

Provide nurses with the knowledge to build their capacity in tobacco cessation adapted to different cultures and settings.

Develop guidelines, core curriculum and continuing education programs on tobacco control.

Establish an international communication system (Community of Practice) to facilitate global discussion/information exchange on global tobacco control among nurses.

Establishing an international nurses' network would be a cost-effective way of ensuring that nurses around the world become more informed and active, but this is unlikely to happen without funding. The WHO/TFI has expressed an interest in supporting a global nurse's network, but currently do not have the resources to move forward on this worthy effort.

The ultimate goal is to develop a sustainable global network of nurses engaging in tobacco control. Although currently we have no money to create the network, we would like to invite interested parties to register their names in preparation for the future. Deborah Ritchie has offered to coordinate the list of nurses or organisations who would like to be part of the Global Network of Nurses.

Register your interest now by emailing: Deborah.Ritchie@ed.ac.uk

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Global Nurses Network of Tobacco Control Nurses (Europe)

As part of the Global Network of Tobacco Control Nurses that was launched in Mumbai at the WCTOH conference in March of this year, nurses across Europe were invited to form a European network. This network aims to build upon the work started in Europe by Jennifer Percival who has long been seeking funding and support for the network. The network still needs funding to develop a website and mechanisms for sharing good practice, news and events. So they are starting small and need the contributions of the skills and resources of all nurses across Europe.

The response has been very encouraging with nurses from seven European Countries participating, and the network is now considering its scope and identifying the skills within its ranks.

For further information email Deborah.Ritchie@ed.ac.uk or jennifer.percival@usa.net

Lessons Learned in Implementing Smoke-Free Policies in Hospitals:

The case of Catalonia (Spain)

By Cristina Martinez Martinez, Nurse Coordinator Catalan Network of Smoke-free Hospitals, cmartinez2@gmail.com

For a long time, tobacco consumption was accepted in Spanish society as a cultural and social norm and was regarded merely as a bad habit instead of an addiction. However, in recent years Spanish society has become more conscious about the hazards of tobacco use and the need for protecting citizens from secondhand smoke (Fernandez, 2006;). This behavioral shift was produced largely as a result of a significant public health effort after the FCTC was ratified by Spain in January 2006.

One of the 17 regions in Spain and located in the northeast of the country with an overall population of around seven million, Catalonia has become a pioneer in tobacco control and a role model from the national perspective. Since 1981, Catalonia has gathered epidemiological data about attitudes towards smoking and the rate of consumption. In addition, regional anti-tobacco legislation introduced here was one of the most progressive in Spain, occurring even before the implementation of the current national law. One striking example of these early efforts is the Catalan Institute of Oncology (ICO), a Comprehensive Oncology Hospital in Barcelona, which began implementation of a "smoke-free" policy in 1997. This was based on the successful experiences of implementing smoking bans by the Joint Commission on Healthcare Organizations (JCAHO) in the United States (Longo et al., 1996; Longo et al., 1998) and the European Network of Smoke-Free Hospitals (ENSH) (ENSH, 1999).

The Catalan Network of Smoke-Free Hospitals (Network) follows the guidelines of the ENSH to promote the implementation of tobacco control policies (Garcia et al., 2006). This project requires the organization to adopt a series of nine standards (see www.ensh.com) and involves creating a policy working group that includes hospital management and other key people of the institution. This working group is responsible for the design, monitoring, and evaluation of the tobac-

co-control policy, as well as communicating the policies to the rest of the staff, the patients, and the community.

First steps include implementing policies that assure compliance with the law that prohibits smoking at all enclosed hospital facilities including main entrances (the most common smoking spot) and placing posters and signs that indicate the institution is smoke-free. Once the hospital has instituted smoke free-areas it then should offer tobacco cessation programs. The Network provides education and training in tobacco and smoking cessation programs targeting both health professionals and patients. Additionally, the Network evaluates annually the level of compliance with the European standards in each hospital to detect any failures and future challenges within the project.

After a decade of implementing this model, 50 of the 61 public hospitals in Catalonia are smoke-free according to the ENSH. Out of that total, 33 hospitals offer tobacco cessation programs for health professionals and 15 offer them for patients. We have identified some current problems and areas for future improvement. The first problem is the high smoking prevalence rates in our employees, particularly among nurses - about 24.5% of doctors and 35.1% of nurses smoke (Generalitat de Catalunya, 2002). The second problem is the low awareness by health professionals of being seen as role models for tobacco control at hospitals. Other areas for improvement include getting health professionals more committed to and integrated into tobacco control activities, and offering effective cessation support for both employees and patients who smoke.

The Catalan Network of Smoke-Free Hospitals experience provides evidence that changing a smoking hospital into a smoke-free hospital is difficult, but not impossible. It requires a long-term effort from the health organizations, the commitment of the governmental institutions, and the support of the whole society.

References

Fernandez, E. (2006). Spain: Going smoke free. *Tobacco Control*, 15(2), 79-80.

Generalitat de Catalunya. (2002). Smoking prevalence in health professionals. On-line document: www.gencat.es.

Garcia, M., Mendez, E., Martinez, C., Peris, M., & Fernandez, E. (2006). Implementing and complying with the smoke-free hospitals project in Catalonia, Spain. *European Journal of Cancer Prevention: The Official Journal of the European Cancer Prevention Organisation (ECP)*, 15(5), 446-452.

Longo, D. R., Feldman, M. M., Kruse, R. L., Brownson, R. C., Petroski, G. F., & Hewett, J. E. (1998). Implementing smoking bans in American hospitals: Results of a national survey. *Tobacco Control*, 7(1), 47-55.

Longo, D. R., Johnson, J. C., Kruse, R. L., Brownson, R. C., & Hewett, J. E. (2001). A prospective investigation of the impact of smoking bans on tobacco cessation and relapse. *Tobacco Control*, 10(3), 267-272.

Mendez, E., Garcia, M., Margalef, M., Fernandez, E., & Peris, M. (2004). Initiatives for smoking control: The catalan network of smoke-free hospitals. [Iniciativas para el control del tabaquismo: la Red Catalana de Hospitales Libres de Humo] *Gaceta Sanitaria / S.E.S.P.A.S*, 18(2), 150-152.

Salleras, L. (1999). In Direcció General de Salut Pública (Ed.), *16 years against smoking in catalonia (1982-1998)* Generalitat de Catalunya. Departament de Sanitat i Seguretat Social.

Salto, E., Joan, R. V., Valverde, A., Baranda, L., & Plasencia, A. (2006). Regulatory policies and public opinion: The case of smoking. [Políticas reguladoras y opinión pública: el caso del tabaco] *Revista Española De Salud Publica*, 80(3), 243-248.

From evidence to action:

Nurses for a Smoke-free Aotearoa/New Zealand

By Grace Wong, Dawn Acker, Anita Bamford-Wade, Kaaren Beverley, Andrea Burke Ryan, Evelyn Hikuroa, Carleine Receveur & Linda Tasi-Mulitalo, grace.wong@aut.ac.nz

New Zealand has a new smoke-free nurse advocacy group, Nurses for a Smoke-free Aotearoa/New Zealand. Past efforts to create nurse advocacy groups to promote smoking cessation interventions by nurses had foundered. By 2008 we had built up enough evidence -- that nurses can deliver smoking cessation successfully, that brief effective evidence-based treatments exist, that nurses in New Zealand feel that smoking cessation is part of their jobs and are keen to include it in their practice, and that there is sufficient support for an advocacy group -- so we could successfully approach the Ministry of Health for funding[1-4].

New Zealand has a strong tobacco control environment, meeting almost all the requirements of the FCTC[5]. The prevalence of smoking was 21% in 2008[6]. Measures to reduce this include increasing the tobacco tax, banning retail displays of tobacco products, plain packaging, equalising the tax on hand rolled cigarettes to make them cost as much as factory made cigarettes, and increasing access to smoking cessation treatment for smokers. The nurses we consulted would like to see their smoke-free nurse advocacy group support public policy measures to reduce smoking[4]. The results of our national survey show that nurses want to help smokers quit[1]. In New Zealand, very low cost nicotine replacement therapy (NRT) is available to smokers from 'Quit Card' providers. Nurses and student nurses can become Quit Card providers by attending courses varying in length from 30 minutes to two days. The 30 minute course is provided over the Internet[7]. Unfortunately this ability to provide heavily subsidized NRT is not enough incentive to ensure that health professionals offer smokers help to quit[8]. We will campaign using earned media, a website and other strategies to encourage nurses to become NRT providers and to put their skills into action.

Those attending the inaugural meeting of Nurses for a Smokefree Aotearoa/New Zealand on 26 June, 2008 in Wellington, New Zealand.

Patroness Mrs. Putiputi O'Brien

Smoking prevalence and its associated harm are inequitably distributed in New Zealand as elsewhere[9]. Maori, the indigenous people of New Zealand (and especially Maori women), Pacific peoples, people with mental illnesses and those with low incomes suffer disproportionately.

Our drive to tackle inequalities is integral to our structure, processes and outputs. We recruited nurses from a variety of nursing backgrounds and key Maori and Pacific Island nurses involved with national smokefree work, national nursing associations and academic institutions to sit on our advisory panel and steering group. They provide guidance and practical advice as we strategise and create action plans tailored to the needs of different groups of nurses serving different populations.

To determine if we are effective, we have incorporated an ongoing process evaluation into our action plan. Our national survey of nurses is our baseline[1]. We will repeat this in 2012, three years after we received funding. Nurses have the potential to make a significant difference in smoking rates. There are some 45,000 nurses in Aotearoa/New Zealand, one for every 14 smokers[1]. Effective brief advice takes as little as 30 seconds[3]. It doesn't seem a lot to ask, yet a change in everyday practice means many nurses must re-vision themselves as effective public and personal health change agents. We have faith in our profession and faith in our ability to be catalysts for this change.

References

1. Wong G, Fishman Z, McRobbie H, B. A, Clair S, Freeman B, et al. *Smoking and nurses in New Zealand: ASH-KAN Aotearoa: assessment of smoking history, knowledge and attitudes of nurses in New Zealand*. Auckland: ASH New Zealand, 2007. Retrieved 18.6.09 from http://www.ash.org.nz/index.php?pa_id=120&top_parent_id=120&curr_level=0
2. Rice VH, Stead LF. Nursing interventions for smoking cessation. *Cochrane Database Syst Rev* 2008(1):CD001188.
3. Ministry of Health. Literature Review for the Revision of the New Zealand Smoking Cessation Guidelines. Wellington: Ministry of Health, 2008. Retrieved 28.6.09 from http://www.moh.govt.nz/moh.nsf/indexmh/literature-review-for-the-revision-of-the-nz-smoking-cessation-guidelines
4. Reed F, Wong G. Developing and evaluating a nurse advocacy group supporting a smokefree New Zealand. *4th Primary Health Care Nurses Conference of New Zealand*. Auckland, New Zealand, 2007.
5. World Health Organization. WHO Report on the Global Tobacco Epidemic, 2008 - The MPOWER package. Geneva: World Health Organization, 2008.
6. Ministry of Health. Tobacco Trends 2008: A brief update of tobacco use in New Zealand. Wellington: Ministry of Health, 2009. Retrieved 28.6.09 from http://www.moh.govt.nz/moh.nsf/indexmh/tobacco-trends-2008
7. Ministry of Health. Ask about the elephant: Smoking cessation ABC: Ministry of Health, 2008. www.smokingcessationabc.org.nz
8. Glover M, Paynter J, Bullen C, Kristensen K. Supporting pregnant women to quit smoking: postal survey of New Zealand general practitioners and midwives' smoking cessation knowledge and practices. N Z Med J 2008;121(1270):53-65.
9. Ministry of Health. New Zealand Tobacco Use Survey, 2006. Wellington: Ministry of Health, 2007. Retrieved 28.6.09 from http://www.moh.govt.nz/moh.nsf/indexmh/nz-tobacco-use-survey-2006

Nurses: advocates of sensitive consideration of gender-sensitive tobacco control

By Deborah Ritchie, Deborah.Ritchie@ed.ac.uk

Nurses have privileged access to the homes of many families globally and are therefore a unique and important asset for the tobacco control community to utilise in encouraging smoke-free homes for children. Reducing children's exposure to secondhand smoke (SHS) in the home is an important public health issue, but it is an extremely challenging and sensitive area for nurses. On one hand, the home is a private space and the nurse is a professional guest in the home, thus there is some understandable resistance to the blurring of the public/private boundary for smoke-free public health interventions. A recent British Medical Association (BMA) report (Muller 2007) highlighted the clear evidence linking children's SHS exposure to the exacerbation of illnesses such as asthma and middle ear infections, with consequent poor school attendance and achievement, and increased hospital admissions.

We have some evidence that nurses have been effective in developing smoke-free homes interventions for sick children. One study found that nurses using self-help materials and counselling parents in their homes reduced home exposure, but did not increase smoking cessation (Greenberg 1994 et al). Hovell et al (2000) used counselling and feedback of the child's pulmonary function for parents of asthmatic children with some success. Importantly Winickoff et al (2003) demonstrated in an outpatient paediatric clinic that it was feasible to encourage quit attempts with counselling and NRT and to reduce consumption in the home and the car. However, another study found that the rates of counselling parents about smoke-free homes were extremely low (Tanski et al 2003). More recently a US review stressed the importance of effective SHS interventions for 'medically at risk' children. It concluded that intensive multiple level interventions, including interventions in a medical setting, that reduce children's exposure to SHS and those aimed at encouraging parents to quit do have some success (Tyc et al 2008).

It is suggested that the effectiveness of interventions by nurses and others who work with children and parents may be enhanced by an

Nurses Leading the Way in Tobacco Control

By Kate Shaughnessy, ONS Member Relations Manager (kshaughnessy@ons.org)

The Oncology Nursing Society (ONS), composed of more than 37,000 nurses and other healthcare professionals globally, exists to promote excellence in oncology nursing and to ensure the provision of quality care to people affected by cancer. Tobacco control is one of three major priorities on the ONS Health Policy Agenda for the 111th Congress, 1st Session (2009). In accordance with this, ONS members have been influential voices in tobacco control advocacy. They opposed legislation that would have restricted the authority of regulating agencies to require changes in tobacco products and to limit the marketing activities of tobacco companies. ONS members have been a strong voice in advocating for the Family Smoking and Tobacco Control Act, which President Obama signed into law on June 22, 2009. The bill authorizes the U.S. Food and Drug Administration (FDA) to regulate the sale, manufacturing, and marketing of all tobacco products. ONS president Brenda Nevidjon, a nursing professor at Duke University, was present at the signing of this law.

understanding of the complexity inherent in the policy and practice of smoke-free home interventions (Ritchie et al 2009). Nurses have the opportunity to locate and lead tobacco control practice that is both sensitive to inequalities in health and gender-sensitive tobacco control (Amos et al 2008; WHO 2007; Sanchez 2006;). In particular such public health interventions by nurses need to consider approaches that are not disempowering or stigmatising of parents, particularly low income parents (Ashley et al 1998; Amos et al 2008; Ritchie et al 2009), but at the same time nurses have the additional challenge and duty to provide a sensitive consideration of the rights of the child, particularly the sick child, to a healthy environment (UNICEF 1989; WHO 2001; Nuffield Council 2007; Ritchie et al 2009).

Importantly it is nurses' unique understanding of the reality of people's lives and the knowledge of the capability parents have to make changes in their lives that will contribute to a sensitive and empowering approach towards smoke-free homes.

Additionally, the American Nurses Association (ANA) recently voted to endorse the ONS statement on Nursing Leadership in Global and Domestic Tobacco Control (http://www.ons.org/publications/positions/GlobalTobaccoUse.shtml). Nurses are the largest group of healthcare professionals in the U.S. and ONS is committed to maximizing the influence that nurses have in reducing adult and youth tobacco use, promoting cessation, actively protecting all people against secondhand tobacco smoke, and helping to increase access to tobacco use prevention and cessation services. ONS members continue to advocate for tobacco cessation and control legislation, and work through their chapters and Special Interest Groups to implement change and awareness on both the local and national levels.

References

Amos A, Sanchez S, Skar M, White P. *Exposing the Evidence- Women and Secondhand Smoke in Europe*. Brussels: INWAT/ENSP; 2008.

Ashley MJ, Ferrence R. Reducing children's exposure to environmental tobacco smoke in homes: issues and strategies. *Tob Control* 1998, 7:61-5

Greenberg RA, Strecher VJ, Bauman KE, et al. Evaluation of a home-based intervention program to reduce infant passive smoking and lower respiratory illness. *J Behav Med* 1994, 17:273-290.

Hovell MF, Zakarian JM, Matt GE, Hofstetter R, Bernert JT, Pirkle J. Effect of counselling mothers on their children's exposure to environmental tobacco smoke: a randomised trial. *Br Med J* 2000, 321: 337-342.

Muller T. *Breaking the cycle of children's exposure to tobacco smoke*. London: BMA Board of Science; 2007.

Nuffield Council of Bioethics. *Public Health- Ethical Issues*. Cambridge: Cambridge Publishers; 2007.

Ritchie. D, Amos, A, Phillips, R, Cunningham-Burley, S, Martin, C Action to achieve Smoke-free homes-an exploration of experts' views BMC Public Health 2009,9:112

Sanchez S. *Second-hand Smoke and Women in Europe*. Stockholm, International Network of Women Against Tobacco (Europe); 2006.

Tanski SE, Klein JD, Winickoff JP, Auinger P, Weitzman M. Tobacco counseling at well-child and tobacco-influenced illness visits: opportunities for improvement. *Pediatrics* 2003,111: e162-167.

Tyc VL, Hovell MF, Winickoff J. Reducing secondhand smoke exposure among children and adolescents: emerging issues for intervening with medically at-risk youth. J Pediatr Psychol 2008,33 (2): 145-155

UNICEF *The Convention on the Rights of the Child*. UN; 1989

WHO. *Tobacco and the Rights of the Child*. Geneva; World Health Organization; 2001.

Winickoff JP, Buckley VJ, Palfrey JS, Perrin JM, Rigotti NA. Intervention with parental smokers in an outpatient pediatric clinic using counseling and nicotine replacement. *Pediatrics* 2003, 112: 1127-1133.

World Health Organization. *Gender and Tobacco Control: a policy brief*. Geneva: World Health Organization; 2007.

Report from the Pre-Conference Workshop at the 14th World Conference on Tobacco or Health

By Linda Sarna - lsarna@sonnet.ucla.edu, Stella Bialous - stella@bialous.com

Approximately 40 nurses from 20 different countries attended a pre-conference workshop at the 14th World Conference on Tobacco Or Health in Mumbai, India. The purpose of the workshop was to facilitate international, national and regional collaboration among nurses in order to promote an exchange of knowledge and experiences in tobacco control. Information about opportunities for additional education and research was disseminated. A central focus of the workshop included discussion of the essential need for a global nursing and tobacco control network for communication. Efforts are underway to secure funding for such an initiative now. The efforts of Mira Aghi, Harry Lando, and others ensured that 12 nurses from India were able to attend the workshop.

Another purpose of the workshop was to increase nursing involvement in the World Health Organization's Framework Convention on Tobacco Control (FCTC). Despite the fact that the nursing profession, 13 million strong, is the largest group of healthcare professionals worldwide, it is not adequately represented in policy efforts in tobacco control. This is especially relevant to the implementation of Article 14 of the FCTC, which requires parties to the treaty to develop and implement cessation efforts, where the potential for this large group of healthcare professionals in expanding treatment capacity is enormous, yet underutilized. Relevant to INWAT's efforts, as nursing is a largely female profession, nurses can support the involvement of other women in tobacco control efforts.

Workshop leaders included Professor Linda Sarna, University of California, School of Nursing and Dr. Stella Bialous, Tobacco Policy International, who provided an overview of the importance of nursing involvement in the tobacco epidemic, including examples from their involvement in the Tobacco Free Nurses initiative in the US. Professor Sophia Chan, Hong Kong, discussed her efforts to educate nurses about tobacco treatment and to reduce exposure to secondhand smoke. Ms Jennifer Percival, Royal College of Nursing, UK, discussed her efforts to establish a global network of nurses in tobacco control as well as her activities in the UK and in other countries. Ms Awatagiri, with the support of Ms Retnamony, Tata Memorial Hospital, Mumbai, detailed her unique role as a nurse providing tobacco dependence treatment. Professor Ruth Malone and other faculty were involved in facilitating afternoon break-out discussion sessions. These discussions resulted in global and country-specific recommendations on how to encourage nurses to become more involved in tobacco control efforts, strategies to facilitate smoke-free workplaces, attempts to disseminate evidence-based smoking cessation methods, core competencies for nursing practice such that delivery tobacco dependence treatment is a standard for good nursing care, and methods to increase collaboration among international nursing and healthcare organizations.

As was evident at this meeting, there are many nurses who are making a difference in tobacco control. Further discussions included strategies to reduce barriers to nursing involvement, including assisting nurses to become smoke-free role models and dissemination of resources, including materials about the Tobacco Free Nurses website (www.tobaccofreenurses.org), which provides a library of materials written by or about nurses on a variety of topics. Other materials were included in conference packets. Plans are underway for a nursing presence at the next WCTOH in Singapore. The conference was supported through a grant from the Global Tobacco Dependence Treatment Partnership, International Non-Governmental Coalition Against Tobacco.

Overview and context for global nursing action

By Stella Aguinaga Bialous, RN, MScN, DrPH and Linda Sarna, RN, DNSc, FAAN
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The 13 million nurses in the world, the majority of whom are women, witness everyday the death and suffering that tobacco use causes for their patients, families and communities. At the 1999 meeting of the International Council of Nurses (ICN), in London, then Director General of the World Health Organization, Dr. Gro Brundtland, stated: "*In setting the future directions for global health policy, nursing and midwifery are key elements. … Nurses have many opportunities to play a leadership role in combating the tobacco epidemic. … Nurses throughout the world have access to the population at all levels of the health care system, and enjoy a high degree of public trust. ICN has [encouraged nurses] to be at the forefront of tobacco control at the local, national and international level, building partnerships … I hope the National Nurses Associations … will put into action ICN recommendations.*"

Nurses throughout the world have addressed the tobacco epidemic through a variety of strategies, contributing to tobacco control knowledge in general and to nursing intervention in policy and clinical practice specifically. For example, in Brazil, there are nurses coordinating state and local level tobacco control programs. In the United States, the Tobacco Free Nurses initiative (www.tobaccofreenurses.org) addresses barriers to nursing involvement and assists in the development and sustainability of nursing leadership in tobacco control. The advocacy group, The Nightingales, has taken action to promote tobacco control policy measures.

In many countries nurses' smoking prevalence continues to mirror the prevalence among women in similar socio-economic strata, and, as seen in developed countries, it is often a proxy of the trends in smoking prevalence among women. Smoking among nurses is an established barrier to nursing contribution to tobacco control, and more efforts are needed to assist nurses with their own quitting to facilitate the realization of nurses' potential in worldwide tobacco control efforts. On the other hand, in some of the world's priority countries for battling the tobacco epidemic, smoking prevalence among nurses is low, providing an opportunity to enlist nurses' contribution in strategies to promote smoke-free environments and access to cessation, for example. More needs to be done to reach out to nurses in regions where little information is available about unique challenges nurses may be facing in tobacco control and the creative ways in which nurses are addressing these challenges.

There is ample evidence that nurses could be an influential force in global tobacco control but their power remains underutilized. There is emerging evidence that nurses are responding in an effective, collaborative and sustained manner to calls for greater involvement in tobacco control. However, nurses' efforts regarding the implementation of the WHO FCTC are not apparent. For example, nursing organizations are not present in groups such as the Framework Convention Alliance (www.fctc.org) in numbers that would be in line with the number of nurses in the world. This does not mean that nurses have not been supportive of FCTC-related efforts, but this support has not been consistently visible as a nursing priority. It is essential that nursing organizations and schools take a stronger leadership role in tobacco control.

Roles of Thai Nurses on Tobacco Control

By Pongsri Srimoragot RN., D.N.S. nspsm@mahidol.ac.th *

Nurses are a major human resource and the backbone of Thailand's health care system; they are the only group of health professionals who are well represented in both hospital-based and community-based environments. As a result, we are situated to engage in tobacco control efforts. Furthermore, Thai nurses are excellent smoke-free role models unlike other Thai health professionals, since fewer than 1% of Thai nurses smoke, compared to 30% of Thai men and 3% of Thai women.

Thai Nurses have been leading a large scale tobacco control initiative under the Nurses Network against Tobacco and Substance Abuse of Thailand program as well as the Nurses Network for Tobacco Control, that is part of The Nurses Association of Thailand.

In 2007, at least six major action plans across Thailand were implemented, led by more than 1,100 of the approximately 120,000 actively licensed Thai nurses. A broad group was recruited to take part in this initiative, including nurses, paramedical staff, youth, pregnant women and their family members, children, high school students, vocational students, nursing students, the elderly, medical and surgical chronic illness patients, working adults, low income people in urban and rural areas, and as monks in Buddhist temples.

An important aspect of this initiative has been to strengthen the capacity of nurses who are currently working in the field as well as to train the next generation of nurses and citizens to carry out tobacco control activities. Capacity building and counseling training workshops have been given to nurses currently offering smoking cessation services in an effort to strengthen their skills and abilities with the goal of increasing the success rate of those actively trying to quit smoking. These capacity building workshops have enable Thai nurses to act as coaches and role models for nurses just beginning to work in the field of tobacco control as well as for other health care professionals.

Nurse educators have been responsible for establishing a tobacco control curriculum for nursing students at the undergraduate level to train students to be the next generation of tobacco control advocates. This curriculum is made up of eight essential teaching modules that include the tobacco epidemic, the harmfulness of active and passive smoking, tobacco use prevention, tobacco cessation, cessation techniques among special populations, tobacco control laws, collaborative networking, and issues around tobacco industry tactics and marketing. The modules in this curriculum will be accessible as a separate course and also integrated with other health promotion courses offered through public health nursing, psychiatric nursing and mental health. In the upcoming year, the eight modules will be evaluated for effectiveness and continuously improved and updated before dissemination to other nursing institutes in Thailand.

Nursing students have also been provided with opportunities to gain immediate tobacco control knowledge and experience via extra-curricular activities that allow them to be a part of tobacco control events like aerobic dancing and participating in the health professional family campaign rally during the World No Tobacco Day (WNTD) campaign. The students also initiated their own tobacco control projects such as smoke-free nurse sport day, smoke-free dormitory, with the majority of these student-led activities funded by the Thai Nurses Network for Tobacco Control and various nursing institutes.

Efforts to promote smoke-free environments, smoking cessation and prevention have occurred in both hospital and community settings (e.g., schools, homes, workplaces, nursing institutes, and prison). In hospitals, medical and surgical nurses working in both in-patient and out-patient units take active roles in promoting a tobacco-free culture by offering workshops for nurses and other health professions to raise the motivation to quit smoking and to enforce smoke-free workplaces both inside and outside of hospital areas. Paediatric and obstetric-gynaecological nurses promote the importance of smoke-free families, creating smoke-free anti-natal care (ANC) & well baby clinics, as well as integrating information on the harmful effects of smoke into classes offered to new mothers. Thai nurses who are active caregivers to

patients whose illnesses are directly related to smoking such as individuals with cardiovascular disease, COPD, and cancer act as health promoters through advocacy and education to patients as well as to the patients' family members, colleagues and visitors.

Public health and community nurses have also been playing an active role in tobacco control by engaging in public advocacy and health education to raise awareness of tobacco toxins found in active and passive smoke, educating people on ways to deal with SHS smoke exposure, and trying to expand smoke-free areas to include public places, prisons, workplaces, universities and slum areas in rural and urban Thailand. These nurses have also been actively involved in tobacco control campaigns during events such as International Nurse's Day, WNTD, and Thai National Nurse's Day.

Thai nurses who provide direct smoking cessation services do so without the ability to prescribe NRTs, unlike some nurses in other parts of the world like New Zealand. For this reason, Thai nurses rely heavily on non-pharmaceutical therapeutic interventions and are leaders in Thailand in terms of effective client follow up. To raise quitting motivation among Thai smokers, nurses integrate information about the harmful effects of smoking into conventional nursing education and counseling. Thai nurses also try to maintain smoke-free status in clients by strengthening coping skills and life skills during outpatient unit appointments, home visits, follow-up telephone calls and letters. They initiate collaborative networking with primary care units in the community for even more effective follow up, and try to prevent smoking relapses among recent quitters by facilitating coping skills training. Psychological support and guidance is provided for quitters as well as opportunities for family caregivers to be a part of quitting process. Nurses also work with the clients' office administrators to set smoke-free policy in their workplaces.

Thai nurses have been managing the information and data resulting from research activities, including both quantitative and qualitative approaches. Thai nurses have been active facilitators and contributors to tobacco control research based on the nurse's professional code and accountability in health professional practice in tobacco control as outlined in WHO-TFI 2005. Once a year, more than 200 Thai tobacco control nurses attend tobacco control conferences and participate in other tobacco control activism in order to share their knowledge and experience. The importance of this research and knowledge transfer by Thai nurses is evident in that this topic was named one of the essential topics at a national nursing conference hosted by Thai Nurses Association and Thai Nurses Council.

Thai nurses have proven to be effective at mobilizing Thailand in the area of tobacco control. They are not only active in implementing tobacco control measures targeted at both ill and healthy people, but they also actively participate in individual-level tobacco control activities, which has resulted in passage of the two Thai tobacco control Acts: Health Protection for Non-Smokers Act and Tobacco Product Control Act B.E.1992. Knowledge management, transfer and exchange have been significant factors in strengthening and expanding nurses' role in tobacco control in Thailand. Both funding and networking opportunities for nurses from around the world should be available to promote and develop nurses' involvement in tobacco control. It is vital that we support each other in these various activities as much as possible. The technical and financial support from WHO-TFI, the American Cancer Society, NHS Health Scotland and the Thai Health Promotion Foundation has been key to the success of nurses in tobacco control in Thailand.

* *Chair of Nurses Network against Tobacco and Substance Abuse of Thailand, Secretariat of Nurses Network for Tobacco Control in Thailand and Faculty staff of Faculty of Nursing, Mahidol University, Bangkok-Noi, Bangkok, 10700 Thailand Email: nspsm@mahidol.ac.th*

Nurse Advocates

By Joan O'Connor (joanoconnor48@gmail.com)

I'm a Registered Nurse from Victoria, Canada, who has worked for over 30 years in Mental Health. For the past three years I have run a Smoking Reduction and Cessation Group for People Living With Mental Illness. Colleagues frequently comment that I am "passionate" about this group, but I must confess that when initially asked to run it, I was not thrilled. Like many others, I had been steeped in a system that had traditionally ignored the greatest health threat faced by huge numbers of our clients – tobacco related illness. We had actually, due to blind acceptance, contributed in many overt and subtle ways to the smoking habits of our already poor and marginalized clients, who smoke on average at least double the amount of cigarettes consumed by the general population.

Those with schizophrenia are particularly impacted, with up to 80% smoking heavily. People living with mental illnesses pay a huge price -- physically, economically, sociologically and psychologically -- for their increased rates of smoking.

From my very first smoking group, when people talked about their tobacco-related illnesses, and about picking up butts, hating themselves for not being able to quit, and for buying cigarettes before other necessities, I was deeply moved and began to imagine the clients' drug dealers (Big Tobacco) hearing their stories. I constantly wracked my brain (and still do) about what actually works to help people quit smoking. By necessity I have become very interested in the fascinating history of tobacco, particularly cigarette history, which has become deeply interwoven into every aspect of our world. The more information my clients receive, preferably in entertaining ways, about the realities of Big Tobacco as disease vector, the more inspired and successful they become at reducing and eliminating their smoking habits. My boss now refers to the group as "a movement," and our success stories mount daily.

A year and a half ago, inspired by my clients and by my own past smoking story, I wrote, performed, and recorded a song called 'Just Say No to Big Tobacco Co.' The group then made it into a music video, with everyone participating, even if they didn't wish to be on film. See it on YouTube, where it has been viewed in over 60 countries so far. http://www.youtube.com/watch?v=nIKfEXh51XY. Having this video on YouTube has led me to some interesting and wonderful places. One is INWAT and another is Nightingales Nurses, a nurse activist group that advocates for public health by keeping an eye on the practices of Big Tobacco. (http://www.nightingalesnurses.org/home.html).

Left to Right Joan O'Connor, Chris Contillo, Nancy Wise at the Philip Morris International annual shareholder's meeting in NYC in May.

In May of this year, after educating my group members about the company's history and about its CEO, Louis Camilleri, who apparently made $32 million dollars last year (http://people.forbes.com/profile/louis-c-camilleri/63604), I attended Philip Morris International's first annual shareholder's meeting in NYC with two other Nightingales Nurses. (See photo). After I read one of the comments aloud, Camilleri accepted a stack of comments written to him by my clients. I would like to encourage other health care professionals to learn about the practices and impact of big tobacco worldwide. The reality is so appalling that passion (and better healthcare for our clients) will inevitably follow.

View presentations about women and tobacco from the 14th World Conference on Tobacco or Health at www.inwat.og

Introducing the New INWAT Board Members

Jackie Tumwine – Regional Representative for Africa

"My goal is to see more African women participate in tobacco control conferences, FCTC COP meetings, leadership training programs and feature more in research publications"

Jackie Tumwine is a Ugandan lawyer and tobacco control advocate who was recently awarded a Master of Laws (LL.M.) with distinction in Global Health Law from Georgetown University in Washington, DC. During her LL.M studies at Georgetown University Law Center, Jackie wrote several gender based tobacco control research papers with a special focus on Africa. In addition, Jackie was a researcher at the O'Neill Institute for National and Global Health Law at Georgetown University where she carried out research on tobacco control litigation strategies and on the strategic use of human rights as a tool to curb the tobacco epidemic in middle and low income countries.

Jackie Tumwine is the founding Executive Director of Health and Environmental Rights Organisation (HERO-Uganda) an organization active in tobacco control in Uganda since 2005. Through it, she has been active in tobacco control advocacy in Uganda, including advocating for stronger tobacco health warnings, the enforcement of Uganda's smoke-free legislation and for the Ugandan government's June 2007 ratification of the WHO Framework Convention on Tobacco Control (FCTC). Jackie has participated as an NGO delegate in the First and Second Conferences of the Parties (COP) to the WHO Framework Convention on Tobacco Control in 2006 (Geneva) and 2007 (Bangkok) respectively.

Jackie Tumwine runs a tobacco control blog where she posts articles on the latest tobacco control news and initiatives from Africa and around the globe. She has also written several articles on tobacco and women's rights. Jackie has made numerous presentations at national, regional and international tobacco control conferences and workshops, including presentations on gender and tobacco control.

"I am honoured and happy to be appointed the new representative for Africa for the International Network of Women Against Tobacco (INWAT). My goal is to see more African women participate in tobacco control conferences, FCTC COP meetings, leadership training programs and feature more in research publications. I pledge to use my new role at INWAT to support this and to strengthen communication between INWAT members in Africa for increased sharing of information, expertise, as well as mentorship opportunities. I believe that all this will help increase the crucial participation of African women in the development and implementation of tobacco control laws and policies. Women in Africa should have seats at the table when tobacco control policies and laws are being developed. This fosters laws and policies that are gender sensitive, that take into account the unique needs and challenges of women and girls and which therefore are more able to fully protect their health and rights from the impact of tobacco."

Read reports that focus on women and tobacco at www.inwat.org

Lila Johnson – Regional Representative for North America

"Women's issues and particularly women's health have been my focus areas for many years"

Lila Johnson is a tobacco control advocate, health educator, nurse, and community volunteer. She works for the state of Hawai'i in the Department of Health's Tobacco Prevention and Education Program. As the statewide Coalition Coordinator, she provides oversight for the community tobacco control coalitions throughout the state. She also coordinates the statewide tobacco control conferences, trainings, and community initiative project processes.

Lila is an active volunteer in the American Cancer Society and has served at all levels. She was both President and Chair of the Board for the Hawai'i Pacific Division and currently sits on the National ACS Board of Directors. Lila was recently nominated to become Secretary for the National Board. She reports on tobacco control issues at the Committee on Cancer Reduction of Incidence and Mortality and has served on the faculty for the American Cancer Society University in the US as well as Turkey and Vietnam. She chaired the National Advisory Group on Collaboration with Organizations and the Emerging Issues Subcommittee of the Government Relations Committee and also served as Co-chair of the Ad Hoc Committee on Women and Cancer. Further, Lila has presented at national and international tobacco control conferences and cancer control conferences and workshops.

Women's issues and particularly women's health have been her focus areas for many years. Lila has held leadership positions locally, regionally, and internationally for the Association of Junior Leagues International and the American Medical Association Alliance. She is currently an officer with the Friends of the University of Hawai'i Medical School and sits of the board for the Cancer Research Center of Hawai'i.

Lila Johnson received her undergraduate degree in Nursing from San Francisco State University and her Masters in Public Health from the University of Hawai'i at Manoa. Her graduate study included an internship in the Director's Office at the U.S. Centers for Disease Control and Prevention Office on Smoking and Health in Atlanta, Georgia.

Mary Elizabeth Tamang – Regional Representative for Europe

"Our aim is to see that the gender perspective is never forgotten while drafting any kind of strategy or policy in tobacco control at any level"

Elizabeth Tamang was born in the Himalayan kingdom of Bhutan, the only country in the world where smoking or selling tobacco is illegal. From the age of six, she was keen on becoming a doctor and decided to go to study in Padova, Italy as she had heard it had the oldest university with a faculty of medicine. Circumstances made her remain in Italy and settle there, becoming an Italian citizen. Elizabeth specialised in hygiene, preventive medicine and public health at the University of Padova. During her specialisation years she became involved in tobacco issues, being very interested in health promotion and was involved with a Healthy Cities project as well as WHO Tobacco-free Multi City Action Plans. Elizabeth worked for almost two years in the WHO Euro office in Copenhagen at the Tobacco Control Unit and ever since, she has continued to be a tobacco control activist at regional as well as national and international levels.

Elizabeth has been a member of the INWAT Europe Board from the start in 1997. She has also been a Board member and President of the European Network for Smoking Prevention (ENSP). Elizabeth is a member of the Panel of Experts for the European Commission's media campaign on tobacco prevention, HELP, the Vice- Secretary for the Italian Coalition on Tobacco Control and the National Platform for the "Gaining Health" Programme in Italy.

Elizabeth Tamang has taught in nursing schools, training GPs and community health workers, and has worked in cancer prevention programmes and public health projects for the Veneto Region. She was coordinator for almost ten years at the Centre for Health Education and Health Promotion in Padova and the Director of the Regional Centre for Prevention in Venice for five years. Currently she is working for the Local Health Authority of Alta Padovana at the Hospital Directorate and is also their Risk and Patient Safety Manager. She is the coordinator for the tobacco prevention strategy at the Veneto Region. Elizabeth has made numerous presentations at national, regional and international tobacco control conferences and workshops, including presentations on gender and tobacco control. She has written many articles and manuals on health education, health promotion and tobacco control issues.

On her nomination as the regional representative she says: "It is an honour and a privilege to represent Europe in INWAT. I hope to be able to contribute in sharing experiences, expertise, and resources to make the Network grow. I hope the involvement of members from the Eastern and Central Europe will increase further. Our aim is to see that the gender perspective is never forgotten while drafting any kind of strategy or policy in tobacco control at any level. I would also like to see more work in synergy with other networks like the recently formed Human Rights and Tobacco Control Network".

Canadian Expert Panel on Tobacco Smoke and Breast Cancer Risk – Executive Summary

By Neil E. Collishaw (Chair), Norman F. Boyd, Kenneth P. Cantor, S. Katharine Hammond, Kenneth C. Johnson, John Millar, Anthony B. Miller, Mark Miller, Julie R. Palmer, Andrew G. Salmon and Fernand Turcotte

A significant gap exists in the integration of our knowledge on tobacco smoke and breast cancer. Three authoritative reviews of active smoking and breast cancer have been published since the year 2000, but they considered only data published up until 2002. Since 2002, at least 40 more epidemiological studies have been published on various aspects of smoking and breast cancer, including two major reports on secondhand smoke (SHS) and breast cancer, and at least 6 meta-analyses.

Unfortunately, the conclusions from the reviews have not been consistent, and some did not seem compatible with recently published evidence. In light of the controversy, an Expert Panel was convened with the mandate to comprehensively examine the evidence regarding the possible relationship between tobacco smoke and breast cancer and answer the following questions:

- What can be concluded from current knowledge about the nature of the relationship between tobacco smoke (both SHS and active exposure) and pre- and postmenopausal breast cancer?
- Can the amount of breast cancer incidence and mortality attributable to active and SHS be estimated?
- What further research is needed to better understand the relationship between tobacco smoke and breast cancer?
- Does the Expert Panel wish to make any other comments in the light of the conclusions they have reached about the nature of the relationship between tobacco smoke and breast cancer?

Toxicology and Biological Mechanisms

According to the International Agency for Research on Cancer (IARC), there are 20 known or suspected mammary carcinogens in tobacco smoke. The Panel concurred with earlier assessments that there were biological mechanisms that explain how exposure to the carcinogens in tobacco smoke could lead to breast cancer.

Active Smoking and Breast Cancer

Historically, the epidemiological evidence concerning breast cancer and smoking was conflicting, with some studies showing increase in risk and others not. Recent studies, particularly a number of cohort studies, have added to the weight of evidence suggesting that early age of smoking commencement is associated with a 20% increase in breast cancer risk. These cohort studies have also added to the evidence suggesting that higher pack-years of smoking and longer duration of smoking may increase risk 10 to 30%. However, the strongest evidence for an active smoking risk resulted from studies examining smoking and genetics. Three recent meta-analyses and a pooled analysis have found 35% to 50% increases in breast cancer risk for long-term smokers with one of several N-acetyltransferase 2 (*NAT2*) slow acetylation genotypes. *NAT2* is an enzyme which functions to both activate and deactivate carcinogens in the body. About half of North American women have a *NAT2* slow acetylation genotype, depending on ethnicity.

The most recent and extensive of the three meta-analyses (published in 2008) synthesized 13 studies and was particularly persuasive: among women with a *NAT2* slow acetylator genotype, those who had smoked had an estimated 27% increase in risk of breast cancer compared to women who had never smoked (RR 1.27; 95% CI 1.16-1.39), whereas women with a *NAT2* fast acetylation genotype had no increase in risk. Furthermore, among women with a *NAT2* slow acetylator genotype, the pooled analysis and meta-analysis produced estimates of 44% and 49% increases in breast cancer risk for women who reported 20 or more pack-years of smoking compared to never active-smokers (RR of 1.44 (95% CI 1.23-1.68) and 1.49 (95% CI 1.08-2.04), respectively). Results were consistent for both pre- and postmenopausal breast cancer; dose-response relationships were observed with pack-years and smoking duration; recall bias was judged unlikely; the authors did not observe apparent publication bias; and there are biological mechanisms that support the observed risk pattern.

Further, a recent report on a collaborative case-control study of women under age 50 who were carriers of mutations in *BRCA1* and *BRCA2* among breast cancer registries in the United States, Australasia, and the Ontario Cancer Genetics Network, found a doubling of risk of breast cancer associated with five or more pack-years of smoking. Although a single study, it was of better design than several similar earlier studies that did not observe increased risk and provides further support for the conclusion that there are subgroups of women who are more sensitive to tobacco smoke than other women.

Secondhand Smoke and Breast Cancer Risk

Both the California Environmental Protection Agency (CalEPA) (in 2005) and the U.S. Surgeon General (in 2006) published meta-analyses that suggested a 60-70% increase in breast cancer risk among younger/primarily premenopausal women who had never smoked, associated with regular long-term exposure to SHS. Based on their assessment of the toxicologic and the epidemiologic weight of evidence for both SHS and active smoking as well as their understanding of biologic mechanisms, the CalEPA concluded that the relationship between SHS and breast cancer among younger, primarily premenopausal women was consistent with causality. The Surgeon General concluded that the evidence was suggestive, but not sufficient to con-

clude there was a causal relationship, based in particular on the lack of an established causal relationship between active smoking and breast cancer. A meta-analysis of five studies with good measurement of lifetime exposure to active and SHS found that each about doubled the risk of premenopausal breast cancer. Most other studies, obtaining only a partial assessment of lifetime SHS exposure or not collecting it at all (comparing smokers to nonsmokers without taking account of SHS exposure) likely underestimate the true risk of both active and SHS for breast cancer.

Conclusions

Causality

Active Smoking

Based on the weight of evidence from epidemiologic and toxicological studies and understanding of biological mechanisms, the associations between active smoking and both pre- and postmenopausal breast cancer are consistent with causality.

Secondhand Smoke

The association between SHS and breast cancer in younger, primarily premenopausal women who have never smoked is consistent with causality. The evidence is considered insufficient to pass judgement on SHS and postmenopausal breast cancer.

Attributable Risk

It would be premature at this time to estimate the magnitude of breast cancer incidence and mortality attributable to active and SHS; this could be a topic for further research.

Research Recommendations

Further research would help to better understand and quantify the tobacco-breast cancer risks, such as: carefully designed case-control and cohort studies with comprehensive measures of lifetime exposure to tobacco smoke, as well as measures of exposure at targeted periods of suspected increased susceptibility, e.g., puberty until giving birth for the first time; quantitative meta-analyses focusing on risk related to age at smoking initiation, smoking before pregnancy, and high duration/ high pack-years smoking; further research to better understand the dynamics between active and passive risk, and further study of tobacco risk related to targeted genotypes, particularly *NAT2*, and to the *BRCA1* and *BRCA2* mutations.

Other Considerations

Tobacco smoke is one of the few modifiable risks for breast cancer and it impacts many women. Young women in particular, should understand that available evidence suggests that the relationship between breast cancer and both active smoking and SHS is consistent with causality. Many young women are exposed to SHS, many continue to take up smoking at a young age, and the average age of first childbirth is older than in the past, which may extend the period of enhanced vulnerability. The public health implications of these findings highlight the need for effective messaging.

A copy of the full report is available on the Ontario Tobacco Research Unit (www.otru.org) and INWAT's www.inwat.org websites.

INWAT at the 14th World Conference on Tobacco or Health 8–14 March 2009, Mumbai, India

Appropriately for INWAT, the 14th World Conference on Tobacco or Health started with pre-conference sessions on International Women's Day. INWAT, in partnership with WHO, co-hosted a pre-conference session dedicated to women and tobacco. The symposium, From Kobe to Mumbai – What's Next for Women and Tobacco?, featured presentations about different aspects of women's tobacco use and leadership in tobacco control. It featured new resources, including a preview of the 2nd edition of WHO's Women and the Tobacco Epidemic: Challenges for the 21st Century, and provided a forum for discussion. Presentations from this pre-conference session are available at www.inwat.org.

The Conference officially opened on the 9th of March 2009 in Mumbai. Despite the anticipated challenges for an international tobacco control conference organized by a middle-income country, it was widely agreed that the Mumbai conference was one of the best in memory. INWAT hosted both a plenary session and a break-out session about women's leadership and nurturing women and tobacco control networks. Young women leaders such as Jackie Tumwine from Uganda, Gabriela Regueira from Argentina, and Madga Cedzynska from Poland gave illuminating presentations from their parts of the world. The presentations from both sessions are available on the INWAT website.

The new 2009-2011 Board of Directors was announced at Global INWAT Meeting. New Board Members are: Lila Johnson from the USA, Jackie Tumwine from Uganda and Elizabeth Tamang from Italy. INWAT says farewell and thank-you to former Board Members, Victoria Almquist from the USA, Trudy Prins from the Netherlands and Deborah McLellan from the USA for their enormous contributions to the Network over the years. Although retiring from the Board, these members expect to continue to play sustaining roles in INWAT; for example, Victoria is remaining as an editor of The Net.

The INWAT Latin America and Caribbean (INWAT-LAC) Sub-Network hosted an outstanding meeting attended by more than 100 members. Gabriela Regueira, President of INWAT-LAC, reviewed the accomplishments of the Region and identified future challenges in the area of women and tobacco. The sub-network has launched a communications system, including a Blog and Facebook profile, which can be accessed by way of www.inwat.org click on INWAT LAC.

The 4th INWAT Awards for outstanding contributions to promotion of tobacco-free lives for women were celebrated during the INWAT Members' Meeting. The Awards were sponsored by INWAT and the Campaign for Tobacco-Free Kids.

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Professor Hilary Graham, Director of the Public Health Research Consortium at the University of York in the UK, was presented with the Lifetime Achievement Award in recognition of her long-standing and world renowned work on women's health and, in particular, on the relationship between health status and social and economic disadvantage.

The Award for Outstanding Contribution to the goals of INWAT was given to Ms Victoria Tataru, the Executive Director of the Center for Information, Education and Social Analysis in Moldova, who has advocated for policy change and for adoption of the FCTC, in addition to working with journalists to promote awareness of tobacco control issues in her country. Unfortunately Victoria could not be present during the awards ceremony, but her award was accepted by colleagues.

Long-standing Board Member Mira Aghi, was honoured with a special Award in recognition of her work with women and tobacco globally and in South East Asia in particular. Mira was a key member of the conference organizing Committee and INWAT was pleased to be able to thank her for her contribution.

The Luther Terry Awards Ceremony is always a high point for participants at the conference. These prestigious awards honour distinguished tobacco control advocates, researchers, leaders and organizations. This year INWAT Board Member Beatriz Champagne was honoured with the award on behalf of her organization the InterAmerican Heart Foundation.

World Conferences are a time for INWAT Members to gather in person to discuss progress and challenges related to wide array of tobacco issues that plague women worldwide. These issues stem from exposure to secondhand smoke, unpaid work to grow tobacco and the exploitation of women to sell tobacco, in addition to women's use of tobacco products. INWAT welcomes further collaboration to advance global tobacco control.

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Photo A - Rachel Kitonyo of Kenya and Betty Abah of Nigeria and Jackie Tumwine of Uganda at the Conference **Photo B** - The INWAT Plenary Presentation. Presenting:Gabriela Regueira. Seated (left to right) Patti White, Elif Dagli, Margaretha Haglund and Lorraine Greaves **Photo C** - INWAT Board Members during the Executive Board Meeting (front left to right: Patricia Lambert and Lorraine Greaves. Back left to right: Mira Aghi, Beatriz Champagne, Patti White, Lila Johnson, Margaretha Haglund and Deborah McLellan) photo credit: Lila Johnson **Photo D** - Hilary Graham (left) accepts her INWAT Award from President Lorraine Greaves. Photo credit: Amanda Amos **Photo E** - Beatriz Champagne (2nd from left) during the Luther Terry Awards Ceremony. Photo credit: Maria Paz Corvalan **Photo F** - Participants from the World Conference. Photo Credit: Margaretha Haglund **Photo G** - South and South East Asia Board Representative Mira Aghi during a presentation. Photo Credit Margaretha Haglund

New release:

Tobacco Policy and Its Unintended Consequences Among Low Socioeconomic Status Women

The Tobacco Research Network on Disparities (TReND) is pleased to announce the release of Tobacco Policy and Its Unintended Consequences Among Low Socioeconomic Status Women, a supplement published by *the American Journal of Preventive Medicine* and co-edited by Roland S. Moore, PhD, Deborah L. McLellan, MHS, and John A. Tauras, PhD. This supplement includes nine research papers that highlight the helpful and harmful effects of tobacco policies on low socioeconomic status women. The papers emphasize the need for strong and effective policies to curb the growing global tobacco epidemic. However, the papers also demonstrate that we must critically examine all aspects of policy implementation, extent of enforcement, and the potential for stigmatization among women who seek to comply with policies. Unintended Consequences Among Low Socioeconomic Status Women challenges researchers and policymakers to consider the full ramifications of tobacco control policies among low socioeconomic status women who have high smoking rates and low quit rates.

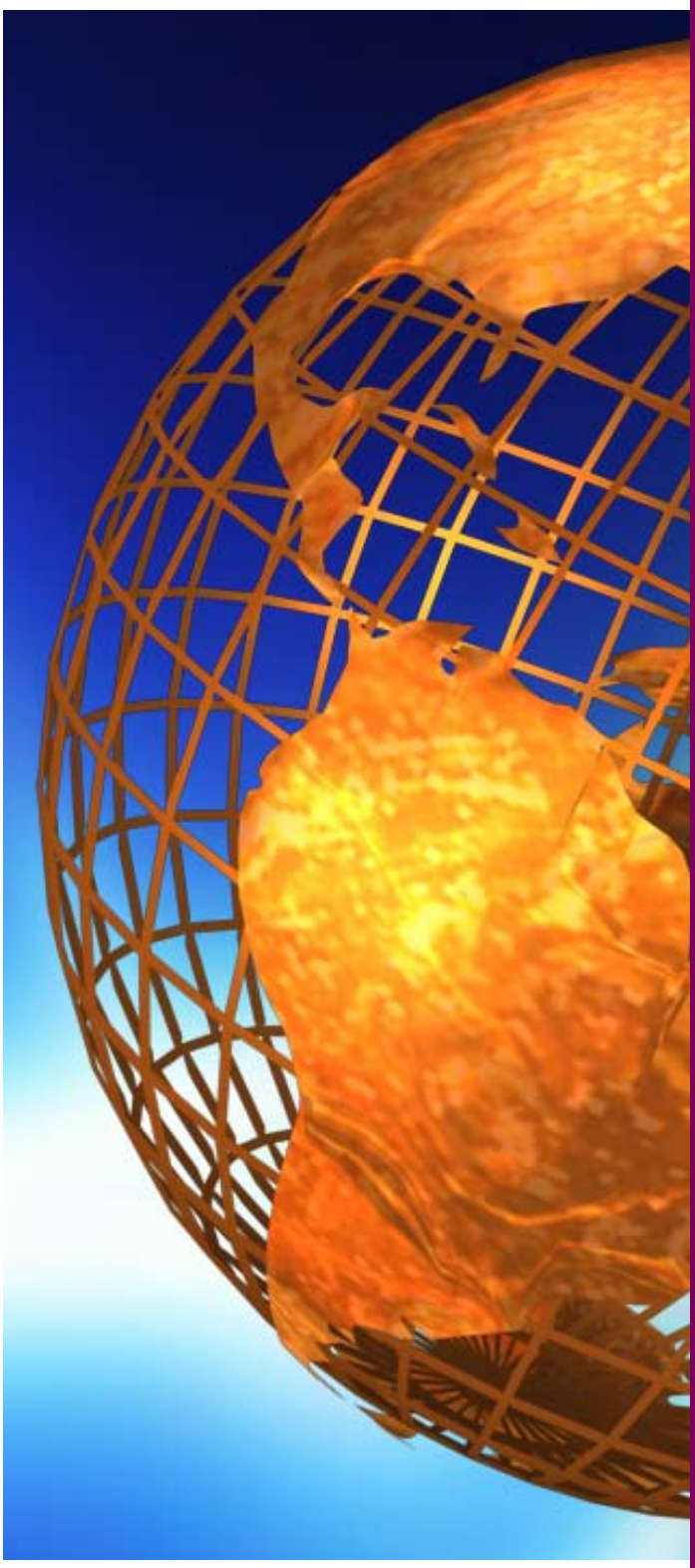
We invite you to review these papers and join our efforts to increase the evidence-base of tobacco control policy from a socio-gender-sensitive lens. Armed with such research, we can adapt and promote evidence-based solutions to end the global tobacco epidemic without compromising the social, economic, and overall well-being of women and girls. The supplement (Vol 37, 2 Suppl 1) can be accessed at http://www.sciencedirect.com/science/journal/07493797.

Visit presentations from the 14th World Conference at www.14wctoh.org

Letters from our Readers

I wanted to congratulate INWAT on an outstanding issue of the INWAT newsletter. It was most interesting and inspiring.

Roberta Ferrence
Principal Investigator and Executive Director
Ontario Tobacco Research Unit, Canada



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