# Women of the North West

EURO-scip EURO pean action on smoking cessation in pregnancy


March, 2006

# Introduction Irish Women and Tobacco: Knowledge, Attitudes and Beliefs

***Research Report on Tobacco Use in Ireland***


DR HARRY COMBER, Director,
National Cancer Registry in Ireland.


I AM very pleased to be asked to provide an introduction to this timely and excellent report. Unless we can dramatically reduce smoking by women in the next few years, the next two decades will see an epidemic of tobacco-related disease in women.

Estimates from the National Cancer Registry show that lung cancer is increasing by 3% a year in women. From being a predominantly male disease for the past fifty years, lung cancer will be a predominantly female disease by 2020. Increases in other cancers will follow the same trend. It is ironic that, despite a generation of health promotion, this easily preventable cancer still causes more deaths than any other and a loss of 7,000 years of productive and happy life to women in Ireland each year. This report accurately highlights some of the problems we face in trying to fight this epidemic. Smoking is not just a behaviour, it is also an addiction, and one, apparently that women find harder to fight than men. The difficulties in quitting, outlined in this report, by women show that it is no longer enough to treat nicotine addiction as a lifestyle issue.

Smokers have at least as high a rate of relapse and addiction-related mortality as do heroin addicts, and need the same level of support in fighting their addiction. This must go beyond brief counselling and substitution therapy to more formal support and counselling. The findings of this report suggest strongly that women need intensive, organised and prolonged support if they are to quit smoking, and that the nature of this support may be different from that needed by men.

A worrying finding from this survey is that women seem prepared to reduce their smoking to help the health of their children, but may resume heavy smoking later in life. This would accord with the finding of the National Cancer Registry that lung cancer is increasing most rapidly in older women, and also suggests that more effort needs to be devoted to controlling smoking in middle-aged women, rather than the younger women at whom both pro and anti-smoking advertising seems to be directed.

However, the overall depressing results with regard to permanent smoking cessation point to the need to tackle childhood smoking with much


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more vigour than we have in the past. The surest way to reduce cigarette addiction is to prevent it. We have been pro-active in Ireland in recent years in introducing regulations and legislation to control tobacco use. However, there is very little control of sale of cigarettes, other than through price increases.

Smoking prevalence among children is still unacceptably high. The results of the recent survey of Health Behaviour in School-Aged Children commissioned by the Department of Health and Children and carried out by the Centre for Health Promotion Studies in the National University of Ireland, Galway provides evidence in this regard. The survey shows that in the middle social class groups, 16% of girls aged 12-14 years and 32% of girls aged 15-17 years smoke at least one cigarette a day. Taken with the results of the current survey, which shows that 50% of starting smokers among girls bought the cigarettes themselves, this translates into the illegal sale of over 10 million cigarettes a year to under-age girls, some as young as 12 years old, with few prosecutions. It is difficult to imagine any other law on addictive substances being so widely ignored. Controls on smoking in public may be effective in reducing environmental tobacco smoke, but the real target should be ending the plague of teenage smoking. Can we hope, in the future, to see shops closed for selling cigarettes to children in the way that pubs are now being closed for selling them alcohol?

To end more positively, 77% of the women interviewed would like to give up smoking, and 70% have tried, most more than once. We owe it to these women to give them the right type of help, and support when they need it.

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# Smoking and pregnancy – the consequences

SLAN SURVEY (2002 NUIG) showed 33% of females age18-34 are current smokers. At population level this is the group of women who need encouragement to quit smoking.

A frequently asked question in my area of work: “I used to be a half-pack smoker. I just became pregnant and trying to cut down. If I can’t stop cold turkey right away, will I harm my baby?”

The answer outlines the consequences. Unfortunately, any amount of smoking can decrease oxygen and blood flow to the uterus, placenta and foetus. At the time of conception it can increase your risk of ectopic or tubal pregnancy. Once the pregnancy “takes”, it spreads nicotine and other chemical compounds straight through the placenta to the foetus and stunts growth. It can cause the placenta to grow on the lower part of the uterus so that once the cervix begins to dilate haemorrhage may occur. If this reality is not scary enough we must remember that smoking is also associated with an increase risk of abruption placenta (a separation of the placenta from the uterine wall causing bleeding and even fatal death). The fact is that all the studies show that if you continue to smoke you increase the risk that your baby will die before or within the first 28 days after delivery.

If 11 % of pregnant women who still smoke could stop completely, it would cut foetal death rates by five % , decrease low birth weights by 10.4 % and reduce the risk of sudden death syndrome, as well as their children’s future risk of Asthma, colic and childhood obesity

This is good news because we know it is never too late to stop smoking. We now know that if you can stop smoking before the end of the first trimester, you eliminate the risk of growth retardation, the baby grows and “catches up” by the time of delivery.

***IRENE BYRNE, works as the***
***Smoking Cessation Facilitator***
***At Galway Regional Hospital, Ireland***

# Developing a new communications strategy for smoking and pregnancy

OVERALL, the findings above suggested that there was considerable scope for developing a new communications strategy based around an advertising campaign . Using materials from previous advertising campaigns the research highlighted the following pointers for any new campaign:

## TARGET AUDIENCE

The primary target audience for any new campaign should be occasional and regular smokers who want to give up since they are more likely to be receptive to the messaged. Within this audience first-time mothers are likely to be a particularly receptive audience.

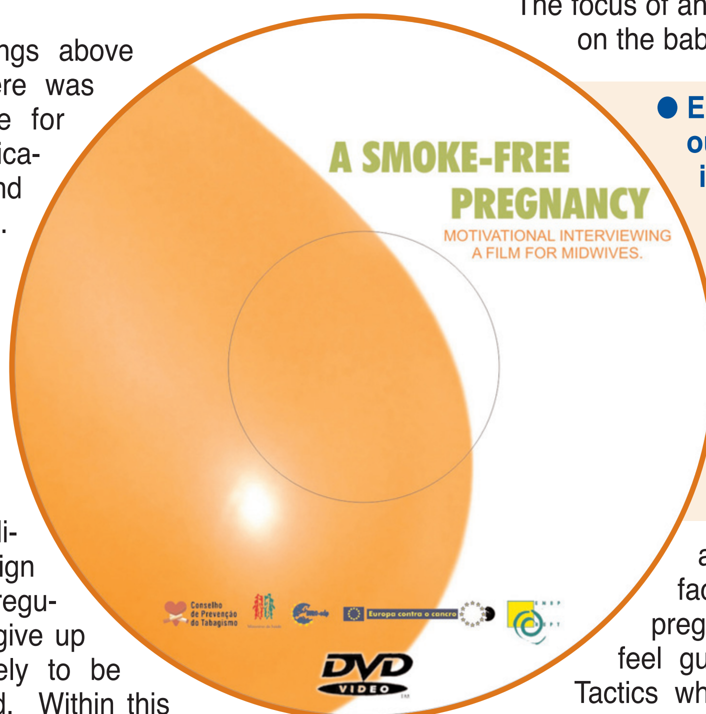
The secondary target audience for any new campaign should be hardened smokers who are less likely to be receptive to any advertising campaign. Additionally, partners of pregnant women should be an important secondary target group

## ROUTES OF COMMUCATION

The ideal communication route would be a high-profile campaign on television supported by a poster campaign. However, if this was not feasible, a press campaign would be a cost-effective means of reaching the target audience.

Given the reading habits of the target audience a press campaign should be run in the tabloid press, in affordable women's magazines, and in teenage magazines. Parenting magazines were felt to be less appropriate due to their relatively low penetration rates.

Any campaign should include a number of different executions in order to allow different messages to be put across, to target different groups and to maintain interest in the campaign




## TYPE OF MESSAGES

The focus of any campaign should be on the baby. Messages should:

- **Emphasise the positive outcome of not smoking**
- **Highlight the potential consequence of smoking**
- **Encourage pregnant women to view the foetus as a separate entity.**

Positive encouragement and support is needed in all facets of the campaign so that pregnant women are not made to feel guilty or under added stress. Tactics which could be used to most effect in the campaign include:

- **Presenting information about the health-risks of smoking as simply expressed, unequivocal facts**
- **Emphasising the benefits of not smoking for the baby and as a secondary message, confirming the benefits for the mother as well.**
- **Making clear that it is valuable to quit at any time during the pregnancy.**

Highlighting the link with the passive smoking message. It was clear from the research that the health –risk of passive smoking to the newly born baby was a very powerful message, Ideally, however, passive smoking should be considered as a separate campaign so as not to weaken the focus on the effects of smoking on the unborn baby.

Providing practical help and advice by using personal testimonies of women who have succeeded in quitting and by linking with other health care initiatives

# Information available on smoking during pregnancy

IN developing a new communications strategy it was obviously important to examine existing sources of information and how aware pregnant women were of such information. The research found that pregnant women seemed to get a variety of information about smoking and pregnancy from a number of different sources .

**THESE INCLUDE:**

Written information about smoking and pregnancy which was contained in pregnancy handbooks, leaflets, articles in magazines, etc. It was clear however, that recall of any of the messages contained in such written material was very low and much of the advice seemed to have little impact. In fact, only those who were already the most positive about the pregnancy were able to assimilate written information. Even with this receptive audience, however, it was important that written information:

- **Focused on the health of the baby**
- **Was positive in tone**
- **Provided factual information**
- **Was not overwhelming.**
- **Pregnant women also seemed to get information from a variety of informal sources.**

**IT ANGERS me as both a woman and a feminist that the moment a woman becomes pregnant her body is suddenly some sort of public temple. Why does it take pregnancy for women's smoking to become such an issue of concern?**

**Women smoking because they are targets of the industry, women smoking to cope with mental illness, women smoking because of poverty - these are issues that need our attention if we are to reuce smoking among women - whether they are pregnant or not. Denying women access to smoking cessation aids is not the answer.**

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**THESE INCLUDED:**

Family and friends who were often regarded as a good source of advice and information especially mothers Health warnings on cigarette packets which deemed to be a particularly strong reminder for pregnant women.

Posters seen by some women in their GP's surgery, although again recall of any specific messages was very low. Documentary programmes on television which were cited by some as a useful source of information.

**Women got useful advice directly from healthcare professionals, particularly midwives and GPs. However, many women felt that some healthcare professionals seemed to show little concern about their smoking while those that did show concern could offer them little practical advice**

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