



World Health
Organization

REGIONAL OFFICE FOR

Europe

Empower Women

Combating Tobacco Industry Marketing
in the WHO European Region

**EMPOWER WOMEN —
Combating Tobacco
Industry Marketing in the
WHO European Region**

ABSTRACT

One of the most striking things about smoking prevalence in the WHO European Region in the last two decades has been the increase in smoking by women and girls in many parts of the Region. This is in large part due to skilful and successful marketing by the tobacco industry to female smokers. The industry has taken a tailored approach to targeting women and girls in their campaigns, and the tobacco control community needs to do the same. Alarm at the increase in women and girls' use of tobacco is expressed early in the WHO Framework Convention on Tobacco Control (FCTC). This monograph uses examples of action taken in Europe to serve as a starting point in providing countries with a guide and ideas about what action could and should be taken, in the context of the WHO FCTC Articles and Guidelines.

Keywords

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POWER
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TOBACCO INDUSTRY
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FOREWORD

In 2005, the WHO Framework Convention on Tobacco Control expressed early alarm at the increase in the use of tobacco by women and girls, and called for gender-sensitive tobacco control strategies. In 2007, the World Health Assembly endorsed the strategy for integrating gender analysis and action into the work of WHO. By 2010, 46 European Member States and the European Community had ratified the Treaty. The international community is thus committed to a shared goal and the idea that with collective action, obstacles can be overcome and creative solutions can be found. Let us also not forget that achieving gender equality is an integral component in accomplishing the United Nations millennium development goals.

Gender equality is worth remembering at a time when, in many countries in the Region, tobacco use among men and boys is steadily decreasing while among women and girls there has been a sharp increase. Many important steps have already been taken, but much more needs to be done. Efforts should continue not only to sustain the downward trend in male smoking seen in many European countries, but also to focus more attention on reversing the levels of smoking in women and girls.

We live in a challenging time, when social and cultural constraints are weakening and it has become more acceptable, and possibly even glamorous, for women and girls to use tobacco. Female spending power is increasing and tobacco products are becoming more affordable in many parts of the Region, especially in countries that have not substantially raised their tobacco taxes. The impact of the industry's false portrayal of smoking as a symbol of female empowerment is indisputable. It is up to us to take back the true meaning of "empowering women" and to develop programmes and policies that truly empower women and portray the freedom from tobacco as the right of every woman and girl.

This monograph focuses on the numerous creative approaches that the tobacco industry is using in marketing its products to women and girls, as well as examples of responses from the European health community. It aims to provide a practical framework for promoting a gender perspective in policy-making and action. We know that this is just scratching the surface, but the information contained here provides a firm platform for continuing the collaborative work to protect Europe's women and girls from the tobacco epidemic. We must act now.

Zsuzsanna Jakab
WHO Regional Director for Europe

PREFACE

The burden of tobacco across the WHO European Region is tremendous, and it is a powerful factor in health disparities among socioeconomic groups and gender. World Bank studies of household disposable income estimate that approximately 10% of income in the poorest households containing at least one smoker goes to tobacco - money that is not necessarily available for essentials such as education and health care.

Furthermore, among all the WHO Regions, the difference between male and female prevalence is among the smallest in the WHO European Region, and the gap is closing rapidly, especially among women in the east of the Region and girls, as shown in the Global Youth Tobacco Survey. The pattern of tobacco usage differs within and between countries. For example, in the Nordic and some countries in the western part of the Region, there is little or no difference between male and female smoking rates and smoking is relatively low and falling in both sexes. In many countries in central and southern Europe, more men than women smoke, and in some countries, women's smoking rates are also high. A third group of countries, notably those of the former Soviet Union, have high rates of smoking among men and what appear to be relatively low rates among women. However, this snapshot disguises the rapid increase in smoking among women in some of these countries. Unless further action is taken, these gaps will increase - and this should not be an option.

*These trends are threatening progress made in gender equity - one of the six key United Nations millennium development goals related to health. The Tobacco Industry sees girls and women as an important market in Europe. Through skilful and successful marketing, it has created a fast growing market for female smokers. This has been recognized, and it is the intention of the new publication **Empower Women: Combating Tobacco Industry Marketing in the WHO European Region** to encourage the dialogue among all key stakeholders to approach tobacco control with a gender perspective.*

The monograph is meant to provide reinforcement to the WHO FCTC as a powerful legal instrument to help stakeholders approach tobacco control with a gender equality framework. It illustrates, largely through case examples, the wide spectrum of promotional activities by the Tobacco Industry that specifically targets women and girls across the Region. This includes less traditional forms of promotion, such as using the pack itself as a form of advertising. There is now a wealth of evidence, including analyses of the Tobacco Industry's internal documents, that cigarette packs are regarded as a key way of communicating with smokers and promoting cigarette brands.

Although gender should be considered in the implementation of all articles of the WHO FCTC, this report focuses on Article 11 and Guidelines (packaging and labelling), Article 12 (health education, communication and public awareness), Article 13 and Guidelines (tobacco advertising, promotion and sponsorship) and Article 14 (cessation services and support). The publication includes examples from across Europe that show action already taken, serving as a starting point in providing countries with a practical guide to truly empower women.

Agis D. Tsouros and Kristina Mauer-Stender
WHO Regional Office for Europe

EXECUTIVE SUMMARY

Globally, an estimated 250 million women and 1 billion men smoke every day. The prevalence of smoking among women is, however, continuing to increase, and it is estimated that the proportion of female smokers will rise from about 12% in the first decade of this century to 20% by 2025.

One of the most striking things about smoking prevalence in the WHO European Region in the last two decades has been the increase in smoking by women in the east of the Region. Since the privatization of the tobacco industry in the countries of the former Soviet Union, cigarette consumption has increased rapidly and female smoking prevalence rates are rising.

It is now well documented that women are as vulnerable as men to the dangers of tobacco, if not more so. Both men and women are liable to cancer, heart disease and respiratory disease. Tobacco also causes additional female-specific cancers and compromises pregnancy and reproductive health.

The tobacco industry has been aware of women's roles, desires and aspirations for almost a century. To promote the use of tobacco, tobacco companies have used a wide variety of marketing tools linked to one another. Tobacco marketing includes a broad spectrum of activities including product development, distribution, pricing and promotion.

International evidence clearly shows that tobacco promotion both influences the uptake of smoking by the young and encourages current users to keep smoking. Some of the promotional activities targeting women in Europe include:

- mass media advertising and sponsorship of cultural and sporting events
- point-of-sale promotional material in shops and kiosks
- free distribution of tobacco products
- brand-stretching – non-tobacco products with tobacco brand names
- internet promotions
- pack design to appeal especially to women and girls.

The cigarette pack and specially formulated cigarettes ("light", "slim", "super-slim") are prime methods of targeting the female market. Some 100 special women's brands have been introduced on to the Russian market, for example, where they are promoted with images of glamour and fashion.

"Corporate social responsibility" programmes launched in Europe and designed to win friends for the tobacco companies have had an appeal for women.

To ensure that health policies to combat tobacco marketing are effective, it is essential that health authorities are sensitive to gender when formulating and implementing tobacco control policies.

European women are working together in different capacities and at different levels – governmental and nongovernmental organizations, professional, academic, individual – to promote tobacco control and good health for women and girls. They have used a variety of means including influencing the policy agenda, promoting public events, working with key professionals and participating in programme research, implementation and evaluation.

The WHO Framework Convention on Tobacco Control (FCTC) is a powerful legal instrument to help those concerned to translate the need to take measures that address gender-specific risks when tobacco control strategies are translated into action. The WHO FCTC acknowledges that the right to health is a human right for women and girls as much as for men. An approach to tobacco control with a gender equality framework is, therefore, key to achieving the goals of the Treaty.

The provisions of the WHO FCTC Articles and Guidelines should be implemented to the highest possible standards.

INTRODUCTION

Why this is an important issue for everyone in the WHO European Region

Alarm at the increase in the use of tobacco by women and girls is expressed early in the WHO Framework Convention on Tobacco Control (FCTC). The preamble calls for tobacco control strategies that are sensitive to gender, and highlights the need for women to participate in tobacco control policy-making and implementation at all levels. It also emphasizes the special contribution that nongovernmental organizations, including women's groups, make to national and international tobacco control efforts. These same concerns are later reflected in the guiding principles (Article 4.2.d), with the expectation that gender-specific risks should always be addressed when tobacco control strategies are being developed.

These provisions of the Treaty underpin all its elements, and Parties to the WHO

FCTC are obliged to incorporate gender considerations into tobacco policies and programmes. What does this mean? Much of the past work in tobacco control has been gender-blind, ignoring the different health effects of tobacco and different impacts of policies and programmes on women and men, girls and boys, in their social and cultural context. Efforts have often been based on male experience, trends and effects and as a result have not always been as effective as they could be among females. The WHO FCTC now offers a framework to establish an infrastructure and methods for tobacco control that will collect and analyse sex- and gender-specific information on tobacco use and the effectiveness of tobacco control measures, thus enabling health authorities to respond to the needs of all citizens.

Health consequences of smoking for women

It has been well documented that women are as vulnerable as men to the dangers of tobacco, if not more so. Tobacco smoke is a mixture of about 4 800 compounds containing 90 known carcinogens and about 250 toxic substances¹⁻³. Smoking harms nearly every

organ of the body and has a deleterious effect on the general health of smokers. It causes many diseases and is a significant risk factor for several severe chronic diseases such as different types of cancer, cardiovascular diseases, respiratory diseases and diabetes

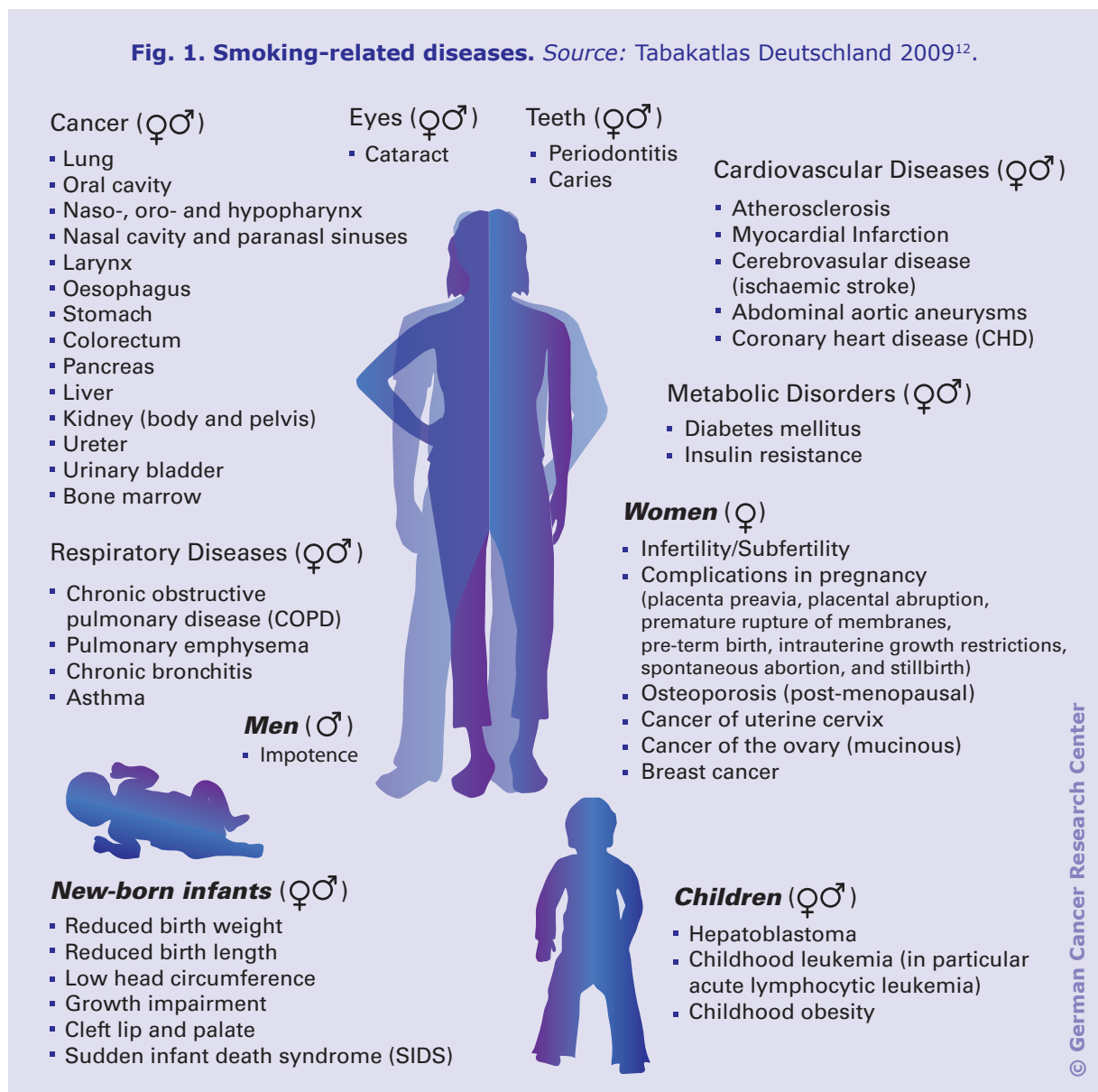
mellitus (Fig. 1). Smoking harms the eyes, teeth and bone structure and reduces fertility⁴. More recently, there has been strong evidence of the association between tobacco and tuberculosis: smoking is a risk factor for the disease, increasing the risk by more than two and a half times. In fact, more than 20% of global tuberculosis incidence is attributable to smoking⁵.

Smoking is the predominant form of tobacco use, and tobacco is now the leading cause of premature mortality in the WHO European Region. It kills up to half of all users, causing about 1.6 million deaths every year⁶. More than half of smokers die prematurely in middle age (35–69 years)^{7,8}.

Smoking is especially harmful for women because it not only causes additional

female-specific cancers but also compromises pregnancy and reproductive health. Women who smoke during pregnancy have a high risk of severe complications including abortion, stillbirth and serious harm to the unborn child. Children of smoking mothers have a higher risk of being born with lower birth weight and also for sudden infant death syndrome, cleft palate and childhood obesity^{4,9}. Furthermore, smoking by either or both parents harms the children by exposing them to second-hand smoke, putting them at higher risk of sudden infant death syndrome, acute respiratory infections, ear problems and more severe asthma³. There is growing evidence that second-hand smoke also leads to the development of fatty plaques, a precursor of coronary heart disease, and may be associated with cognitive impairment^{10,11}.

Fig. 1. Smoking-related diseases. Source: Tabakatlas Deutschland 2009¹².



Women and tobacco dependence

Nicotine in cigarettes is inhaled with tobacco smoke and reaches the brain within a few seconds. It modulates the reward function of the brain and several learning processes, thereby inducing physical and psychological dependence¹³. Such dependence may develop after the consumption of just a few cigarettes and within several weeks or months^{14,15}. More than half of smokers may be dependent on nicotine^{16,17}.

Women may be especially prone to nicotine addiction as studies have shown that distinct gender differences increase their vulnerability to addiction. The nicotine level in their bloodstream is less constant than in men^{18,19}.

While nicotine addiction is an important reason why women smoke, the psychosocial factors that also play a significant role in tobacco dependence make it difficult for them to stop. For example, women cite psychological reasons (such as sensory effects and reducing stress) as motivations

to smoke^{14,15}, as well as social factors (such as caring for children in materially disadvantaged circumstances) with which they perceive that smoking helps them to cope^{20,21}. Women may be more sensitive to stress than men, especially in the premenstrual phase of the menstrual cycle²².

Women smokers are more afraid than men that they will gain weight if they stop smoking²³. Stopping smoking may result in a gain of several kilograms (in some cases up to 10 kg), with women generally gaining more weight than men often due to increasing their calorie intake or taking less exercise^{17,24,25}. There is also evidence that women may experience more severe signs of nicotine withdrawal than men^{16,23}, and the nicotine replacement therapy that could lessen these symptoms is less effective with female than with male smokers^{18,23}. Women might, therefore, especially benefit from therapy and support that also focus on mood disturbances and weight problems²³.

Who smokes in the Region?

One of the most striking things about smoking prevalence in the 53 countries of the Region in the last two decades has been the increase in smoking by women in the eastern part of the Region. Globally, an estimated 250 million women and 1 billion men smoke daily, but smoking is still increasing among women and it is estimated that the proportion of female smokers will rise from about 12% in the first decade of this century to 20% by 2025²⁶.

The pattern of smoking across Europe varies greatly, reflecting the spread of the smoking epidemic. Smoking was first taken up by men in western and northern European countries, before spreading to women in these countries, then to men in southern and central European countries and then

to women in these countries^{20,27}. Countries can be grouped according to which stage of the smoking epidemic they are at, as reflected in the pattern of smoking in men and women in each country.

In the Nordic and some western European countries, for example, there is little or no difference between male and female smoking rates and smoking is relatively low and falling in both sexes. In many countries in central and southern Europe, on the other hand, more men than women smoke, and in some countries women's smoking rates are also high. Austria, Bulgaria and Greece fall into this group and they also have the highest female prevalence recorded for the Region. Finally, a third group of countries, notably those of the former Soviet Union,

have high rates of smoking among men and what appear to be relatively low rates among women²⁸, but such a snapshot disguises the rapid increase in smoking among women in some of these countries.

There are numerous reasons for this trend. Although this monograph will focus on the tremendous impact of tailored marketing by the tobacco industry's well-funded campaigns, it is important to note and always consider several other factors. One prevailing theme is that social and cultural constraints are weakening in the majority of countries and it has become more acceptable for females to use tobacco. Additionally, women's spending power is increasing and cigarettes are becoming more affordable, especially in countries where taxes on tobacco have not been raised.

The magnitude of the impact of marketing by the industry is indisputable. The unregulated entry of transnational tobacco companies into markets previously dominated by state-owned tobacco industries and the consequent disastrous impact on public

health has been extensively documented²⁹⁻³². Transnational tobacco companies saw the very low smoking rates among women in countries of the former Soviet Union as an opportunity. After the collapse of the Soviet Union and the privatization of the tobacco industry, they undertook a marketing strategy promoting a "western lifestyle" aimed particularly at young people, people living in cities and women. By the mid-1990s, it was estimated that up to 50% of all billboards in Moscow and 75% of plastic bags in the Russian Federation carried tobacco advertising. In 1999 alone, one major tobacco company introduced eight new brands. Cigarette consumption increased rapidly and between 1992 and 2003 there was a drastic increase in smoking among women, with rates more than doubling. A similar trend is still being observed, with female smoking prevalence rates continuing to rise and male smoking rates, among the highest in the world for decades, showing no evidence of declining. It is among these target groups that the preference for international cigarette brands is high, as shown by some of the examples in this report.

SECTION 1

Marketing by the tobacco industry aimed at women and girls

Ways in which the tobacco industry has targeted women and girls

The tobacco industry has taken gender roles and norms into consideration in its market strategies for almost a century^{33,34}. Since the 1920s, when women in the United States were first identified as a potential market, recurrent images and themes have been used to highlight the supposedly desirable attributes of particular brands of cigarette and promote the social acceptability of

smoking. Some of the most dominant themes have been glamour, sophistication and style, luxury, class and quality, romance and sex, sociability, enjoyment and success, health and freshness, emancipation and, last but not least, being slim. These same images have been used to promote smoking among women in Europe, first in the west then in the south and centre and now in the east.

Mixing elements to create a tobacco market

Tobacco companies use a wide variety of marketing tools that can be seen as a “nested” range of communication activities linked to one another in an attempt to promote tobacco³⁵. This mix includes a wide spectrum of activities including product development, distribution, pricing and promotion. Marketing communications range from mass media advertising to communications with policy-makers and other stakeholders.

International evidence clearly shows that the promotion of tobacco both influences the uptake of smoking among children and young people and encourages smokers to

keep smoking³⁴. Tobacco promotion takes different forms including:

- sponsorship of sport and the arts;
- point-of-sale promotional material in shops such as branded gantries (shelving for tobacco packs) and product displays;
- free distribution or discount of low cost items;
- distribution of free products;
- loyalty schemes – promotional mail and coupons designed to encourage continued purchase;
- brand stretching – non-tobacco products with tobacco brand names such as Marlboro Classic Clothes;

- pack designs that communicate brand image and add value;
- web sites promoting tobacco companies, cigarette brands or smoking;
- paid placement of cigarette brands in films or on television³⁶.

This report gives examples from different parts of Europe showing how these different strategies have been used to create and sustain a market for tobacco among women and girls.

Advertising and sponsorship in the mass media

At the core of tobacco marketing is direct advertising through the mass media (television and radio, cinemas, the print media and billboards) and by sponsorship which often uses images designed to appeal to women and girls. This has been the most visible and direct form of tobacco promotion and thus what policy-makers first attempt to eliminate. Notably, in 2003 the European Union (EU) adopted a directive restricting tobacco advertising and sponsorship, which

has led to bans on many forms of promotion in EU member states³⁷.

The advertising and promotion of tobacco is, however, still permitted in many countries in Europe. As the example from Bosnia and Herzegovina shows (Box 1), tobacco companies use a range of media to target women, including the development and promotion of “female” brands and the use of sponsored events to target young people in particular.

Box 1. Widespread tobacco advertising targeting girls and women (BOSNIA AND HERZEGOVINA)

Background

Smoking is the most serious public health challenge in Bosnia and Herzegovina. The use of tobacco by women is particularly high, with serious public health implications.

Tobacco industry tactics

Smoking has an acceptable social image that is promoted by the easy availability of tobacco products, low prices, widespread advertising in different media and the sponsorship of prestigious music, sports and cultural events by the tobacco industry. Recently, representatives of both domestic and international brands have distributed free cigarettes in shopping centres, shops, bars or street events, targeting young people, girls and women as potential smokers.

Young people, especially girls, are often targeted in tobacco advertising in media such as television, radio, billboards and women’s magazines and at points of sale. Tobacco advertising directed at women

emphasizes beauty, fashion, freedom, modernity, success and popularity.

High-profile fashion, sports, cultural and music events are sponsored by the tobacco industry. Most recently, the Sarajevo Jazz Festival 2008, Festival Bascarsia nights 2009 and the 2009 Riccardo Muti Sarajevo concert were sponsored by one large tobacco company.

Impact

Nearly a third of women (32%) currently smoke³⁸, and the impact of tobacco advertising and promotion is evident among young people, especially girls. According to the Global Youth Tobacco Survey (GYTS), smoking among girls increased from 8.9% in 2003 to 9.4% in 2008, while the likelihood of girls who had never smoked starting to smoke in the following year increased from 23.1% to 28.8% during the same period³⁹. A particular challenge is that smoking is becoming increasingly acceptable among girls: 6.8% aged

13 years and 22.3% aged 15 years say that most of their close friends smoke.

Lessons learned

In July 2009, Parliament ratified the WHO FCTC. The challenge is now to enforce a total ban on all forms of tobacco promotion.

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Most countries in the Region have banned direct advertising in broadcast media, but fewer have also banned press and billboard advertisements²⁸, as seen from

the examples below. In the EU, only Germany still allows billboard advertising (Box 2), although it is still common in non-EU countries.

Box 2. Billboard advertising appealing to women and girls (GERMANY)

Background

Smoking has steadily declined among men in the last three decades, but there has been only a slight reduction among women. Data from 2009 show that 34% of adult men and 26% of adult women smoke⁴⁰. On a positive note, smoking rates among 12–17-year-olds fell from 28% in 2001 to 15% in 2008¹².

Tobacco industry tactics

In the early 2000s, tobacco advertisements focused on images of people. This billboard from a 2004 campaign shows a

woman enjoying an intimate bath while smoking. The slogan "in favour of not immediately going to bed with everyone" puts the female smoker in the centre of the advertisement, while the cigarette pack and the sub-line "test it" in the lower corner urge the user to try the product and the message (Fig. 2).

Gender-specific advertising campaigns have been used in Germany since the 1960s, but now the focus has shifted to using the cigarette pack as a way to make smoking seem desirable to women. Value for money, another important consideration for women, is also emphasized in much current billboard marketing.

To attract women, recent marketing campaigns have focused on the shape and look of cigarette packets, and emphasized price. One major tobacco company has launched a

Fig. 2. Campaign focusing on images of people, 2004



new edition that focuses on the handy pack size and the different colours available (Fig. 3). According to the company's marketing director⁴¹, this edition is mainly bought by women who have not previously smoked this particular brand, but buy a pack in a colour to match their outfits. The biggest sellers are turquoise and pink.

Lessons learned

Germany has restricted tobacco advertising in recent years and it is expected that this trend will continue in order to meet the obligations under Article 13 of the WHO FCTC. A comprehensive ban with thorough enforcement and monitoring could further reduce tobacco use, especially among young people⁴².

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Fig. 3. Advertisement focusing on various colours, 2010



Although the Russian Federation has banned tobacco advertising on outdoor billboards, it is still permitted in some interior spaces. The

following example shows how this advertising medium has been used to market women's cigarettes through attractive images (Box 3).

Box 3. Interior billboards (RUSSIAN FEDERATION)

Billboards are legal in the Russian Federation inside such places as public transport facilities and airports. These, and glossy magazines, were used to promote a brand designed for women. A special fragrance gloss coats the advertisement.

From the outset, the idea of cigarettes for women and the image of female superiority were actively promoted in Moscow and St Petersburg. For example, the 2009 Russian edition of a well-known international magazine for women and girls depicted a woman with a cigarette and behind her a man. This campaign

contributed to a 117% increase in tobacco consumption among women, with this particular brand becoming the leading female brand in the Russian Federation.

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There is clear evidence that tobacco displays at points of sale have a direct influence on smoking among young people⁴³. The odds of a young person saying he/she intends to smoke may increase by as much as 35% with every brand they can name from advertisements at points of sale. International evidence suggests that removing packs from sight at points of sale could reduce adolescent exposure to cigarette brands in shops by as much as 83%. Tobacco may be promoted in shops and kiosks either through direct advertising (such as posters) or through displays of the packs themselves⁴⁴.

Displays depend very much on branding and pack design. Branding also drives smoking,

especially among the young. Carefully designed packs are displayed in quantity at points of sale. These large displays (so-called "power walls") promoting cigarette brands not only reach potential smokers, reinforcing smoking as a social norm, but also act as a trigger for adults who have recently stopped or who would like to do so.

Point-of-sale promotions are important both for their size and their placement. Tobacco kiosks are common in Europe, and the Greek study below shows not only how visible they are but how they can be placed to encourage purchase, in this case in proximity to school gates (Box 4).

Box 4. Points of sale near schools (GREECE)

Background

Greece has a high proportion of women smokers, estimated to be 37% of the adult population. Alarmingly, there is little difference in smoking prevalence between boy and girl senior high school students. The prevalence in this age group living in the suburbs of Athens is estimated to be as high as 50%, indicating that the prevalence among women may rise in the future⁴⁵.

Tobacco industry tactics

Outdoor advertising was banned in September 2009, so the tobacco industry has moved its advertising activities to points of sale using "power walls", which is currently legal. Advertising on tobacco kiosks is common. The extent of this advertising

was measured in Crete in 2008, using satellite positioning to photograph and pinpoint the density of points of sale and advertisements surrounding high schools (Fig. 4)⁴⁶. On average, 13 points of sale of tobacco products were within 300m of the school gates, 30% of which were visible from the gates; in each case, at least one was within 20m of the school entrance. When combined with the volume of advertising at each point of sale, the extent to which adolescent girls are exposed to tobacco advertising is considerable.

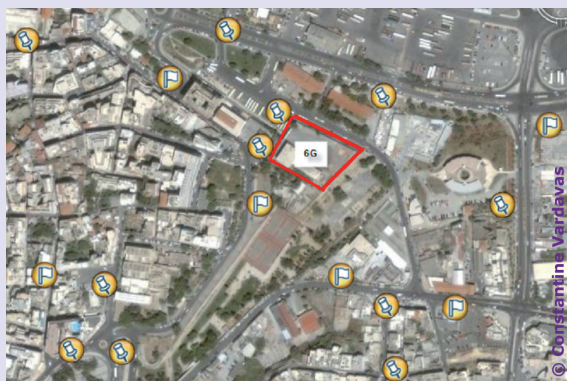
Lessons learned

It is important to ban all forms of advertising, including at points of sale, and all tobacco promotional activities at the same time. The density and thus the availability of tobacco products should be reduced through regulation of the location of points of sale. It is imperative to collect national and regional data on tobacco industry marketing activities that can be published in the media as a means of revealing such activities.

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Fig. 4. Density of tobacco points of sale and advertisements surrounding high schools, Heraklion, Crete, 2008.



The second example, from Germany, shows another example of strategic placement, in this case in supermarkets where nearly three quarters of women smokers say they buy their cigarettes. This also takes advantage of another promotional tool – price (Box 5).

Tobacco companies can create price differentials by offering economy brands,

which are especially attractive to those on lower incomes. This pricing strategy can undermine the effectiveness of wider fiscal measures by offering smokers a chance to switch down to a cheaper brand rather than stop smoking when tobacco tax increases put prices up.

Box 5. Points of sale in supermarkets (GERMANY)

Background

Point-of-sale advertising has become a key marketing tool for tobacco brands. In Germany, no consumer product is more accessible and widely available than cigarettes, which are available in around 51 000 supermarkets, 28 500 kiosks (tobacco retailers), 13 400 petrol stations and 460 000 vending machines¹².

As 70% of decisions to buy tobacco are taken at the point of sale, it is relevant to know where smokers buy tobacco products⁴⁷. According to a large study conducted in Germany, supermarkets were the main source of cigarettes (71.32%), followed by petrol stations, kiosks and vending machines. Significantly more women than men regularly bought their cigarettes in supermarkets (74.44% compared to 68.81%)⁴⁸.

In terms of the volume of cigarette sales in 2007, supermarkets and other food stores accounted for the biggest share of retail sales of cigarettes (36%)¹².

Tobacco industry tactics

Cigarette advertisements dominated displays at supermarket check-outs, usually directly attached to the cigarette pack containers or the cash register. The contents of the advertisements focus on new products, package design or price.

The general availability of tobacco products in supermarkets, kiosks, petrol stations and vending machines, as well as the omnipresence of tobacco advertisements at points of sale, perpetuate the social acceptability of tobacco use and undermine effective tobacco control measures.

The illustration of a check-out at a German supermarket shows the large size of the display and an identical display at the next check-out aisle (Fig. 5). The slogan on the advertisement, "price value pack", also means "price-worthy pack" if the first two words are combined.

Fig. 5. Supermarket cigarette display and advertising for "price value packs", 2010



Lessons learned

In order to meet its obligations under Article 13 of the WHO FCTC, Germany should implement a comprehensive ban on advertising, promotion and sponsorship.

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The popular media

Popular entertainment media (films, television, magazines and the internet) are full of images of smoking, making it appear both more common and acceptable than it really is. Magazines for women and girls are a particularly efficient way of linking fashion and beauty to smoking. Magazines that accept tobacco advertising are more likely to under-report the dangers of smoking while giving it a positive image through the frequent use of cigarettes in photo-shoots, fashion and celebrity photographs^{49,50}.

The internet poses a particular problem because of the difficulty of regulating the content of web sites. Much pro-smoking material can be found on the internet and young people are heavy users. In the United Kingdom, nearly all (98%) young people aged 9–19 years use the internet, and nearly three quarters (74%) have online access at home⁴³.

The possibilities of using new media to reach children and young people are enormous. These include tobacco marketing techniques that are not covered under current legislation banning tobacco advertising. For example, “viral marketing” uses the internet and mobile phone technology to create word of mouth awareness of marketing

messages by encouraging consumers to pass on web links and downloads to their friends and social networks.

Films have come under the most intensive scrutiny⁵¹. Different research methods have been used and a body of evidence is growing to show that:

- images of smoking in films are common: after decreasing in frequency between 1950 and 1990, they have now increased;
- portrayals of smoking are found more frequently in films made for a young audience than in those for adults, and the effects on young people of smoking in films have been well documented⁵²;
- smoking in films does not identify its drawbacks and makes it seem more prevalent than it really is in the society being portrayed;
- portrayals of smoking in films do not reflect the socioeconomic reality of most smokers: smokers in films are rich or successful, which is the reverse of reality.

The following example shows how frequently images of smoking have been used in recent French cinema (Box 6).

Box 6. Smoking in films (FRANCE)

In France, nearly as many young women aged 18–24 years smoke regularly as young men (30% and 35%, respectively)⁵³. Although France banned direct advertising in 1991, smoking is still given a positive image through characters smoking on screen in French films.

A 2007 study undertaken for the Ministry of Health analysed the presence of tobacco products in 481 French films released between February 2006 and January 2007. The results showed that three quarters of the films featured a character smoking⁵⁴. In other research, 21 French films were thoroughly analysed to

determine the intensity of the presence of cigarettes. The results show that in these films, the following factors gave smoking a favourable aspect: high visibility on screen of products such as cigarettes, packages and lighters; associations with meaningful characters; and scenes where smoking takes place regardless of location (for example, in the home or the bath, a pregnant woman in a restaurant and a hospital). Although no gender analysis was carried out, it was noticed anecdotally that smoking in these films conveyed an image of success or glamour or represented modern women who were beautiful, emancipated or sympathetic⁵⁵.

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Pack and product design

There is now a wealth of evidence, including analyses of the tobacco industry’s internal documents, that cigarette packs are regarded as a key way of communicating with smokers and promoting cigarette brands³⁴. This is seen as particularly important for promoting smoking and brand image to young people, both smokers and potential smokers, especially in countries where there are restrictions on other forms of promotion. As the examples in this section show, pack and product design are crucially important parts of marketing strategies targeted at girls and women across Europe. Decades ago the misleading light and mild brands were launched in Europe as a direct appeal both to women’s concerns about the health consequences of smoking and desire for a product that would be more feminine⁵⁶. This ploy continues to be exploited by the industry with a plethora of “feminine” brands.

The examples below are illustrative of the ingenuity of the manufacturers in creating new brands to meet every mood.

As the example from Germany (pages 11,12) illustrates, some long-standing brands are now available in new-sized packs and in a range of colours. In other instances, existing brands are being reformulated and entirely new brands are coming onto the market. These “designer” packs are widely available across the Region, from Ireland in the west to the Russian Federation in the east (Fig. 6).

Slim cigarettes have been on the market in Europe for some time but now new “super slims” are being promoted to girls and women. Packs containing 20 cigarettes are so small they resemble a case for cosmetics rather than a poisonous and lethal product.

Fig. 6. Examples of cigarette packs from various European countries targeting women and girls.





Netherlands

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Germany

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Czech Republic

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Austria

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Poland

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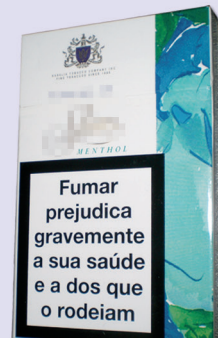
Spain

© German Cancer Research Center



Portugal

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Italy

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Greece



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Bulgaria

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The example from the Russian Federation below reveals that more than 100 brands of slim and super slim cigarettes are

available, with the potential for expanding the market to millions of Russian women (Box 7).

Box 7. Creating a market for cigarettes for women and girls (RUSSIAN FEDERATION)

Background

While the high prevalence of tobacco use among males in the Russian Federation has not declined, prevalence among females is increasing rapidly. The reasons for this increase include low prices and unlicensed sales, aggressive marketing by the tobacco industry aimed at young women and insufficient awareness of the health risks caused by tobacco use. There is a very limited understanding of the impact of smoking on health, and a significant underestimation of the dangers and addictiveness of tobacco. Misleading terms such as "light" and "mild" are legal and one third of Russians believe that light cigarettes are safer than regular cigarettes⁵⁷.

Tobacco industry tactics

The tobacco industry uses a full spectrum of tactics to attract women, from direct advertising in traditional media channels to sponsoring women's events such as fashion shows and parties hosted by celebrities. One of the strongest marketing tools is the package itself. This example focuses on the evolution of the iconic female brand in the Russian Federation.

Slim cigarettes play on images that women aspire to. There are over 100 brands of slim cigarettes (d=4.5 mm) on the Russian market. The oldest was established in 1932 and in recent years. This particular brand has been positioned over time as a cigarette for the modern, stylish and sophisticated woman.

The marketing of this major international cigarette brand to women has been particularly successful. Flavour is an aspect of product design that appeals to girls and women. Versions include packaging in different colours

and particular designs to depict the flavour and create a romantic image. In 2003, a newer version of this brand was launched, causing sales to more than quadruple from those in 1999⁵⁸. In 2005, the company also launched several aromas to address women's concerns about the unpleasant smell of tobacco smoke, and promoted the product as allowing women to change aroma to suit their mood. In 2009, an esteemed French designer was involved in the package design, ensuring it reflected the season's fashion trends.

This photograph shows a model advertising the brand at Sheremetievo airport in May 2010 (Fig. 7).

Fig. 7. Advertising cigarettes to women and girls, Moscow, 2010.



© Irina Morozova / World Lung Foundation

Impact

Male prevalence of tobacco use is about the same, but female prevalence is increasing rapidly. In comparison with the 1990s, a substantially larger number of women smokers are featured in the media and in tobacco advertisements.

Lessons learned

As soon as one media channel is closed to inhibit tobacco advertising, another one is used perhaps more aggressively. All forms of tobacco promotion must be prohibited.

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Flavour is also an aspect of product design that appeals to girls and women. Women's cigarette brands come in a wide variety of flavours, including mint/menthol, fruit flavours such as mango, as well as chocolate and vanilla. The novelty of these flavourings is likely to appeal to girls and there is evidence that the use of flavours such as mint makes starting to smoke more palatable to young starters.

Another example of the redesign of a tobacco product to build a market among women is

the Swedish oral tobacco, snus. Snus was traditionally used by older men until the 1960s, when it was repackaged and promoted with an updated image. Use of snus by younger, urban men started to increase from that point, but it has not been taken up by women or girls⁵⁹. Now new forms of the product, attractively packaged, have flavours such as cranberry and rhubarb that are more likely to appeal to women and girls (Box 8).

Box 8. Reformulating nicotine products for women (SWEDEN)**Background**

Sweden is one of a handful of countries where the prevalence of daily smoking among adult women (13%) is higher than among men (11%). The prevalence of oral tobacco (snus) use is significantly higher among men than women at 19% and 4%, respectively⁶⁰.

All forms of direct tobacco advertising are banned, including sponsorship of events. There is, however, no legislation governing advertising on the internet or at point of sale or brand-stretching. There is a strong lobby by the oral tobacco industry to lift the ban on sales of snus in the EU.

Tobacco industry tactics

Marketing by the tobacco industry includes finding loopholes in current

legislation to market products. Examples include:

- a half-page page job advertisement placed in a widely circulated free newspaper in 2007 which mainly consisted of the image of a woman using oral tobacco;
- package design of oral tobacco to appeal to women with light colours and appropriate fonts; in the case of oral tobacco, the package is similar to a lip gloss tin or mint case;
- special flavours that may especially appeal to girls and women, such as cranberry, liquorice and mocha;
- annual reports from Swedish Match speaking about tapping into new markets, with pictures of snus and a woman's handbag.

Impact

A formal impact analysis has not been conducted, but more women are using snus, particularly in the north of the country⁶⁰.

Lessons learned

Sweden has ratified the WHO FCTC, including Article 13 with its Guidelines recommending a comprehensive ban on tobacco products. To date there is neither legal nor political action to close the

loopholes in Sweden's "comprehensive" ban on advertising. There are supportive politicians but no formal proposals to reduce the influence of the tobacco industry.

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Corporate social responsibility programmes

Tobacco marketing is not only directed at smokers and potential smokers but also at communicating with and influencing key stakeholders such as retailers, the hospitality industry, special interest groups and, importantly, policy-makers.

Activities such as corporate social responsibility programmes, far from being charitable in their intention, aim to create a favourable image of the tobacco company, win friends and spread its influence⁶¹. Corporate spending on these campaigns has at times vastly exceeded the amounts given to charities and good causes³⁵. "Corporate social responsibility" is a key element in tobacco marketing and should be exposed as such.

The tobacco industry has been especially keen to show its interest in young people by sponsoring youth smoking prevention campaigns (Box 9). As with tobacco industry media campaigns discouraging smoking by young people, industry-sponsored initiatives to prevent children buying tobacco have been shown to be less effective than those devised by health authorities^{35,62} and may even have the opposite effect by downplaying the health risks while portraying the uptake of smoking as an adult choice⁶³. Without consideration of any evidence of effectiveness, the appeal of such programmes to parents and especially to public authorities is evident, particularly where the funds available for health promotion are limited.

Box 9. STOP 18 – a campaign to win friends for the tobacco industry (POLAND)

The National Association of Tobacco Manufacturers launched The STOP 18 campaign 1998 out of concern that "Our observations and official statistics show that smoking among the youth is a serious problem in Poland ... the decision to smoke should only be taken by adults, fully aware of the consequences"⁶⁴.

A broad range of credible partners including local government, the police,

nongovernmental organizations (such as the Polish Scouting Organization Committee for Children in Poland KONARD and "Friends of Children" Association) and corporate partners such as Shell, Orlen, Tesco and E. Leclerc, and Polish retailers such as Żabka, Ruch and Kolporter, work together and consequently contribute to the false goodwill of the tobacco industry in this country.

The main campaign event is the annual Responsible Retail Day, which involves increased policy vigilance in retail places and dissemination of information and promotion about the campaign to retailers, parents and children. In 2009, 300 towns participated in these activities.

Stickers are placed at retail points participating in the campaign. It reads: "STOP 18. We do not sell tobacco products to minors. HELP THE SALESPERSON – SHOW YOUR ID." Article 6, item 1a, of the Act on Protection of Health against

the Consequences of Consumption of Tobacco entitles a salesperson who is uncertain about the age of a young person buying tobacco products to ask for proof of age.

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Sometimes the aim of a corporate social responsibility programme is to win over a key stakeholder and create a favourable image for the tobacco company with a target group that includes women and women's organizations.

The example from Kazakhstan shows how the tobacco industry, in partnership with a women's nongovernmental organization, has supported mothers taking action on smoking by young people (Box 10).

Box 10. Corporate social responsibility programmes that influence women (KAZAKHSTAN)

Background

The Act on Population Health and the Health Care System came into force on 9 October 2009 to introduce smoke-free public places, pictorial warnings on cigarette packages, a ban on the use of terms such as light and mild, a ban on vending machines and other restrictions on the sale of tobacco. In spite of legislative advances, aggressive marketing campaigns continue largely unabated.

Tobacco use is increasing: expenditure on tobacco more than doubled between 1997 and 2004⁶⁵. Cigarettes are considered more affordable because of the doubling of real incomes in less than a decade. Male smoking prevalence is about 44% and female prevalence is about 10%. Among young people, the rates are 15.2% for boys and 8.1% for girls³⁸.

Tobacco industry tactics

In autumn 2005, with the support of a large tobacco company, a prominent

women's movement called the Business Women of Kazakhstan (ABWK) established a new movement "Spring Bird – mothers against smoking". This organization engaged female volunteers, mostly mothers, concerned with cigarette sales to minors and teenage smoking. The tobacco company is not represented directly but appears in some interviews with ABWK representatives.

Currently the Spring Bird movement has about 800 female volunteers who check on cigarette sales by retailers to minors. This creative idea was based on the experience of the National Coalition for a Smoke-Free Kazakhstan, which during March 2005 checked on smoking in public places such as restaurants, schools and hospitals in partnership with the police and the media. The tobacco company took this same approach and the image of a respected women's nongovernmental organization to promote a "socially

responsible business" which is "aware of teenage smoking".

The Spring Bird movement covers five large cities. More than 8000 points of sale have been monitored and the movement has attracted public attention to the problem of smoking by young people.

Impact

At first glance, this movement promotes the implementation of the Tobacco Law, but in essence it serves as a cover for tobacco industry activities. The national coalition believes that tobacco companies promote a positive image by using the good name and honest efforts of volunteers. Other corporate social responsibility examples include support for the disabled and the elderly which resulted in a nomination for another large tobacco company. These examples demonstrate that tobacco companies are still considered good social partners.

Lessons learned

Tobacco companies are creative in involving new stakeholders among nongovernmental organizations to complement their lobbying activities directed at the government. Such organizations risk being used as tools to promote a positive social image for tobacco manufacturers. Those working to advance tobacco control should reveal the tobacco industry's tactics in the media, to the general public and to decision-makers.

Tobacco sponsorship should be banned and other obligations fulfilled under the WHO FCTC, to which the country has been a Party since 2007.

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SECTION 2

Legislative, policy and advocacy responses to tobacco marketing targeting women and girls

Section 1 showed that the transnational tobacco industry is aware of the needs, aspirations and preferences of girls and women when marketing cigarette brands. To ensure that health policy is effective, it is essential that health authorities should also be sensitive to gender when formulating and implementing tobacco control policy.

The WHO FCTC provides a framework for applying a gender perspective in policy-making. Article 4 of the Guiding Principles notes “the need to take measures to address gender-specific risks when developing tobacco control strategies”, and the Preamble highlights the need for women to participate in tobacco control policy-making and

implementation at all levels. It emphasizes the special contribution that nongovernmental organizations, including women’s groups, make to national and international tobacco control efforts.

Although gender should be considered in the implementation of all articles of the WHO FCTC, this report focuses on examples from Europe illustrating policy issues and the specific articles that cover these issues. These are (in numerical order): Article 11, packaging and labelling and its guidelines; Article 12, health education, communication and public awareness; Article 13, tobacco advertising, promotion and sponsorship and its guidelines; and Article 14, cessation services and support.

WHO FCTC Preamble - Collaborative groups and networks promoting gender-sensitive tobacco control policy

It has long been recognized that in order to ensure that the needs of girls and women are understood and effectively addressed by health professionals working in tobacco control policy and practice, appropriate numbers of women must participate in research, programme planning and policy implementation⁶⁶. Progress has been made since this point was first made and women now hold senior positions in governments and public sector and voluntary health care that would have been surprising three decades ago. To ensure that this continues, women must support one another and

encourage younger generations to be aware and active in preventing tobacco use among women and girls.

This section gives examples of some of the ways women in Europe have come together to promote tobacco control and good health for women and girls in the Region. Some groups have worked to address the policy agenda, others to promote tobacco control in their professions and others to bring the issue of women and tobacco to the attention of opinion-leaders and the general population (Boxes 11–16).

Box 11. INWAT International Network of Women against Tobacco (GLOBAL AND EUROPE)

One of the most widely known examples of women's leadership in tobacco control is the International Network of Women against Tobacco (INWAT). Established in 1990 at the World Conference on Tobacco or Health, this is a voluntary network of people from various disciplines who work together to highlight the impact of tobacco on the lives of women and girls and to support women

working in tobacco control⁶⁷. It produces a regular newsletter (The Net) and supports action and networking across the world. The European section has produced a range of reports on important aspects of women and tobacco control in Europe, including developing a gendered approach to policy, inequalities and women smokers and second-hand smoke⁶⁸⁻⁷⁰.

Box 12. The 1.6 Million Women's Club (SWEDEN)

Background

The 1.6 Million Women's Club was founded by Alexandra Charles, a prominent opinion-leader, in 1998 to improve women's health. The title represents the approximate number of women over the age of 45 years in Sweden. The organization's goal is to improve women's health. It hosts a wide range of activities to influence and broaden the base for policy-making and medical research and to keep the general public informed.

How it works

The Club provides current information about women's health issues, introduces a female perspective into medical research and training and encourages a holistic view of women's health.

It has brought public attention to tobacco industry targeting of women through articles in major newspapers highlighting the dangers in the marketing of products such as light cigarettes and snus to girls and women. The Club

has joined the Swedish Association of Health Professionals against Tobacco to promote a "snus-free" EU and to ban point-of-sale advertising in Sweden.

Lessons learned

When women leaders raise issues such as more stringent tobacco control legislation, the result is significant because of their credibility and public presence. Public health partnerships for specific target groups result in a more creative way of drawing attention to tobacco control issues. Women are responsive to messages about the dangers of tobacco from their own role models. It is important that tobacco control should be integrated into the women's movement.

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Box 13. Association of Women against Tobacco (BULGARIA)

Background

The Association of Women against Tobacco – Bulgaria was founded in 2002 by prominent women physicians, sociologists, teachers, economists and engineers. Its mission is to reduce smoking among children, young people and women and to protect the rights of non-smokers.

How it works

Activities to achieve this aim include raising public awareness of the growing trend in tobacco use, especially among women and girls, implementing long-term tobacco control policy for women and developing gender-specific cessation programmes.

By participating in governmental working groups, the Association has contributed to local and national policy shifts over the years including the development of the National Programme for Tobacco Control and the Regulation on Smoking in Public Places. At local level, the Association has set up branches in several regions to collaborate with community-level activists to advance tobacco control in these areas.

The Association has developed communications campaigns and tools including World No Tobacco Day and material on protecting children from second-hand smoke. It works with the media to raise awareness of tobacco control issues related to women and has participated in many research projects to investigate second-hand smoke.

Internationally, the Association has been involved in meetings concerning the WHO FCTC and has actively participated in several World Conferences on Tobacco or Health on behalf of the Framework Convention Alliance (FCA). The FCA is made up of more than 350 organizations from over 100 countries to work on the development, ratification and implementation of the WHO FCTC.

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Box 14. INWAT (SPAIN)

Background

INWAT – Spain has been working with partners to bring attention to the high smoking rates among women.

How it works

Activities have included the following.

- The 2003 Córdoba manifesto was developed, when INWAT – Spain's efforts to advance tobacco control included endorsement of the

ratification of the WHO FCTC. The purpose of the Córdoba meeting was to build capacity and disseminate knowledge about the WHO FCTC and the need for its adoption.

- A round-table conference was held in 2004 where concepts of sex and gender, social factors, women's socioeconomic status and participation in the workforce were discussed and linked to women's smoking in Spain.

- INWAT – Spain collaborated in the publication of a significant policy paper on women and tobacco, the White Paper on Women and Tobacco⁷¹. This engaged many women and tobacco experts in providing a picture of a wide range of problems, including the rising rates of women smoking, exposure of women to second-hand smoke and the need for cessation services for women of all ages including during pregnancy. Launched at the National Conference on Tobacco or Health in 2007, the Paper's conclusions recommended the integration of a gendered perspective into research, development of a policy benefitting women and men equally and provision of services for pregnant women to stop smoking.
- A newsletter, INWAT Al Dia, publicizing issues and activities about women and tobacco control, was launched in September 2009.

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Box 15. FACT – Frauen aktiv contra Tabak (GERMANY)**Background**

In order to promote a gender-specific tobacco control policy in Germany, a national nongovernmental association of women against tobacco (FACT – Frauen aktiv contra tabak) was created in 2006 by seven women active in the area of tobacco control policy, practice and research.

How it works

One of the first major activities undertaken by the organization was a national conference on women and tobacco held in 2008, in collaboration with the Federal Drug Commissioner, with the goal of starting to set a strategic policy agenda to consider gender and tobacco. Policy recommendations were identified, including the need for prioritization of interventions for high-risk groups, a comprehensive cessation system for pregnant women and their partners, motivation for women to act

as leaders, research into smoking cessation and prevention of relapse among women, and effective implementation of the WHO FCTC.

Lessons learned

Strategic planning is essential to guide activities and a big budget is not always a prerequisite, although it helps. The tobacco control community often assumes that everyone is informed of the consequences of tobacco use, yet this may not be the case.

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Box 16. Nurses helping nurses be tobacco-free (SWEDEN)

Background

There are 13 million nurses in the world, the majority of whom are women. They are daily witnesses to the death and suffering that tobacco use causes for patients, families and communities. Nurses against Tobacco, founded in 1992, monitors and influences the political tobacco control process, increases awareness, knowledge and tobacco-free behaviour in the profession and supports local tobacco control initiatives. The vast majority of nurses in Sweden are women.

How it works

As well as being active in Sweden, Nurses against Tobacco is engaged internationally,

providing information about building country-based nursing networks aimed at advancing national tobacco control strategies and how to talk about tobacco cessation when meeting patients. Since its establishment, Swedish Nurses against Tobacco has been actively involved in promoting similar organizations in Europe as well as globally.

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Using the WHO FCTC to create a gendered approach to tobacco control

Packaging and labelling of tobacco products (Article 11 and Guidelines)

Article 11 of the WHO FCTC obliges Parties to adopt and implement clear, visible and rotating health warnings and messages in the form of a picture on tobacco packaging. In addition, the use of misleading descriptions such as "light", "mild" or "low tar" that especially target women is banned. More women than men smoke "light" cigarettes and such false descriptions have led many women into the mistaken belief that they are using safer tobacco products⁵⁶.

Warning labels on tobacco packages are an excellent tool for communicating the health hazards associated with tobacco use (Box 17). Furthermore, pictorial health warnings have been shown to motivate users to stop⁷² and to reduce the appeal of tobacco for those who are not yet addicted⁷³. Pictorial health warnings may be especially useful for

those populations where literacy is low or in countries where many languages are spoken, as well as among young people. As more and more girls are starting to use tobacco, this is essential. Studies have shown that health warnings and messages are likely to be more effective if they elicit unfavourable emotional associations with tobacco use and when the information is personalized to make the health warnings and messages more believable and personally relevant⁷⁴. Additionally, pictorial warnings also detract from the attractiveness of the package designed by the tobacco industry. As illustrated in the previous section, the industry has painstakingly designed its packages in an alluring and seductive manner to women. With this in mind, it is essential that health warnings resonate personally with both men and women.

Box 17. Pictorial health warnings (EUROPEAN UNION)

In May 2005, the European Commission (EC) adopted a library of 42 pictorial health warnings for use by EU member states. The selection of pictorial warnings is designed and intended to target various vulnerable populations, and allows the country to select the health warnings that best suit their population. These warnings have been approved or are being used in eight EU countries (Belgium, France, Latvia, Malta, Lithuania, Poland, Romania and the United Kingdom). Additionally, five non-EU countries (Kazakhstan, Norway, Switzerland, and Turkey and Ukraine) have approved or using pictorial health warnings from the EC library. INWAT Europe examined the EU health warnings to see how women were represented.

They found that:

- when people are shown pictures to illustrate the most severe health risks from smoking (e.g. cardiovascular diseases and lung cancer) a man is always featured;
- when cosmetic risks are illustrated, such as ageing and smoking-related wrinkles, a woman is featured;
- the doctor illustrating where to get help to stop smoking is a man;
- gender balance, with images of both women and men or both sexes pictured together; two warning labels address fertility/impotence and feature females;
- three warning labels are aimed at smoking during pregnancy.

Recommendations

In accordance with the gender-sensitivity standard outlined in the WHO FCTC Articles 4.2d and 11, the following recommendations need to be considered.

- Pre-marketing testing should be undertaken to assess the effectiveness of the warnings on the intended target group (females).
- Graphic warnings about severe health risks featuring women should be considered.
- Warning labels should include the toll-free quitline number or a web site address. This is especially important in reaching women as they are more likely to seek assistance than men.
- Caution should be used in only addressing pregnant women by selecting only the pictures that address smoking during pregnancy. This limits the audience and can increase the chances of a woman resuming smoking after the birth.
- There is a very strong case for standardized packaging, allowing only the brand and product names to be displayed in a standard colour and font style, along with the health warning, and prescribing the shape, size and material of packaging. This can substantially increase the visibility and impact of health warnings, as well as address the tobacco industry's highly advanced design techniques that target women.

Health education, communication, training and public awareness (*Article 12*)

Programmes that specifically address women smokers (other than pregnant women) are rare in Europe, but some organizations and agencies have used public events and social

marketing techniques specifically to target women and girls, as shown in the following examples (*Boxes 18,19*).

Box 18. The Help campaign (EUROPEAN UNION)

Help is the world's biggest anti-smoking campaign⁷⁷. It covers 27 countries and 22 languages and is now entering its sixth year. Its target audience is Europeans aged 15–35 years, and it covers the three key tobacco control issues of youth prevention, cessation and smoke-free public places. Although the campaign targets both genders, it includes messages designed to reach women and girls. The campaign includes a mix of activities involving:

- the traditional mass media, especially television advertising;
- new media, including viral marketing campaigns and user-generated content (for example, self-filmed cessation tips);
- advocacy and stakeholder marketing (such as working with the European

Youth Parliament to devise a radical tobacco manifesto, which has been formally adopted by the European Commission);

- street-level activity including graffiti, CO₂ testing and direct action organized both centrally and through local partners across Europe.

Help is carefully researched with the target audience before, during and after different elements of the campaign are rolled out. Thanks to the new media, it is also increasingly interactive, so the target audience is actively involved and helps to drive the campaign forward. These qualities, combined with the campaign's longevity, have enabled Help to develop into a fully fledged public health brand⁷⁸.

Box 19. Campaigns by A Non Smoking Generation addressing girls and young women (SWEDEN)

How it works

A Non Smoking Generation launched several media campaigns about smoking and the use of snus targeting young women in the 1990s and 2000s.

The campaigns have included outdoor advertising as well as the internet and included shocking and controversial messages.

- Killed, raped or murdered by Prince (1990s). Prince is a famous cigarette brand in Sweden and this campaign used outdoor posters to catch attention and even won an award (Fig. 8).

Fig. 8. Campaign targeting Prince cigarettes.



- For that perfect smile (2005) targeted the use of snus in an outdoor transport campaign (Fig. 9).
- We are the target! (2007). During the Swedish Match shareholders meeting a campaign was launched about the new target group for snus – young girls. This included an outdoor poster outside the meeting depicting an arrow pointing at a live model girl sitting under the poster.
- Discover Deception was a recent campaign that provided information on tobacco marketing techniques used today, including the brand-stretching of

Fig. 9. Campaign targeting the use of snus.



tobacco products and sponsorship by the tobacco industry (Fig. 10). The products chosen as examples are targeted at both women and men⁷⁹.

- Ugly Models (2009). A fictitious modelling agency was created and run by Victoria Silverstedt, a well-known model and former Miss Sweden, to reach young female smokers with information on the health hazards of smoking (Fig. 11). Four thousand four hundred young women applied to the agency; if they said that they smoked, they were sent a film about the dangers of smoking in a style similar to the popular show "Top Model". A Non Smoking Generation partnered with a popular women's magazine named Vecko Revyn and a famous model agency⁸⁰.

Lessons learned

To reach young women it is important to use modern media as well as innovative messages and spokespersons. Precise targeting is also important in reaching girls and young women. It is important to evaluate the campaigns to ensure that the target audience has received the right messages and, if possible, that the campaigns contribute to reducing the uptake of tobacco and promoting cessation.

Next steps

A Non Smoking Generation will continue with its social marketing campaigns targeting girls and boys. Examples of campaigns targeting boys and snus use are included on its web site⁸¹.

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Fig. 10. Campaign to reveal tobacco marketing techniques.



Fig. 11. Campaign targeting young smokers.



“Social marketing” is a frequently used expression in health promotion these days. It is sometimes used to mean a communication campaign but, in reality, it is much more than this. Social marketing is based on a simple and logical principle of marketing practice which is to put the consumer at the heart of the behaviour change process⁷⁵. Social marketing for health interventions uses lessons from commercial marketing to find solutions to social and health problems. It focuses on voluntary changes in behaviour; social marketers try to bring about change by applying the principle of exchange – that is, ensuring that consumers can see a clear benefit in changing their behaviour. Marketing techniques such as consumer

market research, targeting and using an appropriate mix of media are used. The effectiveness of social marketing for health in improving a range of health behaviour is promising⁷⁶. This approach is appropriate when trying to influence women’s health behaviour because, perhaps unlike some methods used in the past, it encourages the tailoring of programmes to the needs and circumstances of women themselves.

Some projects have tried to attract attention and engage with the public by using well-known and popular figures to advocate their cause. These projects can be a valuable part of a carefully planned advocacy campaign (Boxes 20, 21).

Box 20. Women free from smoking Campaign (UKRAINE)

Background

The transnational tobacco industry started to operate in Ukraine in the early 1990s and gradually came to dominate the market. Today it controls 97% of the market⁸². The industry poured resources into attracting new customers through advertising and promotion. Women became a major target. Between 2000 and 2005, smoking rates among women almost doubled in large urban areas and increased threefold in rural areas⁸². In 2000, 10% of women smoked⁸³; five years later this had increased to 20%.

How it works

The Women Free from Smoking campaign was started as part of the national coalition For a Smoke-free Ukraine. The campaign was launched in 2009 and addresses both legislative change and awareness-raising events. The following publicity events have already taken place:

- Deadly Pink Death: male celebrities approached women in the street asking them to give up smoking, followed by a “dance of death” with dancers in pink costumes and death masks (Fig. 12)⁸⁴.

Fig. 12. Deadly Pink Death campaign, Ukraine, 2009.



- You are a flower. Take care of yourself! was launched on International Women's Day, 8 March 2010, in Kiev and other areas. Street theatre performances drew the attention of policy-makers and the public to the need for a comprehensive law to ban all tobacco promotion. The performances were also an appeal to women: stop smoking or don't start. Four well-known Ukrainian artists (three singers and one dancer) painted 16 out of 100 flowers with black paint to represent the 16% of women living in Kiev who smoke. For two hours the celebrities approached women passers-by suggesting that they make a choice between the "dirty" flower and the "healthy" one (Fig. 13).

Fig. 13. You are a flower. Take care of yourself! campaign, Ukraine, 2010



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Box 21. Famous People against Smoking (RUSSIAN FEDERATION)

Background

The Campaign for Tobacco-Free Kids and the Russian Anti-tobacco Coalition initiated a project drawing public attention to the problems of smoking in public places and tobacco advertising and promotion targeting women.

How it works

On 8 March, International Women's Day, Russian celebrities congratulated women in 20 specially-made videos, appealing to viewers not to smoke in public places. The celebrities presented their videos at a press conference on 10 March. The ceremony was opened by a deputy of the State Duma of the Russian Federation. This opening was the launch of a big

project that aims to unite many famous people in their struggle against tobacco.

The press conference received wide coverage in the national and regional print media (over 30 publications) and was discussed in blogs and video messages broadcast on the internet.

Other organizations have expressed a wish to collaborate in the project. They include Yakhnich Motorsport - the first Russian women road racing team, the Kaluga regional public organization on advocacy of healthy life, the Department of Rospotrebnadzor in Irkutsk region, and the Internet project "Smoke-free streets".

Lessons learned

It would be useful to develop a pool of new public figures as tobacco control advocates who are ready to make public statements in favour of strong tobacco control legislation.

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Recommendations

Tobacco control messages need to be sensitive to gender, culture and age group. In accordance with Article 12 of the WHO FCTC, the following recommendations should be considered.

- The use of new digital media (for example, Facebook, MySpace, Youtube and Twitter) should be considered in tobacco control programmes, especially those targeting girls and young women.
- Women and gender experts should be involved and consulted in developing gender-specific information and counter-advertising messages.
- Tobacco educational programmes and materials should avoid stigmatizing women and pregnant smokers.
- Effective gender-appropriate training and awareness programmes should be implemented in relation to health care workers, community workers, media professionals, educators and decision-makers.
- Health education messages should empower women and portray freedom from tobacco as a woman's right, countering the tobacco industry's false portrayal of smoking as a symbol of female empowerment.

Advertising, promotion and sponsorship (Article 13 and Guidelines)

Section 1 illustrated the magnitude and impact of the tobacco industry's highly skillful marketing to females. In accordance with WHO FCTC Article 13 and Guidelines, a comprehensive ban on advertising, promotion and sponsorship, including across borders, would effectively reduce tobacco consumption and smoking prevalence

among women. The tobacco industry has, however, shown its ability to respond quickly and innovatively to tobacco control restrictions by finding loopholes. For this reason, it is essential that strict and comprehensive bans are placed on the industry across Europe to stop the marketing of its products.

Recommendations

In accordance with the WHO FCTC Article 13 and Guidelines, the following recommendations need to be considered.

- A comprehensive ban on direct and indirect advertising, promotion and sponsorship (including cross-border) should be implemented, including at points of sale, on vending machines and the internet. If this is not possible in a country context, place restrictions at a minimum.
- Misleading or deceptive claims regarding health effects should be prohibited.
- Large, rotating health warnings should be required on all tobacco advertisements, promotions and sponsorship notices.
- Direct or indirect incentives that encourage the purchase of tobacco products should be prohibited.
- The effect of advertising or promotion on packaging should be eliminated by requiring standardized packaging. If this is not possible in a country context, restrictions should cover as many design features as possible.
- Contributions from tobacco companies for "socially responsible causes" should be banned.
- The depiction of identifiable tobacco brands in the entertainment media should be prohibited.
- Research into and monitoring and publicizing of gender-specific marketing tactics should be continued.

Cessation services and support – a tailored approach (Article 14)

Women and men approach cessation in different ways. For example, women are more willing to seek advice and assistance to stop smoking but are often hampered by problems of access to services, such as being constrained by lack of transport, time, child care and other domestic duties⁸⁵.

Traditionally, smoking cessation programmes for women have tended to focus only on smoking during pregnancy. While such

programmes are important, there is a need to develop broader programmes designed to support women in stopping smoking throughout their lives. The following examples describe different types of intervention to help women stop smoking, including managing better health service delivery and the use of innovative techniques to reach pregnant smokers, particularly those who may be coping with social and economic disadvantage (Boxes 22,23).

Box 22. Integrating stop smoking assistance into health services (UNITED KINGDOM – ENGLAND)

Background

Smoking remains the single biggest cause of preventable death in the United Kingdom. It kills over 80 000 people a year in England and is one of the most significant contributory factors to shortened life expectancy,

health inequalities and ill health. In 1997, smoking prevalence among pregnant women was 22% (as measured at delivery); the national aspiration was to reduce this to 15% or less by 2010.

How it works

Health services in every area in England are centrally funded to provide clinical stop smoking services and are required to intervene in pregnancy. National, regional and local campaigns have been undertaken to raise awareness of the support available to pregnant women and of the importance of stopping smoking during pregnancy. Similar campaigns have been aimed at health care professionals (mainly midwives) who work with pregnant women. Whether a pregnant woman smokes is typically determined during the first meeting and at delivery by members of the midwifery team, providing opportunities for a brief intervention and referral to a cessation specialist before and after the child is born.

Lessons learned

Key factors for success are: having a dedicated lead person for smoking in pregnancy

who has good rapport with midwives; strong partnerships with organizations such as children's and teenage pregnancy services; robust training to implement policies such as mandatory brief intervention; a system for identification, referral and follow-up; and managerial support and public health leadership.

Next Steps

The next steps include continued monitoring of the impact of the programme's activities, developing campaigns aimed at health care professionals and families and extending this service to women who are actively trying to conceive.

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Box 23. Working with midwives to inform pregnant women (SWEDEN)**Background**

The Smoke-free Children programme was launched in 1992 by the National Institute of Public Health in cooperation with the Cancer Foundation and the Heart-Lung Foundation for a 10-year period. The main goal was to create an understanding among women that smoking is harmful and that pregnancy is a golden opportunity to stop without making the smoker feel guilty and harassed.

How it works

The programme developed and distributed effective tools for midwives and nurses to use in discussions with parents about providing their children with a tobacco-free start in life. Almost 80% of the antenatal clinic and child health care staff in Sweden were trained.

Simultaneously, public debate focused on preventing young women from starting to smoke and encouraging women to stop smoking not just for their babies, but also for their own health. The issues of smoking during pregnancy and of exposure to second-hand smoke among children received considerable attention in the mass media during these years. When the project started in 1992, 20% of pregnant women smoked; this was cut by half by the time the programme ended. Today, discussing tobacco use is an integral part of maternal health care.

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There is good evidence from a recently updated Cochrane Library review that standard smoking cessation approaches, while successful in helping pregnant women to stop smoking, have only a limited impact with only a 6% increase in the overall number of women stopping smoking⁸⁶. Four trials in the review examined the impact of offering financial incentives in addition to

cessation support. A meta-analysis found that financial incentives paid to pregnant women were significantly more effective than other approaches⁸⁷. The following is another example of an intervention using financial incentives to support smoking cessation for pregnant women on low incomes (Box 24).

Box 24. Offering incentives to pregnant smokers (UNITED KINGDOM – SCOTLAND)

How it works

Give It Up For Baby is an incentive programme supporting smoking cessation in pregnant women. The programme is delivered through a partnership developed between the National Health Service, local authorities and the supermarket chain ASDA. Women from socially deprived communities are offered smoking cessation support, social support and grocery vouchers in exchange for giving up smoking. An incentive of £ 12.50 (US\$ 19.00) per week is paid for every week a pregnant woman demonstrates (through carbon monoxide testing) that she is smoke-free during her pregnancy and for three months after the birth of the infant. The incentive payment is provided by means of a card scheme delivered through an agreement between the local authority and ASDA. Smoking cessation support is provided through community pharmacies and local support groups. Social support is provided by community workers and through activities provided by community development organizations.

Give It Up For Baby uses financial incentives to encourage pregnant smokers from socially deprived communities to engage with smoking cessation services. Women who are eligible for the programme are identified by midwives, local pharmacists and health visitors, and are recruited if they express a wish to give up smoking. Marketing is carried out using a range of methods, including the local media. Recruitment through friendship groups is common.

A community worker makes contact with a woman wishing to take part and is available to provide support during the smoking cessation pathway. Additional support, including free nicotine replacement therapy and one-to-one support from a local pharmacy or from a smoking cessation group, is also provided. The financial incentive is redeemed via a national entitlement card through local ASDA supermarkets, but may not be redeemed against tobacco or alcohol.

Lessons learned

Provision of an incentive caused a marked positive change in engagement by local pregnant women. About 25% of the cohort of pregnant women recorded as smokers by their midwives are now engaged in the scheme, compared to virtually no women registered with other schemes available before this one began. Work with the women engaged in the scheme has provided several insights, including that the incentive provides an excuse to adopt different behaviour from the normative smoking behaviour seen in poor communities. Women also valued the structured support and feeling of belonging to the scheme; indeed, they valued this more highly than the incentive.

Around 350 women have registered with the scheme to date. An interim review of outcomes showed that about 50% of the women have continued their attempts to stop to 4 weeks and about 31% of women have completed 12 weeks of the scheme.

Give It Up for Baby attracted attention from the media when it was first launched. The encouraging degree of engagement by women, and their high levels of success in managing to stop smoking during their pregnancy, have attracted a wide range of stakeholders to express support for the scheme.

Next steps

Further evaluation work is being commissioned to look at the long-term effects of the scheme with the mothers engaged in

it. A parallel scheme, quit4U, has been implemented for disadvantaged communities within the general population of Dundee. The Scottish Government has supported this new scheme and a prospective evaluation has been commissioned.

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Recommendations

In accordance with WHO FCTC Article 14, the following factors are important when considering the specific needs of women in offering cessation assistance.

- Barriers to women gaining access to smoking cessation support, including pharmacotherapies and services, should be identified and addressed. This includes incorporating nicotine replacement therapies into the national essential medicines list.
- Cessation services and self-help materials should be tailored to address women's reasons for smoking and concerns about stopping (such as weight gain and dealing with stress). A life-course approach should be taken, not just a focus on maternal health. The provision of incentives may be a cost-effective option in encouraging women attempting to stop smoking and accessing support.
- Health care providers should always ask about a partner's tobacco use and encourage partners to support cessation during pregnancy and beyond.
- Tobacco control messages in maternal health programmes should not just focus on the health of the fetus but also on the health benefits for the mother, which could support long-term quitting.
- Service managers should be given the capacity to implement system-level interventions to facilitate the effective provision of tobacco cessation services in primary health care settings.

CONCLUSION

As the examples in Section 1 show, the tobacco industry continues to see girls and women as an important market in Europe, particularly in countries where the prevalence of smoking among women is relatively low. Through skilful and successful marketing, it has created a market for female smokers. Globally, as well as regionally, the prevalence of tobacco use among females is steadily increasing. The tobacco industry has taken a tailored approach to targeting women in their campaign efforts, and the tobacco control community must do the same. It is essential to keep in mind gender differences regarding the health consequences of tobacco use and the effects of nicotine and tobacco dependence on women, as well as female-specific reasons for starting to use tobacco and obstacles to stopping. There is a great need to develop a more gendered approach to policies, programmes and services. While the tobacco control community has made important strides in counteracting tobacco marketing (as shown in Section 2), much more needs to be done.

Section 2 uses examples of action taken in Europe to serve as a starting point in providing countries with a guide and ideas about action that could and should be taken. Efforts should continue to sustain the downward trend in male and female smoking seen in many European countries, and to focus more attention on halting and reversing the levels of smoking in girls and women in those countries where it is increasing, notably in the eastern part of the Region.

The WHO FCTC is a powerful legal instrument to help stakeholders (such as policy-makers, health professionals, community leaders, nongovernmental organizations, women's organizations, the media and the scientific community) to translate the "need to take measures to address gender-specific risks when developing tobacco control strategies" into action. The WHO FCTC acknowledges that the right to health is a human right for women and girls. Approaching tobacco control with a gender equality framework is, therefore, key to achieving the goals of the Treaty.

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