



Taking Texas Tobacco Free (TTTF)



Agenda



- Patterns of women's use
- Sex, gender and tobacco
- Meanings of smoking to women
- Reproductive health issues
- Gender specific intervention approaches
- Additional resources





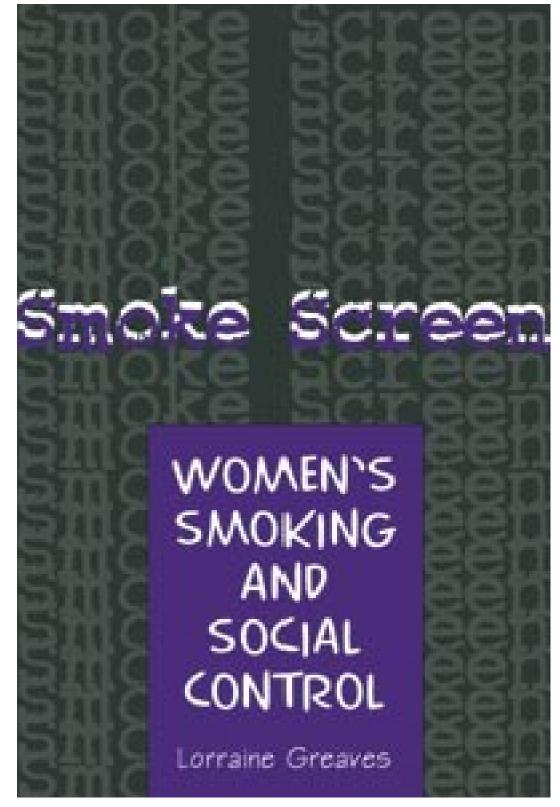






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Historical patterns of women's tobacco use



- Men began to smoke first, and women's smoking was socially disapproved
- Hence, smoking-related diseases such as lung cancer and heart disease were first understood as men's diseases
- Women's smoking was only of interest with respect to pregnancy and the impact on fetal growth until about 1980
- By 1990s, feminist activists began to insist on more research, treatment and health promotion designed for women and girls as a group
- Tobacco use has moved from high-income to low-income countries, with women being targeted as consumers, growers, and factory labor

Women and tobacco requires a tailored approach

- 1.Sex and gender both matter to understanding women's tobacco use, intersecting with age & culture
- 2. Impacted by social context such as
 - poverty
 - intimate partner violence (IPV)
 - trauma
 - peer & partner influences
 - mental health issues



Sex and gender affect tobacco use



Sex-related factors:

- biological responses to nicotine
- female patterns of dependency
- responses to nicotine replacement therapy (NRT)
- exposure to second-hand smoke

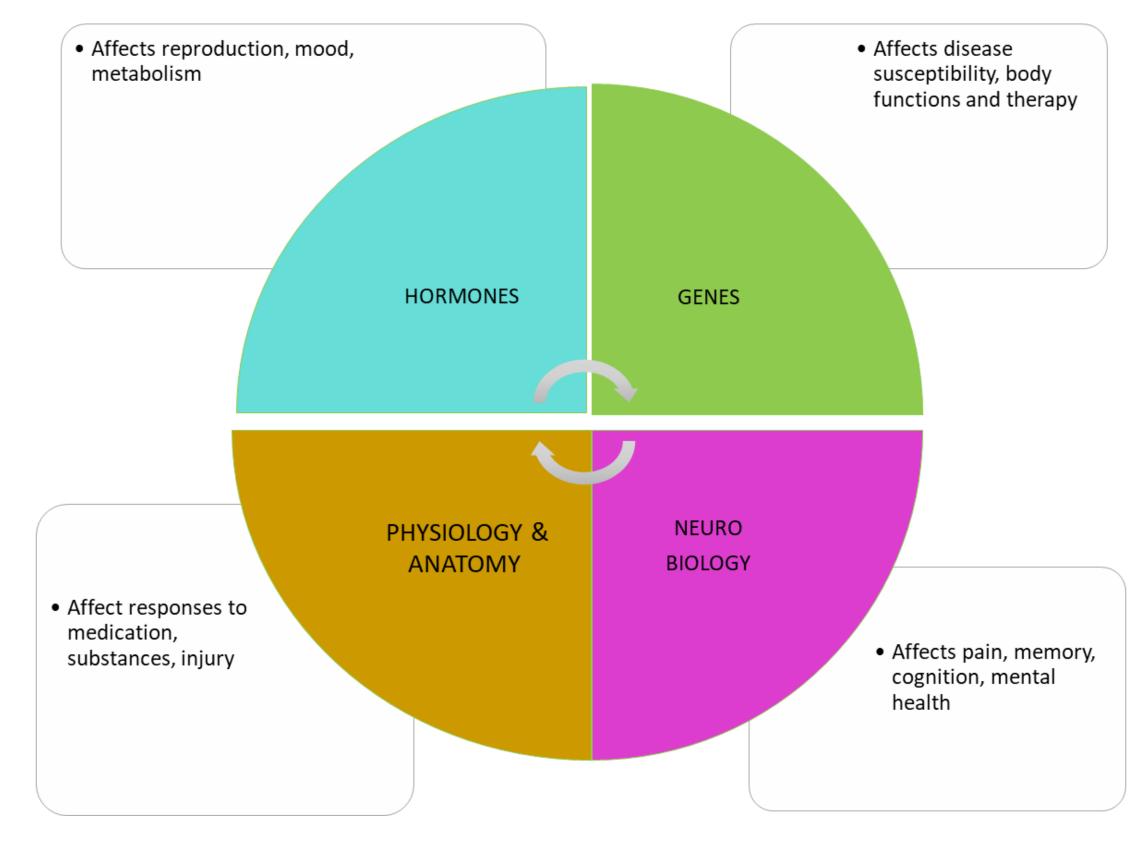
Gender related factors:

- influences of women-oriented marketing
- product development for women
- responses to socioeconomic pressures on women



Sex is multi-dimensional

Components may change (or be changed) over the life course

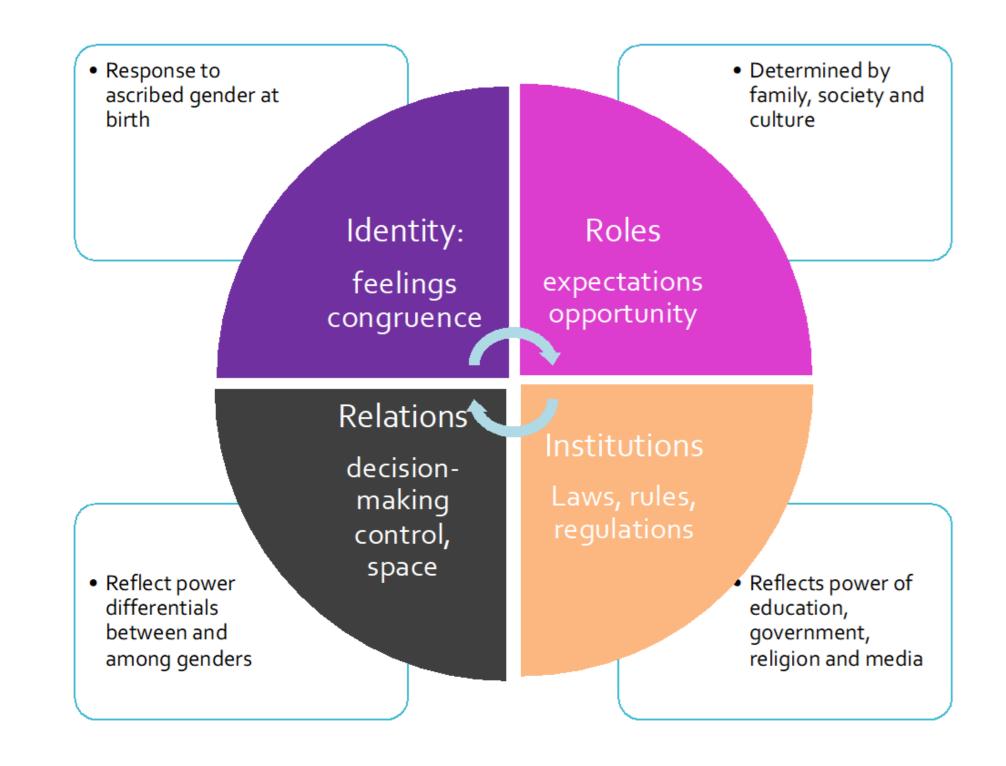


Adapted from: Greaves, L. and N. Hemsing, Sex and Gender Interactions on the Use and Impact of Recreational Cannabis. International Journal of Environmental Research and Public Health, 2020. 17(2).



Gender has many components

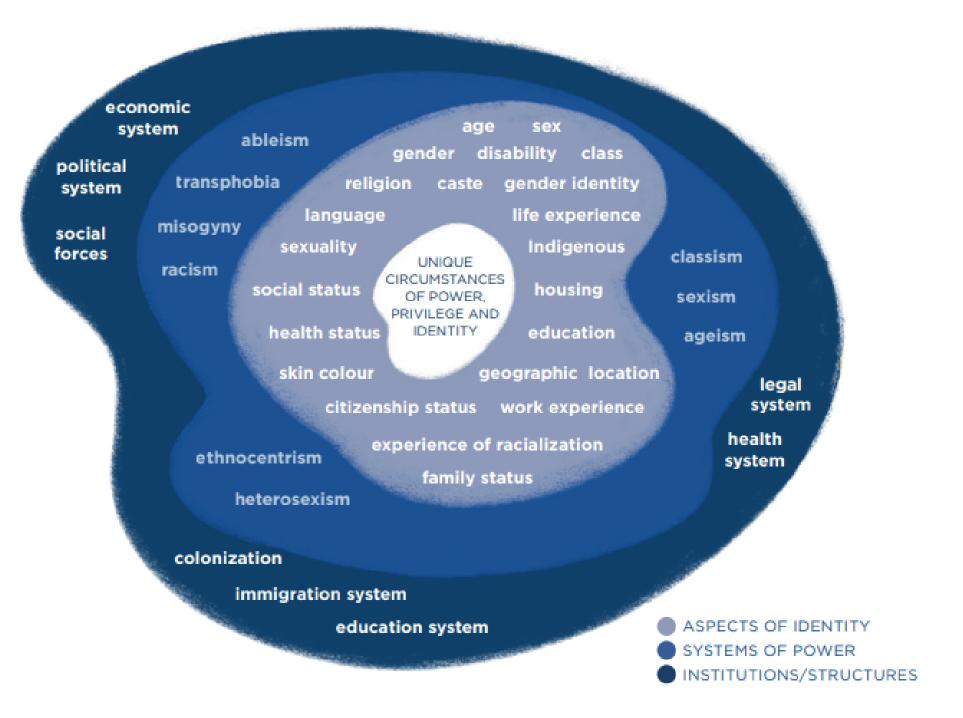
intersecting and interacting with sexual orientation, race, ethnicity, culture, SES...



Adapted from: Greaves, L. and N. Hemsing, *Sex and Gender Interactions on the Use and Impact of Recreational Cannabis*. International Journal of Environmental Research and Public Health, 2020. **17**(2).



Dimensions of Diversity Sex and gender interact iteratively, and with diversity, experiences, and environments...



CRIAW-ICREF (2021) Feminist Intersectionality

Context & Experiences Matter



Violence and trauma

- links to IPV, sexual assault and childhood sexual abuse
- Adverse Childhood Experiences (ACEs) positively related to smoking

Peer, partner and household influences

peer social relations, partner dynamics, environmental factors

Poverty

- income & education inversely associated with smoking Mental health issues
 - majority of those with MH diagnoses smoke



These factors add up..



Trauma and re-traumatization from

- Refugee experiences or natural disasters
- Poverty and unemployment
- Gendered violence, rape, sexual assault, domestic violence
- Discrimination, stigma, homophobia, sexism, racism

Can lead to

- Co-occurring alcohol and drug use
- Co-occurring mental health issues

Reproductive Issues



Preconception

involves both sexes, and is a planning opportunity

Pregnancy

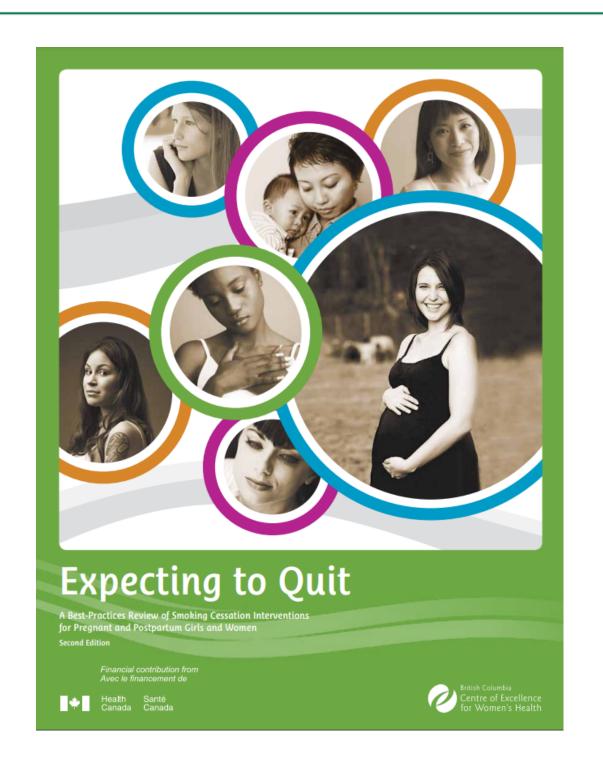
 women's centric or fetus- centric approaches

Post partum

relapse prevention is essential

Breast feeding

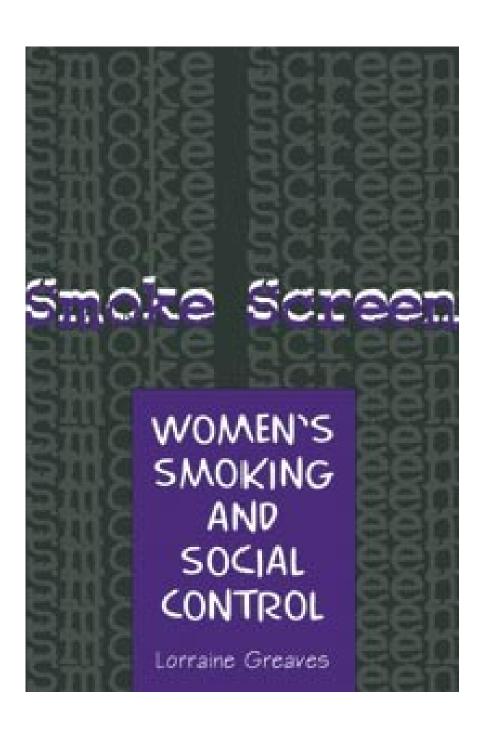
linked to maintenance of cessation



What does smoking mean to women?



- 1. Organizing Social Relations grease for social interactions
- 2. Controlling Emotions suppressing negative emotions such as anger, shame and fear
- 3. Creating an Image following fashion, advertising, trends
- 4. Dependency using cigarettes as friends, crutches and solace
- 5. Identity Formation forming rituals, rites of passage, social cohesion



Gender specific intervention approaches



Seek	Adopt	Recognize	Integrate
Seek sex and gender specific evidence for prevention and treatment	Adopt a trauma informed approach	Recognize the social determinants of health	Integrate harm reduction into tobacco treatment



Sex and Gender

Provide information on both biological and social issues affecting tobacco use in women and girls.

Trauma Informed

Recognize that tobacco use may reflect experiences of trauma

Harm Reducing

Suggest ways for people to improve their overall health and reduce the harms of tobacco use.

Equity Informed

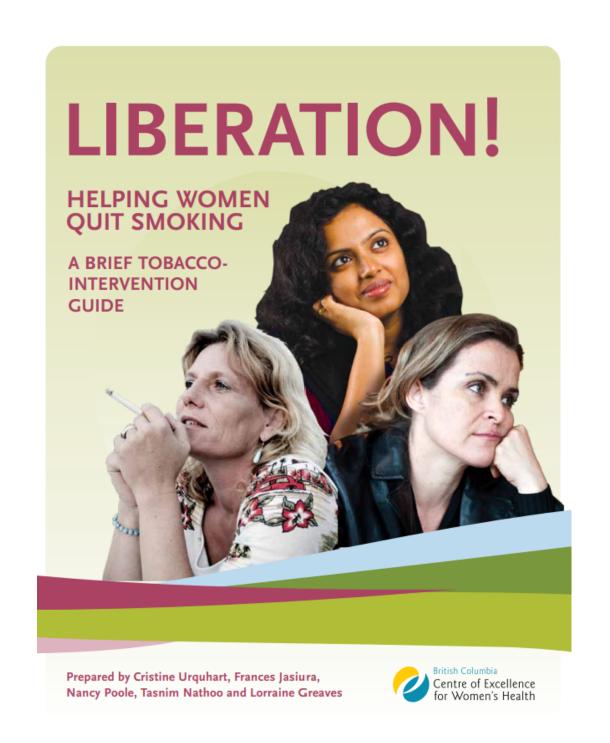
Actively help women to address gender inequity and barriers to health such as poverty, housing and other social determinants.

How does this work?



- Tailor your approach to women
- Build confidence and increase motivation
- Use decision tools, building on strengths
- Recognize the meanings of smoking
- Recognize connections to trauma
- Integrate social justice issues
- Provide holistic and comprehensive care

Engage, Guide, Plan



Quitting can be a long journey, and needs a plan



- Reduction or cessation?
- Relapses and rewards
- Fading and cravings
- Utilizing nicotine replacement therapy
- Steering away from e-cigarettes
- Referral to support for psycho/social issues
- Practical assistance for childcare, dealing with violence, making changes in housing
- Changing social circles, anticipating losses
- Adjusting identity from smoker to nonsmoker

Some questions to pose



What would your life need to be like to be a non-smoker?

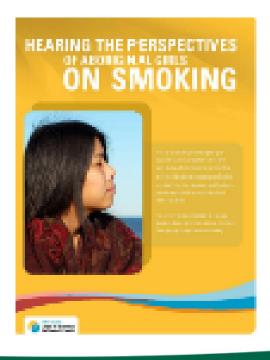
What would you gain, or lose?

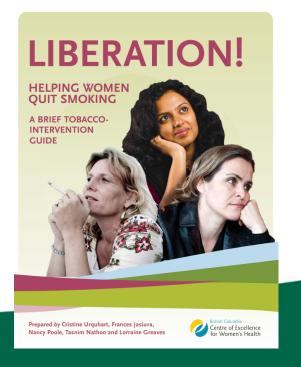
What could get in the way?

What do you need?

Who can help?



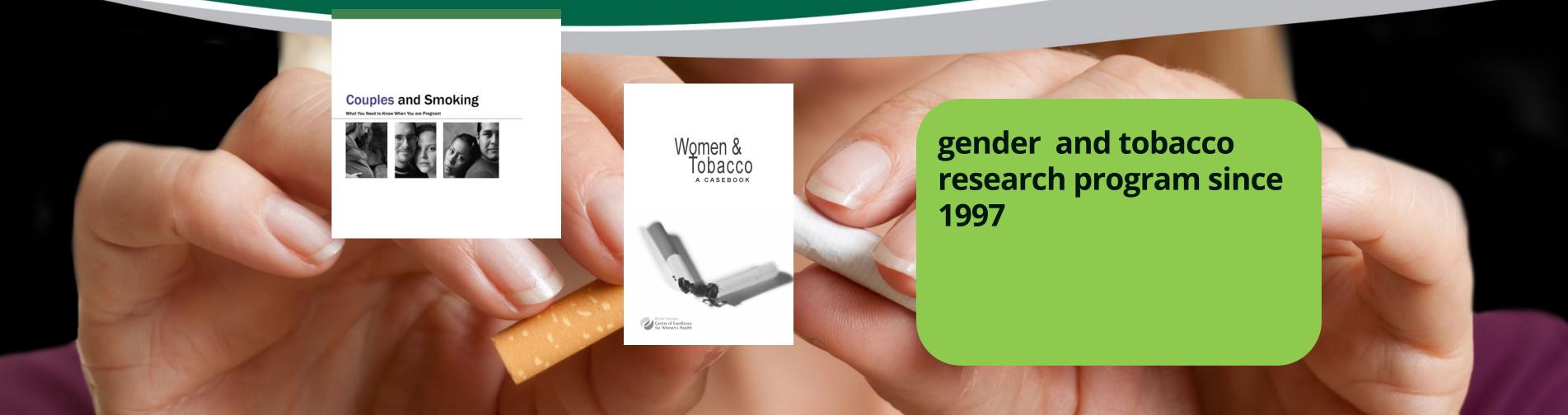






Centre of Excellence for Women's Health in Vancouver, Canada





Resource list



Resources:

Centre of Excellence for Women's Health (2020). Sex, Gender, Nicotine and Tobacco [factsheet].

Centre of Excellence for Women's Health (2019). Sex, Gender & Vaping [factsheet].

Nathoo, T., Poole, N., & Greaves, L. (2013). Women and Tobacco: A Casebook. Vancouver, BC: British Columbia Centre of Excellence for Women's Health.

British Columbia Centre of Excellence for Women's Health (2008). Couples and Smoking: What You Need to Know When You are Pregnant.

De Finney, S., Janyst, P., & Greaves, L. (2009). Aboriginal Adolescent Girls and Smoking: A Qualitative Study. Vancouver, B.C.: British Columbia Centre of Excellence for Women's Health.

Reports:

Urquhart, C., Jasiura, F., Poole, N., Nathoo, T., & Greaves, L. (2012) Liberation! Helping Women Quit Smoking: A Brief Tobacco-Intervention Guide. Vancouver, BC: British Columbia Centre of Excellence for Women's Health.

Greaves, L., Poole, N., Okoli, C. T. C., Hemsing, N., Qu, A., Bialystok, L., & O'Leary, R. (2011 Expecting to Quit: A best practices review of smoking cessation interventions for pregnant and post-partum women (2nd ed.). Vancouver, BC: British Columbia Centre of Excellence for Women's Health.

Articles:

Greaves, L., Poole, N., Hemsing, N. (2019). Tailored Intervention for Smoking Reduction and Cessation for Young and Socially Disadvantaged Women During Pregnancy. Journal of Obstetric, Gynecologic & Neonatal Nursing, 48(1), 90-98.

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Hemsing, N., Greaves, L., Poole, N. (2015). Tobacco Cessation Interventions for Underserved Women. Journal of Social Work Practice in the Addictions, 15(3), 267-287.

Greaves, L. and N. Hemsing. (2020), Sex and Gender Interactions on the Use and Impact of Recreational Cannabis. International Journal of Environmental Research and Public Health, 17(2).

Books:

Greaves, L., (1996), Smoke Screen: Women's Smoking and Social Control. Halifax, NS: Fernwood Publishing.



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INTERESTED IN JOINING OUR PROJECT?

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Evaluation Survey



https://tinyurl.com/tttfvideoevaluation