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WOMEN AND SMOKING

What you need to know.



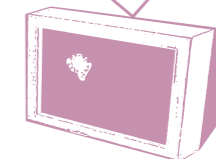
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THE FACTS

- Smoking is the sole risk factor in about 30% of heart diseases.
- Heart attacks, strokes, and circulatory problems are more common in women smokers than in men. As well, the risk of developing heart diseases while on birth control pills is several times greater for women who smoke; the risk becomes especially significant after 35.
- Lung cancer is the leading cause of cancer deaths in women, having surpassed breast cancer deaths in 1987. Smoking causes 87% of all lung cancer cases.
- Women smokers have an increased risk for other cancers, including breast, mouth larynx, esophagus, pancreas, kidney, bladder and cervix.
- Chronic Obstructive Pulmonary Disease (COPD), the fastest growing disease category in the developed world, is the fourth leading cause of death in Canada. Smoking causes 80 to 90% of COPD cases. Most sufferers are middle-aged women who smoke or have quit.
- Cigarette smoking increases the risk for infertility, pre-term delivery, still births, low birth weight and Sudden Infant Death Syndrome (SIDS).
- Post-menopausal smokers also show lower bone density and an increased risk for hip fractures.

THE ROLE OF ADVERTISING AND THE MASS MEDIA

The reality for women is that those with the best education, best jobs and the most independence are the least likely to smoke. Still, for those women who smoke, nothing perhaps has more effectively glorified smoking and influenced them to smoke than advertising and the mass media. While such factors as being with family members who smoke and the need to gain peer acceptance have doubtless exerted an influence, advertising along with television and the movies have comprised the greatest catalysts throughout the years.



Women have been targeted by the tobacco industry as early as the 1920s, when smoking was marketed as a “torch of freedom,” something that every woman had the right to enjoy as man’s co-equal. In time, smoking came to mean more things: a habit one developed at fashionable socials, a substitute to sweets for the weight-conscious, a privilege to enjoy for doing men’s jobs during the war, a well-deserved break for the “housemom,” a badge of emancipation.

Indeed, throughout the decades, television and the movies have portrayed women who smoke in powerful ways: as glamorous and liberated individuals who are hip to the ways of the world, as successful career pros who are men’s co-equal at home and in the boardroom. Add to that the myth that advertising has successfully fabricated: Lighting up as an effective way of losing weight and keeping trim. No wonder then that many women still believe the “image” and start smoking.

SMOKING & PREGNANCY

Smoking and pregnancy make an especially dangerous combination. If a pregnant woman smokes, so does her baby.

Tobacco smoke contains carbon monoxide, a poisonous gas that easily crosses the barrier between mother and baby through the blood stream. Carbon monoxide deprives both the mother and the unborn child of vital oxygen by replacing oxygen in red blood cells.

Nicotine adds to the damage caused by tobacco smoke by narrowing the blood vessels in the placenta. Like carbon monoxide, nicotine crosses into the baby's blood, further decreasing the baby's oxygen level as well as affecting its food intake in the womb.

Before birth, a baby's breathing is largely dependent on its mom's. However, this doesn't prevent the baby from practicing moving its chest wall muscles long before it is born. Recent studies have shown that, when a mother smokes, the baby almost immediately stops exercising its chest muscles, resuming only when the mother stops smoking. Frequent interruptions to this baby activity have been associated with stunted fetal growth and development.

Smoking is the single most preventable cause of illness and death in fetuses and of death in pregnant women. It has been found that women who smoke during pregnancy are more likely to miscarry, give birth prematurely, and bear underweight and sickly babies. The good news: women who never smoked or who quit have easier pregnancies with fewer complications, easier labour and delivery, faster recovery and healthier, happier babies.



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WHY BABIES AND CHILDREN ARE MORE VULNERABLE

Babies and young children have small lungs and very tiny airways, making them especially vulnerable to smoke. Breathing in smoke can make their tiny airways contract, become even smaller, and possibly get blocked. Babies and young children breathe faster than adults; thus, they inhale more air volume—and more pollution—relative to their total body weight. Because many of their lungs' defenses have not yet fully developed, they are at greater risk for lung infection and diseases.

Babies and children whose parents smoke have a higher rate of pneumonia and bronchitis. They are also more susceptible to ear infection and flu. It is crucial that mothers quit smoking not only while they are pregnant but also during lactation because nicotine is transmitted to the baby during breastfeeding.

PARENTAL INFLUENCE ON CHILDREN

Studies show that children whose parents smoke have a greater propensity to also develop the addiction. This is especially true of daughters who saw their mothers smoke while they were growing up—something researchers are increasingly attributing to that special bond that exists between mothers and daughters.

But even if the children of mothers who smoke never smoke themselves, their mothers should consider that about 3,000 Canadian children under 12 lose a parent each year to tobacco-related disease. Additionally, parents who smoke increase their child's risk for developing tobacco-related disease even if the child does not smoke.

HELP IS AVAILABLE TO WOMEN SOMKERS

Butting out may be one of the toughest challenges there is, testing one's resolve, courage, discipline and commitment. But it may also be one of the most significant that women can do for themselves and the people they love. Since it's never too early or too late to give up smoking, the best time to quit is right now.

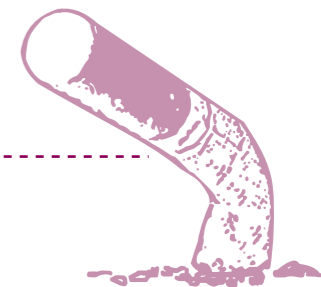
Most health units/communities have programs purposely to help women make the transition to a healthy, smoke-free life. Some even have programs designed just for pregnant women who want to quit. A community health nurse or regional tobacco reduction coordinator can also provide appropriate referrals and materials.

Alternatively, the BC Doctors' Stop Smoking Program assists patients and provides support through discussions, counseling, and print materials on quitting smoking. Call toll FREE 1-800-665-2262.

In addition, the BC Lung Association offers a wealth of resources:

- www.quitnow.ca is an online cessation program.
- "Freedom from Smoking" is a self-help booklet, while "I Quit—How to Stop Smoking" is a video depicting one man's admirable struggle to kick the habit. Both are available for purchase.
- Individualized support and print materials.

As well, there's *Quitnowbyphone*, the BC Smokers' helpline available 24/7, toll FREE @ 1-877-455-2233.



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