

Women and Nicotine

By Barry McMillen, MA

I promise to bring romance into my life, to kiss negativity good-bye, and love the dawning of each new day.

Women of any age could make this daily affirmation. After all, the message is good and it appears to be sound thinking. You may find it hard to believe that this statement was found in a Virginia Slims cigarette advertisement in a popular magazine.

You may have seen similar cigarette advertisements in various publications. This particular Virginia Slims ad appeared in 21 women's magazines including Vogue and Cosmopolitan. The Society for the Advancement of Women's Health Research has asked magazines to drop these types of tobacco ads. You may wonder, "What's the big deal, tobacco use is a personal choice, right?" At least this is the message the tobacco companies have been promoting for so long. Actually, it is a big deal and especially for women. Here's why.

The "why" of the tobacco/women interaction involves many issues. Of primary significance are the reports indicating that women have more difficulty quitting smoking. One of the reasons given is that women become more psychologically dependent and experience more intense withdrawal symptoms.

The Hazelden Foundation reports that women are more likely to relapse, that is to begin smoking again after quitting, than men. There are several reasons for this disparity: one is a difference in sensitivity and tolerance depending on gender; the other is that women experience greater withdrawal distress than do men.

Women have a 70 percent relapse rate while men have a 58 percent rate. Physiological factors involved include the unique female biological processes, including the menstrual cycle, pregnancy and menopause, which influence cessation attempts.

Some of the problems arise during the menstrual cycle, and center

around the luteal (ovulation to day prior to menses) and follicular (day 1 of menses to day 15) phases. Findings indicate that women who attempt to quit are more successful if their attempt is coordinated with the follicular phase. Therefore, a woman's menstrual cycle should be considered when selecting a quit date.

Pregnancy poses difficulties which have yet to be identified, but it is known that women who quit during pregnancy have a relapse rate of 70 percent at one year after delivery.

Little data is available concerning menopause other than that peri-

menopausal and menopausal periods, in all likelihood, present challenges not experienced in other life cycles.

That first cigarette

The initiation process and how this differs between genders is also a factor. Around the ages of 11 to 13, the initiation and experimentation stage, young boys smoke and do it in a daring and courageous manner. They do it with a spirit of conquest or competition with their friends.

In contrast, the young girls smoke out of fear of being rejected, losing their newly smoking boyfriends, and being ridiculed or unable to start a social life. Girls also learn very quickly that cigarettes are a way of looking more mature and becoming the model of seduction so widely found in advertising today: women must be thin, confident and elegant to be desirable and succeed.

After this stage, young people internalize their needs and progress on a more or less equal basis. The group peer pressure diminishes, individualization increases and dependence is created by the pharmacology of nicotine and habitual behavior.

The tobacco industry, with its massive research on human behavior, is very timely in their realization of the marvelous advantage in capitalizing on the value of messages concerning seduction through products that were focused on the feminine aspect and are attractive to young women who wished to perfect their image.

Damage done by nicotine

The physical consequences of tobacco use are great. The lung cancer death rate for women has increased by over 400 percent during the last 30 years and has surpassed breast cancer as the leading cause of cancer death. In addition to the lung cancer risk, women also face the increase risk of cervical cancer. Emphysema is a risk shared equally between men and women in that smokers of both genders are 10 times as likely to die from this disease.

A 12-year study of 25,000 men and women found that women smokers have a 50 percent higher risk of heart attack than male smokers. There is some evidence that there is interaction between nicotine and hormonal factors, especially estrogen levels.

The good news is that all smokers, regardless of being male or female, can reduce their chances of a heart attack by 50 percent within the first year of quitting.

Pregnancy is another concern for women smokers. Tobacco and alcohol pose greater dangers to unborn children than crack cocaine, and the resulting conditions are untreatable. Approximately 18 to 20 percent of pregnant women smoke throughout their pregnancies, and this behavior is probably the most important preventable cause of poor pregnancy outcomes in the United States. Tobacco use is associated with an increased risk of miscarriage, stillbirth, preterm delivery and infant death.

Treatment

It is difficult to realize that something so devastating and damaging as nicotine addiction is going virtually untreated in this country. Healthcare is reluctant to spend more on tobacco cessation programs, and HMOs provide little if anything to help members.

Nicotine replacement therapy is proving ineffective if not accompanied with some form of behavior therapy. Moreover, women's special needs will have to become a focal point in tobacco cessation programs if they are to be effective.

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