

A History of Women and Smoking

by Phyllis Marie Jensen

Les campagnes publicitaires sur la cigarette qui s'adressent aux femmes promettent liberté, libération et minceur. Conséquemment, pour elles, le tabagisme est devenu leur principale forme de dépendance et les maladies attribuées au tabagisme sont devenues une cause majeure de décès prématuré

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chez les femmes. Ironiquement, à cause des effets positifs et instantanés que la cigarette procure, les fumeuses ont de la difficulté à imaginer qu'à long terme leur santé se détériore.

Male images come to mind when I think of pipes, snuff, chewing tobacco, and cigars, and not surprisingly, for during the past 500 years that tobacco, the sacred plant of Aboriginal people, has been commercialized, smoking has been mostly a male habit. At the beginning of the 20th century, some women did smoke. Appalachian mountain women were known to smoke corn-cob pipes. Some intellectual and Bohemian women smoked small cigars. Some "genteel maidens" smoked colourful, gold-tipped, imported Russian cigarettes, and some factory girls were known to use snuff, but their numbers were very few (Gritz 492). Public opinion was against women smoking. Tobacco was reported to "put a mustache on a woman," and to "cause insanity" (Gritz 492). Smoking was thought "vulgar," a sign of "loose morals," the very worst thing that could be said about a woman for it reduced her chances to marry at a time when marriage was considered the only true occupation, and jobs for women were scarce (Berger 55). Not only was smoking a social sin, in some American school districts, smoking was grounds for dismissal of women teachers, but not for men (Ernster). There were even local and regional laws forbidding smoking by women in public (Howe). In 1904 in New York, a woman was arrested for smoking in an automobile (Ernster).

During the First World War, machine-made cigarettes were distributed free at military canteens, and included in the daily ration of soldiers, so many became addicted. Made from a new strain of tobacco, cured by new methods, and liberally dosed with new additives, the new, machine-made cigarette had a milder smoke that could be inhaled into the lungs. It was cheaper to produce, faster to

smoke, and capable of delivering more actual smoke per ounce of tobacco than pipes or cigars. And it gave a bigger "hit" of nicotine, the addictive drug. Tobacco companies spent millions of advertising dollars exploiting the image of the brave, smoking soldier to erase the previously effete, low class image of handmade cigarettes (Sobel). And it worked. Cigarette sales to men increased dramatically. Some women war workers took up the habit, and women in men's jobs began to smoke, so by 1920, five per cent of cigarettes were smoked by women (Ernster).

Looking to increase their profits, tobacco companies eyed women as a lucrative new market, but first, they had to change public attitudes against women smoking. For this purpose, Dr. Brill, a psychoanalyst, was hired. He reported that women saw cigarettes as symbols of freedom, a sign that they were their own person, that they had gone beyond society's narrow roles for them. Thus, liberation and freedom became central themes in advertising directed at women. Although suffragettes personified the liberated image of women, less controversial, more acceptable celebrities and heroines, like Amelia Earhart, the aviator, well-known singers, actors, and women physicians were hired to endorse cigarettes in advertisements (Sobel). Attractive debutantes were hired to smoke in public, and tobacco companies financed social events and gala balls decked out in industry colours. Today, tobacco companies finance and promote theatre productions, fashion shows, and sporting events with industry designs and colours prominently displayed.

So successful has been the freedom/liberation campaign of cigarette advertising that tobacco companies still use it to capture the adolescent market. But, today there is a slight twist in the message. A typical Virginia Slims advertisement in imported American magazines, features a fashionable, super-thin Caucasian woman holding a cigarette. In the background are historical scenes of women in labour-intensive, domestic chores. Fun is poked at the misfortune of those who "dared to smoke in the cruel male-dominated world at the turn of the century" (Magnus 342). The same advertisement for women of colour omits the historical vignettes because opportunities and changes in their social position are not as evident.

Smoking to control body weight was first promoted in the 1920s by a tobacco company executive who got the idea from his wife. Complaining to her physician of difficulty handling her children, he advised her to smoke cigarettes to settle her nerves (Sobel). This was common medical and folk advice of the period, suggested even in prestigious medical journals. Smoking before dinner, she found cigarettes killed her appetite, and she lost weight. The time was the Jazz Age when thin was a measure of a woman's social worth, and self-esteem, and the tobacco

companies exploited this to an extent that would not be possible today. However, such advertisements are no longer necessary because the idea of smoking as a form of weight control has become folk knowledge. Today, it is the major reason given by adolescent girls for starting to smoke (Charlton and Blair).

One advertisement showed a beautiful, slim woman standing next to an obese woman with the slogan "When tempted to overindulge reach for a Lucky (cigarette) instead" (Sobel 101). Other advertisements portrayed well-known, thin, beautiful actresses who advised readers to "Light a Lucky and you'll never miss sweets that make

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you fat" (Sobel 101). There was a grain of truth in these messages because nicotine does quell hunger pangs temporarily. However, the relationship between body weight and smoking is neither simple nor direct. Generally, smokers tend to weigh less than non-smokers, but light smokers weigh as much as non-smokers, moderate smokers are the thinnest, and heavy smokers are often obese. The reasons for these differences are not yet fully understood (see Klesges *et al.*, Wack and Rodin). What is known is that the amount smoked is not a matter of conscious choice, but a result of how fast the body processes nicotine (Hatsukami *et al.*).

Touting freedom, liberation, and weight control, cigarette advertisements made their mark. Within a generation a third of the women in the United States were smoking (Ernster). There are no early figures on the number of women smoking in Canada. In 1966, two years after the release of the American Surgeon General's report on the negative health consequences of smoking, 54 per cent of Canadian men and 32 per cent of women were smoking (Millar, 1988). Twenty five years later, in 1991, an equal percentage of Canadian men and women were smoking cigarettes (26 percent) (Millar, 1992). Women have been quitting smoking at a slower rate than men (see Coombs, Burns, Gordon *et al.*, Orlandi), and a greater percentage of adolescent girls have been starting (Waldron *et al.*). In 1991 in Canada, 20 per cent of girls aged 15 to 19 years were regular smokers compared to 12 per cent of boys (Millar, 1992).

There are provincial differences in the numbers of women smoking with Quebec (33 per cent) having the highest percentage and British Columbia (24 per cent) the lowest (National Clearinghouse on Tobacco and Health). In the Northwest Territories the figures are much higher: 39 per cent of non-Native women, 65 per cent of Dene

women, 77 per cent of Inuit women (Toronto Star). Here too, the percentage of adolescent girls smoking is one of the highest in the world: non-Native girls, 44 per cent, and First Nation girls: Dene, 62 per cent, Metis, 62 per cent, Inuit, 73 per cent (Millar, 1989).

The slogan "You've come a long way baby," is a more accurate description of the financial fortunes of tobacco companies than the liberation of women for smoking-related diseases have become the leading cause of premature death of women. In Canada one woman dies every 35 minutes from a smoking-related disease (Greaves, 1993). In 1993, lung cancer took the lives of 5,300 Canadian women. Lung cancer has a 20 year development stage, and a high mortality rate. And in recent years there has been a significant decrease in the relative survival rate for women with lung cancer as few live five years beyond diagnosis (Statistics Canada). The same year, 5,815 Canadian women died from other cancers linked to cigarette smoking: oral cavity, esophagus, larynx, bladder, pancreas, ovary, and cervix (see Statistics Canada, Stellman and Garfinkel, Morin *et al.*, Franks, Freenberg, Winkelstein). In total, 11,115 women in Canada died prematurely in 1993 from cancers related to cigarette smoking, making it the leading cause of death of women in this country (Statistics Canada). Many other diseases are also linked to cigarette smoking with incidence rates for women rising in recent years: heart disease, strokes, chronic bronchitis, emphysema, and osteoporosis.

There are also less well-known, negative effects from short-term smoking that show up in disturbances of the menstrual cycle and reproduction (Rosenberg). Pregnant women who smoke are more likely to miscarry, to have stillborn babies, low birthweight babies, and babies who die from sudden infant death syndrome. Parental smoking has a negative effect on small children with large numbers of asthma cases and other serious respiratory ailments linked to second-hand tobacco smoke (Chollat-Traquet). Eleven year old children of smokers are shorter, with a smaller head circumference, and have an increased probability of lung disease and cancer when they reach adulthood (Royal College of Physicians and Surgeons).

Given the negative health consequences of smoking, it is difficult to understand why one quarter of women in Canada continue to light up every day. The reality is that nicotine is one of the most addictive, powerful, and versatile drugs known. Physicians in the 17th century used tobacco extensively to treat many diseases: toothache, headache, coughs, boils, ulcers, skin disorders, to rid the body of worms, and to cure venereal disease and even cancer (Larson and Silvette). Tobacco was called "God's remedy," and "herba panacea" because of its wide range of effectiveness (Corti 103). It was also called "devil's weed" because of its addictiveness (Berger 25). Today, scientists call nicotine a paradoxical drug because of its unique ability to produce opposite effects. Because tobacco is smoked rather than taken by mouth or injected, the effects produced by nicotine are under the immediate control of

the user, and can be altered moment by moment. Small, shallow puffs provide small doses of nicotine that stimulate, and enable a woman to keep awake, alert, and physically active long after she should be resting. For many, smoking makes it possible to carry the triple load of worker, mother, and wife.

Deep drags from a cigarette provide large doses of nicotine that release B-endorphins, a natural feel-good, made-in-the-body morphine-like hormone that calms and relaxes during periods of stress and anxiety. This enables a woman to control her feelings, to swallow her anger, dampen her rage, and to handle greater amounts of stress. Unlike illegal drugs of pleasure, such as amphetamines, heroin, and cocaine, nicotine does not produce the actual felt effects. Instead, nicotine forces the body to release its own hormones producing a "natural high" where control of thought and physical performance is not lost, but often improved. Thus, it is not surprising that the more stress a woman is under, the more likely she will smoke, and the less likely she will be able to quit. Statistics on the number of smokers confirm this. Women who are unemployed (National Clearinghouse on Tobacco and Health) or victims of violence are more likely to smoke (Greaves, 1990). Women who are poor are 1.6 times more

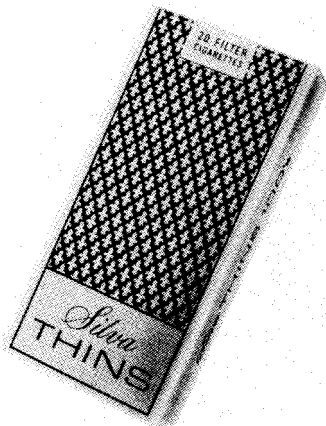
likely to smoke than women with higher incomes (Health Canada). The compound stress of racial and sexual discrimination experienced by Aboriginal women is a likely explanation for their high rates of smoking.

Women readily admit smoking is their way of coping with stress, a rewarding break in a too busy day. They call cigarettes their best friend, and when they quit they go through periods of grief and mourning. Contrary to popular belief, successful cessation is not just a matter of having enough willpower. Quitting requires finding a way of replacing the rewards of smoking with other rewards, of finding healthier ways to get the same effects sought from nicotine. In clinical practice, I have repeatedly seen that when a woman's physical, social, economic, psychological, and spiritual needs are met, even the most heavily addicted smoker is able to stop self-medicating with nicotine. Thus, becoming a smokefree society requires more than making laws against smoking, and making smokers social outcasts. It requires offering supportive programs to help smokers quit, and changes in attitudes towards women. We need to celebrate the beauty of mature women instead of expecting ourselves to look like skinny 13-year-old fashion models. We need to create social environments where liberation and freedom for women are true realities, and not just a temporary chemical "high" from inhaling health-destroying cigarette smoke.

"I'm a Thinner"



Keep in trim and play to win.
That's my way of thinking.
I'm really in to thin.
My figure. My clothes.
Even my cigarette.
Silva Thins 100's.
Long and thin in looks.
Lower in tar than
many filter 100's.
Think about it.



In menthol too.

Silva Thins 100's

Filter: 17 mg. "tar", 1.2 mg. nicotine; Menthol: 16 mg. "tar", 1.1 mg. nicotine av. per cigarette. FTC Report Dec. '76.

Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.

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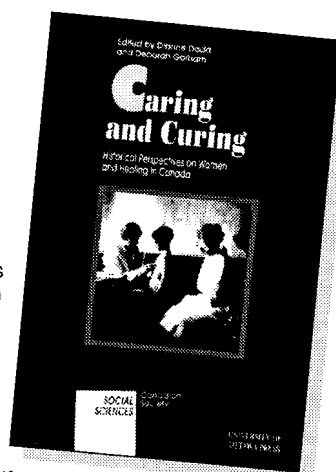
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