Developing a Public Policy Response to the Tobacco Industry’s Targeting of Women and Girls: The Role of the WHO Framework Convention on Tobacco Control

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More than 1 billion people smoke worldwide, and 200 million of them are women. The prevalence of tobacco use among women is rising, as is the tobacco-related disease burden. Recently released tobacco industry documents unequivocally establish that the tobacco industry has made a practice of targeting women and girls for decades in an effort to cultivate what it considers an underexploited market. This article discusses the importance of strategies to limit the growth of the tobacco pandemic and describes the World Health Organization’s Framework Convention on Tobacco Control, which may have important implications for preventing the further spread of tobacco use among women. (JAMWA. 2000;55: 316-319.)

Tobacco use and tobacco-related disease have spread over the course of this century, steadily increasing to reach the present pandemic status. The worldwide numbers are staggering. Today, more than 1 billion people, one-third of the world’s population over age 15, smoke, and tobacco is expected to cause the deaths of 500 million of the world’s current population.1 Globally, tobacco is responsible for the deaths of approximately 4 million people per year, 11,000 per day, and this number is expected to increase to 10 million per year by the mid 2020s if current smoking patterns continue unchecked.2 Hence, if current trends continue, tobacco use will be the single largest cause of preventable death and disability worldwide by the early part of this century.

Globally, more than 200 million women smoke, and tobacco companies have launched aggressive campaigns to recruit women and girls worldwide. By the year 2025, the number of women smokers is expected to almost triple (unpublished data, World Health Organization, 1999). It is urgent that public health leaders and policy makers develop and implement comprehensive strategies to address the epidemic among women and girls.

This paper will briefly describe the increase in the number of women tobacco users and the specific health effects of tobacco use on women. It will then examine a key source of the problem—the tobacco industry’s practice of targeting women—and will outline the possible contribution that the World Health Organization’s Framework Convention on Tobacco Control can make to stem the growth of tobacco consumption among women and girls.

Tobacco Use and Its Impact on Women
For many years, smoking was essentially limited to industrialized nations and to men. Historically, smoking was adopted first by wealthy men, followed much later by upper-class women, and then by the whole population in industrialized nations.3 Recently, this gender gap has diminished. As women’s social and economic independence increased in the last half of this century, so did the number of women smokers.4 In both the United States and the United Kingdom, smoking rates for men decreased at twice the rate of those for women from the 1960s to the 1990s.5,6 The gap has also declined in the European Union countries, and in some nations, notably the Scandinavian countries, there is now almost no difference in smoking rates between men and women.7

Smoking rates also differ among women of different socioeconomic and education levels. In the United States, the less education a woman has, the more likely she is to smoke,8 and female smokers in Britain are more likely to be of lower socioeconomic status.9 Thus, while the gender gap is decreasing, the class gap among women smokers in developing nations is increasing.

Today, developing nations are bearing the brunt of the enormous worldwide increase in cigarette consumption. In many of these nations, where both public knowledge of the hazards of tobacco use and tobacco control policies are limited, the marketing efforts of the tobacco industry have been remarkably successful. An average of 8% of women in developing states smoke, compared to 21% in industrialized nations, making this group an especially tantalizing market for the industry (unpublished data, World Health Organization, 1995). Seven of the predicted 10 million annual deaths from tobacco-related disease are expected to take place in developing nations.9

Few studies have focused specifically on women’s health and tobacco; nevertheless, it is clear that women smokers suffer from the same range of tobacco-related illnesses as men smokers. Lung cancer, heart disease, and chronic bronchitis end the lives of up to 50% of smokers, regardless of gender. Like men, women who smoke are at an increased risk of stroke, ischemic heart disease, and chronic obstructive pulmonary disease. Some health effects of tobacco use, such as increased risk of osteoporosis, are
specific to women.10,11 Smoking has been linked to greater difficulty in conceiving as well as to preterm and lower birthweight infants in women who smoked while pregnant.12,13 Studies of the connections between smoking and the risk of cervical and breast cancer are under way. In addition, evidence suggests that women smokers may be more susceptible to smoking-related lung cancer than are their male counterparts.14

Because the present toll of death and disability from tobacco is a reflection of consumption patterns of 20 to 30 years earlier, the deleterious effects on women will become increasingly obvious. Lung cancer overtook breast cancer as the most common cause of cancer death in US women in 1987.15 This is now true in Scotland as well, and the United Kingdom is expected to follow shortly.8 Lung cancer deaths among women increased 400% in the United States between 1970 and 1990, and the number continues to rise.9 The number of cases of lung cancer in women doubled in the 15 countries of the European Union between 1973 and 1992.16 It is likely that this trend will occur in other countries as well over the next 20 years.17

This trend shows no indication of abating; in most countries the number of adolescents starting to smoke is increasing, and more of them are girls than are boys.7 Daily smoking rates among female high school students in the United States rose by more than 5% in the mid-1990s.18 If current patterns continue, women will catch up to men in tobacco-related mortality and morbidity globally and could surpass them in the next century.

The Tobacco Industry Targets Women
A significant contributor to the increased risk of tobacco-related diseases worldwide is the globalization of the tobacco trade and the transnational tobacco industry’s penetration of markets in developing countries and transitional economies.19 As a consequence of the globalization of the marketplace, major transnational tobacco companies have targeted growing markets abroad—Latin America as early as the 1960s; Asia (Japan, South Korea, Taiwan, and Thailand) in the 1980s; and in the 1990s, Central and Eastern Europe, China, and Africa.

In all these regions, the industry increasingly focuses on youth and women.20 In fact, industry targeting of women as an underdeveloped segment of the market has been the most significant factor in the spiraling trend in tobacco consumption by women.7 Recently revealed documents conclusively establish that the industry has targeted women and girls worldwide. As early as 1950 the tobacco trade journals reported that “[a] massive potential market still exists among women and young adults, cigarette industry leaders agreed, acknowledging that recruitment of these millions of prospective smokers comprises the major objective for the immediate future and on a long term basis as well.”21

As part of their strategy to encourage women to smoke, the tobacco industry first distinguished women from the larger body of current and future smokers. The Tobacco Reporter, a tobacco industry trade journal, summarized the corporate sentiment as,

Women smokers are likely to increase as a percentage of the total. Women are adopting more dominant roles in society: they have increased spending power, they live longer than men. And as a recent official report showed, they seem to be less influenced by the anti-smoking campaigns than their male counterparts. All in all, that makes women a prime target as far as … any alert marketing man is concerned.22

Once they segmented women into a distinct target, the tobacco industry pursued extensive research: investigating women’s behavior; evaluating which lines of advertising would best appeal to them;23 and then designing advertising campaigns, brands, and cigarettes in response. Knowing more about women has allowed the industry to craft its advertising to take advantage of the desires, strengths, and weaknesses in the population and to fuel new trends and create demand in its women targets.6

One major tobacco corporation summarized its task this way: “Develop a clearer understanding of the attitudes, values, and motivations of women today. Understand the impact of social changes in American culture. Identify trends among women as consumers which could relate to lifestyle and purchase behavior. Project future trends and behavior patterns” (Brown & Williamson document no. 300120527-300120531, 1989). In addition, RJ Reynolds described the female target as follows: “With the exception of career women and single women who work to support themselves, all female segments … reacted positively to advertising imagery associated with the following dimensions: intimacy and closeness, tenderness and gentleness, loving, caring, sharing” (RJ Reynolds document no. 50195 3153-3265, 1980).

The tobacco industry has tied smoking to women’s self-image, both in relation to why they start smoking and why they continue. “There is a greater agreement as to how and why women start smoking in the first place. Beyond the easily recognized pressure of peers, women smoke to indicate passage into adulthood and as part of this transition period, to exhibit anti-authoritarian behavior” (RJ Reynolds document no. 50083 7415-7423, 1983). As to why they continue, “to counteract the effects of everyday life, women will look for ways to withdraw and recoup; also we will see more activities and products that provide an escape … but it will also serve as a reward” (RJ Reynolds document no. 50925 3153-3265, 1980). Tobacco manufacturers encourage women to smoke by linking smoking with glamour, beauty, sophistication, and self-reliance, particularly in their ads in women’s magazines.24

A direct result of industry targeting of women was the development of “feminine” brands of cigarettes.25 Capri, Vogue, and Virginia Slims are all almost universally identified as women’s cigarettes and smoked only by women.26 Even more successful was the creation of “light” cigarettes, meaning lower in tar and nicotine. Although marketed as safer than the traditional alternative,26 light cigarettes have been shown to impart levels of tar equivalent to those of regular cigarettes.26,27 Characterizing light cigarettes as safer can keep women from quitting.28

As research produced more and more information about how to most effectively sell cigarettes to women, the industry further segmented them into age, ethnic, and class categories. “There is significant opportunity to segment the female market...
on the basis of current values, age, lifestyles, and preferred length and circumference of products. This assignment should consider a more contemporary and relevant lifestyle approach targeted toward young adult female smokers” (Brown & Williamson document no. ATX040017950-ATX040017951, 1993).

Another industry document continued, “The objective for Project AA is to develop a cigarette brand that appeals to 18-24 year old female smokers. The following provides an analysis of the 18-24 year old female market and the opportunity to address these smokers through a new brand; younger adult smokers are strategically important to RJR’s long-term growth” (RJ Reynolds document no. 50458 5351-5367, 1982).

In another segmentation, the tobacco industry targeted minority American women. The British and American Tobacco Corporation (BATCo), which manufactures Kool cigarettes, noted in 1979 that they were “aware that cultural differences do exist between the races, which tend to create different perceptions even when the same stimulus is used. Kool Molds marketing management has specifically tailored advertising which addresses the nuances inherent in being black in American society today” (Brown & Williamson document no. 676081548-676081596, 1979). RJR collected statistics about “Marketing to Black Women” that noted, “more than 30% of black households are headed by women, [and] there are 5.1 million black women between the ages of 20 and 44, but only 4.6 million black men in that age bracket” (RJ Reynolds document no. 50402 6558-6560, 1983). In November 1999, Philip Morris launched a $40 million campaign promoting Virginia Slims that targeted Asian-American, African-American, and Hispanic/Latina women in the United States. This move outraged public health groups, including the Asian Pacific Partners for Empowerment and Leadership, who called for a boycott of People magazine, a major recipient of Philip Morris advertising (AP Wire, November 10, 1999).

Lastly, women have been divided by class, or as BATCo put it, into “blue-blouse” and “white-blouse” populations (Brown & Williamson document no. 300206255-300206259, 1989). Blue-blouse women are less educated and earn less than their white-blouse counterparts.

Global Strategies for Tobacco Control
The globalization of the tobacco epidemic and the targeting of women in developing and industrialized nations have critical policy implications. Low- and middle-income countries seeking to limit the impact of transnational tobacco corporations may adopt and implement comprehensive tobacco control policies, such as increasing the price of tobacco products and restricting tobacco advertising and sponsorship. At the same time, the populations of industrialized countries will remain at risk unless national tobacco control programs are strengthened and reinforced.

Because many of the challenges of tobacco control increasingly transcend national boundaries, stemming the growth of the tobacco pandemic will require global agreement and action in addition to strengthened national policies. The globalization of the tobacco pandemic restricts the capacity of countries to unilaterally control tobacco within their sovereign borders. National and transnational tobacco control must be addressed in tandem, because in the absence of effective international cooperation, even the most comprehensive national control programs can be undone.

Successes in litigation, the heightened concern of governments worldwide, and the leadership of the new director-general of the World Health Organization (WHO) combined recently to provide an opportunity for meaningful global action against the tobacco pandemic. During the May 1999 annual meeting of the World Health Assembly, the 191 WHO member states adopted by consensus a resolution that paved the way for multilateral negotiations on a WHO Framework Convention on Tobacco Control (FCTC). A record 50 countries, including the five permanent members of the United Nations Security Council and major tobacco growers and exporters, took the floor to pledge financial and political support for the FCTC. This marks the first time that WHO member states have harnessed the organization’s capacity to develop binding international conventions or agreements to protect and promote global public health, and it has the potential to rapidly advance multilateral cooperation and effective action for tobacco control worldwide.

Multilateral consultations on the potential content of the FCTC are well under way. The first meeting of the FCTC Working Group, including delegations from 109 countries representing approximately 92% of the world’s population, took place in Geneva in October 1999, and the second meeting, including delegations from 145 countries, took place in March 2000. Formal negotiations on the FCTC will commence in October 2003, and the World Health Assembly has called for the adoption of the FCTC and possible key protocols by the year 2003.

The FCTC may be an effective instrument for countering the globalization of the tobacco pandemic by serving as a platform for multilateral commitment, cooperation, and action to address the rise and spread of tobacco consumption. The FCTC will complement regional, national, and local actions; it will support and accelerate the work of member states wishing to strengthen their tobacco control programs.

The framework convention-protocol approach has been used frequently and, at times, successfully, to address a wide realm of international concerns, including environmental, arms control, and human rights issues. The term “framework convention” does not have a particular technical meaning in international law, but is used to describe a variety of legal agreements that establish a general system of governance for an issue area, such as global tobacco control. Framework conventions, unlike more comprehensive treaties, do not attempt to resolve all significant issues in a single document. Rather, framework conventions divide the negotiation of separate issues into separate agreements. States first adopt a framework convention, which creates an institutional forum in which states can cooperate and negotiate for the conclusion of separate implementing protocols containing detailed substantive obligations or added institutional commitments.
The framework-convention-protocol approach is, in essence, a dynamic and incremental process of global lawmaker.

The FCTC could include provisions to encourage countries to move toward comprehensive tobacco control strategies; to cooperate in research, program, and policy development; to share information, technology, and knowledge; and to meet periodically to strengthen legal commitments to global tobacco control. In addition to promoting comprehensive national tobacco control programs, the FCTC and protocols thereto can serve as a forum to address aspects of tobacco control that transcend national boundaries, including taxation, smuggling, advertising and sponsorship, and package design and labeling. Possible related protocols could include a financial mechanism to help developing countries establish sustainable tobacco control capacity and strengthen commitments to national and transnational aspects of tobacco control.

The most important contribution the FCTC and related protocols can have is in limiting the growth of the pandemic among women is to encourage the adoption or strengthening of such gender-neutral national tobacco control strategies as banning advertising, taxing tobacco sales, raising prices, and banning smoking in public places. The FCTC and related protocols could also specifically address the impact of the pandemic on women. Policies and programs to discourage tobacco consumption by women could be strengthened in all countries by reliable and timely information about the pattern and extent of and trends in tobacco use. With national consensus, the FCTC could obligate nations to provide information on tobacco initiation rates and prevalence among women and girls, to establish and strengthen gender-sensitive education programs (eg, safe motherhood initiatives), and to augment women’s leadership roles in tobacco control.

Delegates at a WHO International Conference on Tobacco and Health called for appropriate gender issues to be incorporated into the FCTC:

Demand that the Framework Convention on Tobacco Control incorporate gender-specific concerns and perspectives and include a women’s protocol; require the active participation of women delegates and NGOs in the development and monitoring of the Convention and its related protocols; and demand that the Convention and its related protocols are ratified by all member states without reservations that are incompatible to the spirit and the letter of the Convention.

In the end, the content of the FCTC and related protocols will depend on member states, as the negotiation of binding treaties is a prerogative of sovereign states. However, because the framework convention-protocol approach allows for the incremental development of an international legal regime for global tobacco control, more issues could be appended even after ratification of the FCTC and initial protocol agreements as global consensus for strengthened tobacco control measures solidifies.

Conclusion

The global assault of the tobacco industry mandates a coordinated, multilateral response. While instruments such as the WHO convention alone will not lead to a tobacco-free world, the FCTC can serve as an essential and strategic policy platform for worldwide debate and cooperation, linking and concretizing action at all levels into an effective global public health force. As women and girls around the world have much to lose from tobacco industry tactics if they remain unchecked, so, too, do women stand to gain much from carefully planned and implemented health policy interventions such as the WHO Framework Convention on Tobacco Control.

References

13. The Health Benefits of Smoking Cessation. Rockville, Md: Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1990. DHHS publication no. (CDC) 90-8416.
26. FDA. Proposed rule analysis regarding FDA’s


