

Women, Nicotine & Tobacco

Tobacco and Nicotine

There are many types of tobacco. Cultivated tobacco is used to make commercial cigarettes, cigars, and bidis. In some Indigenous cultures, traditional and sacred uses of tobacco include ceremony, ritual, gifting, and prayer.

- Tobacco contains nicotine, a highly addictive stimulant that produces a feeling of well-being. Other ways to ingest nicotine include waterpipes or hookahs, smokeless forms of tobacco such as snuff, chewing tobacco, and snus, and vaping. Nicotine dependence makes it difficult to quit smoking or vaping.
- Cigarettes and cigarette smoke contain over 7,000 toxic chemicals, including over 70 carcinogens that harm nearly every organ in the human body. More than 40 debilitating and fatal diseases are linked to tobacco use.
- Tobacco use is the leading cause of preventable disease and death. It is estimated that 1 in 2 smokers will die from smoking related causes. The risks of premature death and disease increase with the number of cigarettes smoked, but even low levels of consumption can cause significant harm.
- Second-hand smoke (SHS) from the burning end of a cigarette and the smoke that smokers breathe out, is also harmful. All of those who breathe it in absorb the same toxins and are at risk for serious health consequences.

Vaping

- Electronic cigarettes, or vapes, are devices that heat up liquids containing nicotine, producing a vapour to inhale.
- The long-term impacts of vaping are unknown.
- The effects of vaping depend on the type of device and liquid used, the temperature setting, and vaping patterns.
- Vaping nicotine during pregnancy may affect fetal development, including premature birth and having a low-birth-weight. It may also affect your infant's lung health.
- The health risks of exposure to second-hand vapour are not yet fully known. It is best to avoid vaping in enclosed spaces. Vaping in areas where smoking is prohibited is illegal in many provinces and municipalities.
- Vaping nicotine is currently considered less harmful than cigarettes and is suggested as harm reduction for those trying to quit cigarettes, together with behavioral approaches.
- Dual use of cigarettes and vapes is harmful and should be avoided. It is best to switch completely from smoking to vaping only.
- For those who vape, it is best to stop or switch to safer alternatives such as Nicotine Replacement Therapy (NRTs).

Tobacco and Your Health

Tobacco use has a wide range of adverse health effects—some more pronounced for women, such as heart and lung disease.

- Women who smoke are at increased risk for both stroke and cardiovascular disease, including high blood pressure and heart attacks.
- Smoking can lead to chronic obstructive pulmonary diseases (COPD) such as emphysema, bronchitis, and asthmatic bronchitis. Women who smoke are more likely to get COPD than male smokers and to develop COPD at a younger age.
- Women who smoke are at risk of breast cancer at an earlier age and of developing cervical and vulvar cancer. Other cancers linked to smoking include mouth, throat, lungs, pancreas, bladder, liver, and kidney cancer.
- Women who smoke experience higher rates of osteoporosis.
- Women who smoke and use oral contraceptives (birth control pills) are at a much higher risk of heart attack, stroke, or blood clots.
- Tobacco use can affect your period. Women who smoke are more likely to experience irregular and shorter menstrual cycles and earlier menopause, as well as premenstrual disorders and more painful menstrual cramps, compared to non-smokers.
- Tobacco use can reduce fertility and ability to conceive. Smoking also permanently affects egg quality.



Tobacco and Pregnancy

- There is no safe level of tobacco use for anyone, including pregnant women. Smoking affects many pregnancy outcomes, including maternal, fetal, and infant health.
- Women who smoke or use other forms of tobacco are at higher risk of miscarriage, an ectopic pregnancy (where the fetus grows outside the uterus), and still-birth.
- When a woman smokes or uses tobacco during pregnancy, nicotine and toxic chemicals can pass from the blood stream into the fetus, potentially affecting fetal development. Carbon monoxide and nicotine also keep the fetus from getting the food and oxygen it needs to grow.
- Smoking during pregnancy increases the risks of premature birth and having a low-birth-weight baby. Pre-term and low birth weight babies are more likely to have health problems or disabilities as they grow.
- Other life-long effects for your child can include:
 - Higher risks of learning difficulties
 - Behavioral issues
 - Tissue damage in the lungs and brains
 - Asthma and wheezing
 - Heart problems
 - Birth defects such as cleft lip or cleft palate.
- Children of women who smoke during pregnancy are also more likely to develop nicotine dependency later in life.
- Quitting smoking early in pregnancy improves your health and reduces many of these risks. If you have problems stopping or reducing your tobacco use while pregnant, talk to your health care provider about support and services. It is never too late to quit smoking during pregnancy.
- Nicotine replacement therapy (e.g., nicotine patch or gum) may be helpful for some pregnant women who are having difficulty quitting, after behavioural approaches do not work. There is not yet enough research on the benefit or safety of smoking cessation medications (bupropion and varenicline) during pregnancy. Talk to your health care provider if you have questions about quit smoking aids.



Tobacco and Breastfeeding

- Smoking while breastfeeding decreases milk production and shortens the lactation period. Nicotine passes through breast milk to the baby and diminishes its nutrient content and antioxidant and immune properties. This may affect infant growth and development.
- Smoking during breastfeeding may lead to long-term disorders in babies, including increased risk of obesity and other related conditions.
- It is best not to use tobacco while breastfeeding. However, breastfeeding is still recommended even if you still smoke. If you are using tobacco and breastfeeding:
 - Avoid smoking or using tobacco just before or during breastfeeding.
 - Wash your hands and change your clothes before breastfeeding if you have smoked.
 - Cut back on how much you smoke or use tobacco.
- Nicotine replacement therapy (e.g., the nicotine patch or gum) may be used while breastfeeding to help you quit. However, research on the use of NRT medication during breastfeeding is still limited. Talk to your health care provider about these options.

Tobacco, Parenting, and Children

- Second-hand smoke can affect both your health and the health of your children. Women are the majority of those exposed to SHS.
- Being close to secondhand smoke, even for a short time can irritate your eyes, nose and throat. It can also cause headaches, dizziness, nausea, coughing and wheezing. Secondhand smoke can worsen allergy or asthma symptoms.
- For babies, second-hand smoke significantly increases the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the death of a child under the age of 1 for which no reason can be found.
- Second-hand smoke also increases the chances that children will suffer from ear infections, asthma, allergies, and respiratory illnesses (e.g., bronchitis, pneumonia).
- It is not possible to eliminate the health risks of second-hand smoke within enclosed spaces. If you smoke, try to smoke outside of your home and car, away from your children. Smoking in cars with children present is illegal in Canada.

Women and Quitting

- Women have a complex relationship with smoking and quitting. Biological, social, and economic factors affect the success of quitting.
- Women attach many meanings to smoking that need to be addressed in quitting. Smoking can be a coping mechanism, a companion, or a way to facilitate social interaction.
- Quitting smoking can be a long process with many relapses, but the health, economic and social benefits begin right away. Each relapse is a way to build skills in being smoke-free.
- A women-centered approach provides support for women by:
 - Empowering women to have control over the pace and type of changes they want to make
 - Building confidence and increasing motivation by identifying barriers and opportunities with women
 - Acknowledging that social pressures and gendered roles and dynamics affect quitting.
 - Focusing on women's needs in the context of their circumstances
 - Taking a trauma-informed approach, recognizing the links between smoking and violence, sexual assault, and PTSD
 - Encouraging quitting at any age, as the benefits are always worth it
 - Facilitating referrals to counselling, quit smoking groups or online/text messaging programs

Nicotine Withdrawal

- Symptoms of nicotine withdrawal include irritability, restlessness, anxiety, insomnia, and fatigue. These recede after a few weeks, but cues and cravings can persist for months.
- Changing routines and social circles can help during withdrawal. Get family and friends to help or seek different social support.
- Linking to health care providers for (NRT) such as nicotine patches or gum, or cessation medications (bupropion, varenicline) can help.
- Quitting may be harder during the luteal phase of the menstrual cycle, because women may experience stronger nicotine withdrawal symptoms.
- Varenicline is more effective for women compared to nicotine patches and bupropion.
- NRTs and bupropion are less effective in women compared to men, due to higher levels of enzymes that metabolize nicotine and bupropion.

Resources and References

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