



QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

APRIL 2011

'Aims to strengthen links between women by providing access to information and support'

WOMEN & ADDICTION: TOBACCO

Smoking and Depression – A Vicious Cycle

By **JANNI LEUNG, DEIRDRE MCLAUGHLIN AND ANNETTE DOBSON**

Australian Longitudinal Study on Women's Health (ALSWH)

Latest research from the Australian Longitudinal Study on Women's Health reveals that young women who smoke are more vulnerable to depression, and that young women who are depressed are more vulnerable to taking up smoking. The study found that young women with depressive symptoms at baseline were more likely to smoke at follow-up surveys, and that young women who smoked at baseline were more likely to become depressed at

follow-up surveys. This cycle can worsen the well-being and quality of life in depressed smokers¹, as well as their family and loved ones via second-hand smoke² and neglecting their family³.

Smoking and depression as women's issues

Depression is common in young women and is a serious disabling illness⁴ that can lead to social isolation and self-harm. Smoking causes adverse health outcomes in women, which include menstrual

complications, miscarriages, premenstrual tension, irregular and heavy periods, severe period pain, decreased fertility, and early onset of menopause⁵. Young women often experience stressful lifestyle changes that may make them more vulnerable to taking up smoking^{6,7}.

Research on smoking and depression

Smoking has a strong link to depression⁸ and both depression and smoking related disease are currently, and are predicted to remain, among the most serious health problems in the population⁹. Depressed people are more likely to smoke, and smoke more cigarettes than people who are not depressed⁸. Fortunately, length of time since quitting smoking is related to a commensurate improvement in mental health. Unfortunately, even though depressed smokers often try to quit, they are more likely to fail than smokers who are not depressed.

(continued next page)



Smoking and depression act synergistically to worsen women's well-being (Photo by Janni Leung.)

New National Women's Health Policy Released

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Self medication

Depressed women may smoke to minimise their depressive symptoms, as nicotine is a stimulant drug that may elicit temporary positive feelings¹⁰. Unfortunately, nicotine suppresses mood in the long term, leading smokers to experience worsened feelings of depression. These symptoms can be relieved by smoking, hence, the addiction is sustained. However, the depressing effects are worsened the more people smoke, and the way to reduce these effects is to quit smoking.

Conclusions

Tobacco smoking and depression can cause and worsen the prognosis of each other. Both of these conditions are risks to the physical and psychological well-being and quality of life of women, as well as those around them. Indeed, tobacco smoking and depression are recognised as prioritised public health concerns that require immediate attention¹¹.

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References

1. World Health Organization. Tobacco: deadly in any form or disguise: World Health Organization, 2006.
2. World Health Organization. 10 facts about tobacco and second-hand smoke, 2008.
3. Lanzi RG, Bert SC, Jacobs BK. Depression among a sample of first-time adolescent and adult mothers. *J Child Adolesc Psychiatr Nurs* 2009;22(4):194-202.
4. Begg SJ, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD. The burden of disease and injury in Australia 2003. Canberra: Australian Institute of Health and Welfare, 2007.
5. Mishra GD, Dobson AJ, Schofield MJ. Cigarette smoking, menstrual symptoms and miscarriage among young women. *Aust N Z J Public Health* 2000;24(4):413-20.
6. McDermott L, Dobson A, Owen N. Smoking reduction and cessation among young adult women: a 7-year prospective analysis. *Nicotine Tob Res* 2008;10(9):1457-66.
7. McDermott LJ, Dobson AJ, Owen N. From partying to parenthood: young women's perceptions of cigarette smoking across life transitions. *Health Educ Res* 2006;21(3):428-39.
8. Leung J, Gartner C, Dobson A, Lucke J, Hall W. Psychological distress is associated with tobacco smoking and quitting behaviour in the Australian population: evidence from national cross-sectional surveys. *Aust N Z J Psychiatry* 2010.
9. Lopez AD, Mathers CD. Measuring the global burden of disease and epidemiological transitions: 2002-2030. *Ann Trop Med Parasitol* 2006;100(5-6):481-99.
10. Jarvis MJ. Why people smoke. *Brit Med J* 2004;328(7434):277-9.
11. Department of Health and Ageing. *National Women's Health Policy 2010*. Barton: ACT: Department of Health and Ageing, 2010.

How can we help?

• ADDRESS DEPRESSION IN WOMEN WHO SMOKE

Smokers with depression could require extra assistance to quit, such as dealing with their withdrawal symptoms.

• ADDRESS SMOKING IN DEPRESSED WOMEN

Prevent smoking initiation and encourage quitting in women with depression. If they are using smoking as a form of self medication, health professionals can deliver effective interventions to treat their depressive symptoms.

• BE PATIENT

Lastly, women with depression may require lots of encouragement and social support to overcome their smoking and depression issues.

OUR NEXT NEWSLETTER

will examine women's health issues on the topic of

SEXUAL HEALTH

DOES YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?

OR ARE YOU A WOMAN WITH KNOWLEDGE / EXPERIENCE ON THIS TOPIC?

Share your insights with over 400 organisations, health workers, and other women in Queensland and beyond...

We welcome your articles, news items, or other submissions.

Please contact us in advance at: coordinator@qwhn.asn.au for full submission guidelines.

DEADLINE: 20 May

QWHNEWS

We would like to welcome a new column to QWHN News. **beyondblue's WOMEN IN MIND** will appear in each edition in 2011, and will highlight issues of relevance both to women experiencing depression or anxiety, and health workers and other professionals in this field.

Maree Hawken
Coordinator



New National Women's Health Policy Released

The new *National Women's Health Policy 2010 (NWHP)* was released by the Gillard Government on 29 December 2011. The Policy proposes to improve the health and wellbeing of women in Australia via two priorities:

- "Maintaining and developing health services and prevention programs to treat and avoid disease through targeting health issues that will have the greatest impact over the next two decades; and
- "Aiming to address health inequities through broader reforms addressing the social determinants of health." (NWHP 2010, p. 7)

The new Policy recognises that many significant changes have occurred since the release of the first National Women's Health Policy in 1989, which led the world in addressing the specific issues faced by women.

The new Policy identifies four priority health issues:

- Prevention of chronic diseases through the control of risk factors;
- Mental health and wellbeing;
- Sexual and reproductive health;
- Healthy ageing.

It also examines the social determinants of health.

The 140-page document identifies that, across all age groups, the leading causes of death in Australian females are: cardiovascular disease (36.5%), cancer and other tumours (26%), respiratory diseases (8.2%) and mental disorders (5.4%). (NWHP p. 28). In terms of the burden of disease (death, disability and illness from diseases and injuries) the leading cause of loss of healthy life for women is anxiety and depression.

The Policy can be accessed at:

www.health.gov.au/internet/main/publishing.nsf/Content/national_womens_health-1

It is also available free from National Mailing and Marketing (NMM). To order a hard copy contact NMM at: Phone: (02) 6269 1000

Email: health@nationalmailing.com.au

This article incorporates excerpts from the *National Women's Health Policy 2010* used by permission of the Australian Government.

References

Australian Government Department of Health and Ageing (2010) *National Women's Health Policy 2010*, DoHA, Canberra.

Maternal Smoking Issues in Queensland

Statistics show that maternal smoking rates in Queensland are significantly higher than the national average

Susan Edmondstone, Health Promotion Officer, Alcohol, Tobacco & Other Drug Services, Townsville

Addressing smoking during pregnancy represents a unique public health opportunity as it reduces primary health risk factors for women and unborn children as well as other family members. There are several health risks associated with maternal smoking. These include: low birth weight; pre-term delivery; and development of problems during labor¹.

Current Queensland statistics identify that approximately 20.5 per cent of pregnant women smoke. This is significantly higher than the national average^{1,2}. A further breakdown of the Queensland statistics show two groups of women that are of particular concern: Aboriginal and Torres Strait Islander women, and non-Indigenous pregnant teenage girls^{2,3}.

With such a large proportion of expecting mothers smoking during pregnancy it is not only the unborn baby that is affected, but other children and family members living in and visiting the home. Exposure to environmental tobacco smoke in infancy and early childhood is well recognised as a significant public health problem⁴. Community surveys in Australia suggest that between 22 and 43 per cent of children aged zero to sixteen years may be exposed to environmental tobacco smoke⁴. The harmful effects on children being exposed to environmental tobacco smoke are now well established and include an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and severe asthma.

Research has also identified that relapse (ie commencing smoking again) after the baby has been born is of significant concern. It is well documented that 70 per cent of women who quit smoking during pregnancy will relapse during the first post-natal year^{5,6}. The reasons behind this are complex, but the main reason relates to a number of identified social issues such as: living environment (including where the person lives), annual income, smoking patterns of family and friends, stress, relationship the mother has with smoking prior to falling pregnant, for example, if a woman smoked more than ten cigarettes per day for more than ten years her level of nicotine dependence will influence her ability to cease



smoking during and after pregnancy. It is a common misconception that women who smoke during pregnancy do so because they are unaware of the health issues. A recent survey showed that two thirds of pregnant women surveyed were able to list at least two potential health risks that smoking while pregnant causes⁷. It has also been established that women residing in rural areas do not smoke any more or any less than women residing in more urban areas⁸.

Within Queensland there are a number of programs and projects that are being implemented to reduce maternal smoking rates. These include, Quitline (Ph: 13 78 48) which is a 24 hour help line available to all community members and has recently added a team of Aboriginal and Torres Strait Islander counsellors, the Indigenous Mums & Bubs program, the introduction of subsidised Nicotine Replacement Therapy (available on prescription from local general

practitioners), training of antenatal staff and general practitioners to provide appropriate information and support for pregnant women to cease smoking, and finally, the development of local health promotion projects aimed specifically at the importance of having smoke-free families.

The **Townsville Alcohol, Tobacco & Other Drugs Service** is a free service that provides support for people wanting to cease smoking and other drug related issues.

For further information on hours of opening, please contact 4778 9677.

(Illustration: Acknowledgement of SmokeCheck Program, Queensland Health.)

References

- 1 Coory M, Wills R. A preliminary look at the rates of cigarette smoking among mothers giving birth in Queensland. Health Statistics Centre, Reform & Development Division, Queensland Health. Brisbane 2008.
- 2 Australian Bureau of Statistics [serial online] 2007 – 2008: [6 screens]. Available from URL: <http://www.abs.gov.au/ausstats/abs@.nsf/Products/3218.0~Main+Features~Q> Accessed February 2nd, 2010.
- 3 Queensland Health: Harper C, Cardona M, Bright M, Neill A, McClintock C, McCulloch B, Hunter I, Bell M. Health Determinants Queensland 2004 Public Health Services, Queensland Health. Brisbane 2004. <http://health.qld.gov.au/phs/documents/phpru/22418dmp.htm>
- 4 Considine R, Daly J, Wiggers J. Infant exposure to environmental tobacco smoke: A prevalence study in Australia. *Australian and New Zealand Journal of Public Health* 2001 July; 25:132-137.
- 5 Brown J, Cann B, Chalmers K, Gupton A, Hack T, Hildes-Ripstein E, Katz A, Labossiere D, Mackay M, McMillan D, Morries H, Pickerl C, Savard-Preston Y, St Vincent J. The description and evaluation of a longitudinal pilot study of a smoking relapse/reduction intervention for perinatal women. *Journal of Advanced Nursing* 2004; 45 (2): 162-171.
- 6 Ebner A, Fusch C, Grempler J, Hapke U, John U, Kuhl R, Roske K, Thyrian J, Wolfgang H. Smoking during pregnancy and postpartum: Smoking rates and intention to quit smoking or resume after pregnancy. *Journal of Women's Health* 2008; 17(4).
- 7 Alfonso H, Binns C, Giglia R. Maternal cigarette smoking and breastfeeding duration. *School of Public Health, Curtin University of Technology* 2006; 95: 1370-1374
- 8 Bullock L, Mears J, Record R, Woodcock C. Retrospective study of the association of stress and smoking during pregnancy in rural women. *Addictive Behaviors* 2001; 26: 405-413.

Quitline 13 7848

Call **Quitline 13 QUIT (13 7848)** for free information, practical assistance and support. Quitline is a confidential telephone service dedicated to helping people quit smoking. The service is available seven days a week for the cost of a local call (except mobiles). Trained counsellors provide support, encouragement and resources to help you through the process of quitting.

Callers to the Quitline have access to translation services and printed quit materials in 13 different languages. Tailored information and assistance is also available for young people, pregnant women, people with a mental illness and Aboriginal and Torres Strait Islander people.

Women and Tobacco Gender Impact Assessment

Women smoke to reduce stress, negative mood and body weight more than men according to **Women's Health Victoria's** recent Gender Impact Assessment

FACTORS ASSOCIATED WITH SMOKING

In developed countries, groups who exhibit higher levels of smoking include people with low socio-economic status, Indigenous peoples, those with mental health issues, same-sex attracted women and young mothers²⁶. These patterns are often gendered in the way that poverty and equity are gendered, with women having lower incomes, more childcare responsibilities and less power in relation to men²⁶.

Youth

Over 80 percent of women smokers start smoking by the age of 20²⁸.

Peer pressure

The ladder to popularity among teens is influenced by gender. While sport is often a way for boys to reach a level of popularity, girls can see attractiveness as the main means of reaching popularity and smoking is perceived as an attractive and dangerous behaviour³³.

Fear of weight gain

Concerns about body image and self-esteem, together with weight management are influential reasons for smoking among girls and women³⁷, but less so for boys and men^{38,39}.

Low socio-economic status

In Australia, smoking rates have risen

among women with low SES¹⁶. ... Explanations cited in literature focus on the fact that women with low SES are more likely to be exposed to factors that promote smoking ...³⁴

Young motherhood & sole parenting

Among younger mothers – particularly those with low SES, becoming a parent does not correlate with quitting³⁴.

Stress

Stress has been identified as a major reason for smoking among women³⁸.

In Australia and many other developed countries, women have been increasingly engaged in the paid labour force, but their hours spent in household work and childcare continue to be significantly higher than for men³⁸.

Depression and other mental illness

In Australia, women who are depressed are twice as likely to be smokers than women who are not depressed⁴⁵.

Violence and trauma

In many cases, smoking is used as a coping device for women who have experienced violence and/or trauma. Sexual abuse, being a victim of violence, and other traumatic events are associated with higher rates of smoking among women⁴⁸.

Poor physical health

Smokers generally report other poor health practices. Evidence demon-

strates a correlation between high-risk alcohol consumption and the use of illicit drugs with women's smoking uptake^{6,52} and relapses after quitting³⁴.

Indigenous status

The high level of tobacco use among Indigenous Australians is linked to dispossession and family removal, along with lower socio-economic status, racism, discrimination and violence⁵³.

Same-sex attraction

Same-sex attracted women report higher tobacco use than heterosexual women⁵⁶. The Australian Longitudinal Study of Women's Health found a significant difference in tobacco use between young women depending on sexual orientation⁵⁷. Around 46 percent of women aged 22-27 years who identified themselves as 'bisexual or lesbian' were current smokers compared to 35 percent of those who identified themselves as 'exclusively heterosexual'⁵⁷.

Evidence shows a link between tobacco use among same-sex attracted women and emotional distress stemming from social discrimination and homophobic abuse^{56, 58}.

This article is a compilation of short extracts from Women and Tobacco, Gender Impact Assessment No. 14, December 2010. Reproduced with permission of Women's Health Victoria. QWHN highly recommends reading the full paper (which includes above citations). Visit <http://www.whv.org.au/publications-resources/gender-impact-assessments>

WOMEN IN MIND with *beyondblue*



HEALTHY BODY, HEALTHY MIND

While Australian women can boast about the good odds of living into their 80s, the likelihood that they'll live some of those years with depression is greater than men⁴. On average, one in five women and one in eight men will experience depression during their lives.

In fact, women are more likely to develop *all* common mental health problems. This includes bipolar disorder, anxiety disorders and postnatal depression.

beyondblue's Clinical Adviser A/Prof Michael Baigent says there is a complex interplay of biological, environmental, genetic and emotional reasons for the higher risk.

Most importantly, the modern woman often stretches herself across a wide range of roles and takes on considerable responsibilities. This exposes her to a variety of stressors which may trigger mental health problems such as depression and anxiety.

Unhealthy habits, like smoking and binge drinking have been linked with depression. Sticking to a nutritious diet and maintaining an active social life can also help people stay mentally healthy.

The key to keeping yourself well is recognising the signs and symptoms of mental health problems and getting help early.

Dr Baigent says that bearing in mind the importance women place on relationships, it is vital for them to keep in touch with their friends.

"Women need to make sure they keep up their friendships and don't become socially isolated," he said. "They also need to learn not to blame themselves for everything that goes wrong and they need to look at things realistically."

Regular exercise aids good health because it increases the production of the brain's 'feel-good' chemical - endorphins - and exercising with others can reduce the risk of social isolation.

FREE Information on depression and anxiety disorders is available from the *beyondblue* website, www.beyondblue.org.au or the info line **1300 22 46 36**.

1. People with a mental illness in previous 12 months: Women versus Men

Type	Women	Men
Any mental illness (including substance use disorder)	22%	18%
Anxiety disorders	18%	11%
Depression (includes bipolar disorder, dysthymia, mild to severe depression)	7%	5%

Younger women aged 16 to 24-years-old are twice as likely to develop depression as young men.

[Source: Australian Bureau of Statistics Survey of Mental Health in Australia 2007]

Why do Indigenous people smoke?

While smoking rates for Indigenous Australians are very high compared to other Australians it is important to understand the historical context and complexity which surrounds this fact.

- Modern tobacco was used by early European settlers as a means of bargaining and trade with Australia's Indigenous peoples ... [A]s Indigenous people were displaced onto ... missions, tobacco was an important part of rations provided in exchange for work ...¹⁵
- There is a strong link between [smoking and] ... socio-economic status ... [R]esearch has shown that people who have attained lower levels of education, income, employment and housing ... are more likely to smoke.² Indigenous people [are overrepresented] in all of these disadvantaging factors ...
- Smoking has become 'normalised' ... While smoking is not a 'cultural practice' as such, it has become a part of most Indigenous people's daily experience ...
- Many Indigenous Australians experience high levels of stress due to ... psychological factors ... socio-economic factors ... and social dysfunctions ...

This article is a compilation of extracts from 'Just the Facts: A fact sheet about tobacco use among Indigenous Australians'. Reproduced with permission of Centre for Excellence in Indigenous Tobacco Control (CEITC). For more information visit: www.ceitc.org.au

Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2008 – Report

The 2008 Australian Secondary Students Alcohol and Drug Survey was conducted during the academic school year of 2008. This was the ninth survey in a series that commenced in 1984 ... Around 24,000 secondary students aged between 12 and 17 years participated in the survey, in which they were asked about their lifetime and current use of tobacco, alcohol, analgesics, tranquilisers and illicit substances and related behaviour ...

Tobacco

In 2008, around 90% of 12-year-olds had no experience with smoking and this decreased to 54% among 17-year-olds. Only 4% of all students had smoked more than 100 cigarettes in their lifetime with a peak of 10% among 17-year-old males.

Students who smoked in the seven days preceding the survey are termed 'current' smokers. The percentage of students who were current smokers increased from 2% among 12-year-olds to 14% among 17-year-olds ...

In 2008, the legal age for selling cigarettes in all Australian States and Territories was 18 years. Despite this, 20% of all students who smoked in the past week bought their last cigarette themselves. However, as was the case in previous surveys, the single most common source of cigarettes for

adolescents who were current smokers was friends (45%).

The proportion of students who smoked in the week before the survey in 2008 was the lowest found since the survey series began. In 2008, 5% of 12 to 15-year-olds had smoked in the seven days before the survey and this was significantly lower than the 7% found in 2005 and the 11% found in 2002. In 2008, the prevalence of current smoking among 16 to 17-year-olds was 13% and this was significantly lower than the 17% found in 2005 and the 23% found in 2002.

...

There was little difference in the prevalence of smoking among male and female students at each age. The exception to this was among 15-year-olds where significantly more females than males had smoked in the past year, past month, past week and on three or more days in the past week. Females aged 14 years were also more likely to have smoked in the past month than males aged 14 years.

This article is a compilation of short extracts, reproduced with permission, from Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2008, prepared for Drug Strategy Branch, Australian Government Department of Health and Ageing. Released 18 January 2011.

Report prepared by Victoria White & Geoff Smith September 2009. Centre for Behavioural Research in Cancer, Cancer Control Research Institute, The Cancer Council Victoria.

The full paper is available at <http://www.nationaldrugstrategy.gov.au/>

If I stop smoking, will I gain weight?

This common question can present a significant barrier to many women when considering quitting. Whilst it is tempting to say that weight gain doesn't need to be an issue, evidence shows that about 80% of smokers will gain weight when they quit.

What is the average weight gain?

Many ex-smokers will gain 4–6 kg in the first year after quitting. Whilst this sounds counter-productive to health, you would have to gain over 40 kilograms above your recommended weight to equal the risk of heart disease posed by smoking – so don't give up on giving up!

Why do ex-smokers gain weight?

Many people will experience increased hunger initially and therefore tend to eat more food. Nicotine also speeds up the metabolism; after many years of smoking, smokers tend to weigh slightly less than non-smokers.

Why ex-smokers eat more – be prepared

Knowing the reasons why you might eat more after quitting smoking is the first step to avoiding overeating.

FOR MORE INFORMATION on smoking and health, call the Heart Foundation on **1300 36 27 87** to order our "Smoking and Your Health" booklet. For help with quitting, call Quitline on 13 QUIT.



food files

with Deanne

NUTRITION MANAGER, HEART FOUNDATION

SYMPTOM	TIP FOR OVERCOMING
Nicotine withdrawals causes you to feel restless and empty	Have a glass of water and go for a brisk walk or other exercise
Need something to do with your hands	Pick up a book or magazine, take up craft work, cook a healthy snack
Need an 'oral fix'	Chew some gum or have a sugar-free mint
Comfort eating when stressed	Find another way to make yourself feel better – go shopping, have a warm bath, phone a friend
Food tastes better, so you eat more	Load up meals with plenty of vegetables or salad, and store leftovers before going back for second helpings



WHAT'S ON...

Important Events, Conferences and Workshops

- 11-12 APR 2011** **SOCIAL SCIENCE PERSPECTIVES ON THE 2008 NATIONAL AND ABORIGINAL TORRES STRAIT ISLANDER SOCIAL SURVEY – CANBERRA, ACT.**
The conference aims to initiate a conversation between stakeholders and academics about data and the research required to enhance the social science evidence base around Indigenous wellbeing and socioeconomic disadvantage.
FOR INFORMATION visit: <http://caepr.anu.edu.au/Seminars/conferences/conference.php>
- 27-30 APR 2011** **6TH AUST. INTERNATIONAL, INTERDISCIPLINARY CONFERENCE ON MOTHERHOOD – BRISBANE, QLD.**
Mothers at the Margins
AMIRCI is a feminist organisation interested in promoting research into mothering/motherhood/motherwork and related areas, including maternal subjectivities and identities, cultural representations and differences.
FOR INFORMATION visit: <http://www.uq.edu.au/mothering/index.htm>
- 2-3 MAY 2011** **NATIONAL DISABILITY AND CARER CONGRESS 2011 – MELBOURNE, VIC.**
Make Every Australian Count
The conference will hear from international experts regarding developments in disability policy around the world, and feature the hopes for reform of people with a disability, their families and carers.
FOR INFORMATION visit: <http://www.nds.org.au/events/1298003755>
- 2-4 MAY 2011** **6TH INTERNATIONAL CONFERENCE ON DRUGS & YOUNG PEOPLE – MELBOURNE, VIC.**
Making the Connections
Dedicated to exploring the impact of drug use on young people and how youth related drug problems can be responded to by various human service fields.
FOR INFORMATION visit: <http://www.adf.org.au>
- 5-6 MAY 2011** **COALITION FOR RESEARCH TO IMPROVE ABORIGINAL HEALTH CONFERENCE – SYDNEY, NSW.**
Research for a Better Future
This conference is a unique forum for Aboriginal communities to come together with health researchers and policymakers to explore ways for research to improve Aboriginal health.
FOR INFORMATION visit: <http://www.gemsevents.com.au/criah2011>
- 11-14 MAY 2011** **AGOSCI 10TH BIENNIAL CONFERENCE – ADELAIDE, SA.**
Taking it to the Streets
AGOSCI is a group representing people with complex communication needs. The conference aims to encourage thought, innovation and action that will enhance the participation of people with CCN through enhanced understanding, skills and awareness of those in their social networks.
FOR INFORMATION visit: <http://www.agosci.org.au>
- 13-15 MAY 2011** **DEAF AUSTRALIA 2ND NATIONAL CONFERENCE & 25TH ANNIVERSARY – HOBART, TAS.**
The conference theme is inspired by the song, 'From Little Things Big Things Grow', which tells a story of struggle, determination and triumph that could well be adapted to the experiences of the Australian Deaf Community. The Conference will be fully accessible with Auslan interpreting and real time captioning.
FOR INFORMATION visit: <http://www.deafau.org.au/>
- 2-3 JUL 2011** **DENTAL HYGIENISTS ASSOCIATION OF AUSTRALIA NATIONAL SYMPOSIUM – DARWIN, NT.**
Striving for Excellence
The Symposium will bring to Darwin a top level forum of leading national and international speakers to address topical issues in the oral health industry.
FOR INFORMATION visit: <http://www.dhaa.asn.au>



WOMEN'S HEALTH ON THE NET

Hot Spots on the Internet for Women

NEW SANE WEBSITE

www.sane.org

The new SANE website contains a wealth of accurate, up-to-date information about the effects of mental illnesses, treatments, and what people can do to help themselves.

As well as factsheets, podcasts and videos, the SANE Bookshop contains one of the most comprehensive collections of resources on mental illness - for people living with mental illness, family and friends, health professionals students, and the general public.

JOIN THE QUIT COACH

www.quitcoach.org.au

Get free advice to help you quit smoking and stay quit forever! The QuitCoach is a collaborative effort of a wide range of experts in smoking cessation and interactive computing. Its development has been led by Dr Ron Borland, who has an international reputation for his expertise in smoking cessation.

The QuitCoach is an interactive guide through the quitting process. It provides ongoing help, including advice that is relevant to a smoker's current situation, while also reflecting any progress made.

GENDER NOTICEBOARD

www.abs.gov.au

The Gender Topics Page has been developed to provide a central access point to gender-related statistical sources and sex-disaggregated data on the ABS website. The first release of this topic page occurred in October 2010. The ABS will further develop and expand its contents progressively over time. In particular, it will reflect the outcomes of the Australian Gender Indicators Project. As work progresses, the Gender Topics Page may also include non-ABS data sources and references.



Women's Health Queensland Wide

Access to health promotion, information and education for all Queensland women



The Health Information Line team: Brenda, Kirsty, Belinda and Kellie



The Operational Services team: Kathy, Kaja, Joanne and Anita



Health Promotion & Marketing team: Rachel, Lorraine and Bronwyn

Women's Health Queensland Wide Inc (Women's Health) is a not-for-profit health promotion, information and education service for women and health professionals throughout Queensland.

Three main services are provided: the Health Information Line, health promotion, and written resources. The Health Information Line is staffed by registered nurse/midwives who offer up to date information on any women's health issue, no matter how simple or complex. The Health Information Line also maintains an extensive referral database.

The Health Promotion team offers a range of programs to schools, workplaces, community organisations and health professionals. As part of the Health Educator's Network they run the popular *Making Healthy Choices* program for school students in years 8 to 12. Other available programs include *Body image for students*, *Body image for parents*, *Preparation for schoolies week*, *Health issues for women under 40* and *Health issues for midlife and beyond*.

Several Women's Health staff members are trained *Lighten Up* facilitators and run the six week healthy lifestyle group program in venues including a women's refuge and a prison.

A range of information is available via the Women's Health website www.womhealth.org.au. A collection of fact sheets on topics such as *Understanding your menstrual cycle*, *Vulval conditions* and *Alternatives to HRT* are available for download. Women's health centres and other non-profit organ-

isations in Queensland can order hard copies of these fact sheets for free. Women's Health also produces *Health Journey*, a quarterly magazine-style publication. Printed copies are distributed through GP and public hospital waiting rooms and women's gyms. Women can also subscribe to receive *Health Journey* online for free via the website.

Women's Health also produces a range of resources for expectant and new mums, including *Looking After You: a new mum's guide to feeling great*, the *Deadly mums guide* (a version of *Looking After You* for Indigenous mums) and the *Antenatal and postnatal depression* booklet.

Women and health professionals can also access the library service which has a range of titles on topics suited to women of all ages. All library titles are listed on the website and women can order books through the website or over the phone. Free postage is offered to return library books.

Any woman or health professional in Queensland is welcome to access information, subscribe to receive *Health Journey* online, borrow a book or Ask a Health Question via the Women's Health website at www.womhealth.org.au.

To speak with a program manager or learn more about our services please call the office on (07) 3839 9962 or the **Health Information Line** on **3839 9988 or 1800 017 676** (toll free outside Brisbane).

Peel off and keep this handy card

Health Information Line
A free information and referral service for Queensland women

1800 017 676

3839 9988
(Brisbane 07 3839 9988)

or email via www.womhealth.org.au

No matter how simple or complex - call us

Staffed by nurse/midwives

Have a Heart – Give a Gift

*Kate Backhouse talks about her experiences with Cystic Fibrosis**

My name is Kate Backhouse. I am 29 years old and have Cystic Fibrosis.

Four years ago I had a double lung transplant that would change my life forever. I want to tell you about my experience, what I went through and how it affected my life and the people around me. Before my lung transplant I was definitely restricted in my life. For many years I had to look after myself a lot more than a normal healthy person. It affected my relationships, social life, studies and most of all the lifestyle that I wanted to live but could not. All I wanted was to just be like everybody else but I wasn't like everybody else, and that was hard for me to accept. But I realised that I was unique and I had to take that as an opportunity to grow and learn from life.

When I left school I studied a diploma of beauty therapy and have been working and teaching in this area ever since. I am also currently completing a degree in nutritional medicine which I am absolutely passionate about. When I was sick before the trans-plant, I still managed to live overseas in a hostel for two years. I worked two jobs and slept in a tent all over the world for weeks at a time. It took some extra organising – I had to convince my doctors here to refer me to specialists overseas to continue my checkups etc. It hasn't been easy having cystic fibrosis and I came up against a lot of barriers, but through perseverance, I experienced every-thing I wanted to do in life. I had fun and managed to have a fantastic life. I did whatever I had to do, I was determined not to let anything affect me, I had to live my life. Having cystic fibrosis made me the person I am today.

But slowly my health worsened, I couldn't do day to day things and was in and out of hospital constantly. I was very sick, on oxygen most of the time and found it extremely hard to leave my home or do simple things for myself. I found it extremely hard to put on weight and I still do, so I have to be on a high fat diet which is very hard as I like to be a very healthy person and eat a balanced diet. Most women would love to be in my position, eating cake and the like, but not me. I guess we always want what we don't have.

The day my donor's family made that important decision to donate their loved one's organs is the day my life and my family's life changed forever. I will be eternally grateful for their generosity. I was astonished at the dramatic improvement after my transplant. My relationships with my friends and family were easier and I had more freedom to go and have fun with them, without worrying about getting tired or sick. My grades at uni were getting better every day. I could go overseas and travel lighter and to more countries. Having more energy in my day to day life has been fantastic and I can't sit still some days. Little things in life are easier. Nothing can stop me now. The world is my oyster and life is great! It is amazing the extra things in life that I can do just by being able to breathe easily. People often take the simple things in life – like fresh air – for granted, but I look at it as a gift every day. My life is complete and I could not ask for anything more.

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HAVE YOUR SAY...



We are interested in your feedback on the quality of the newsletter, and issues and topics you would like to see in future editions.

If you have something to say please contact Maree on (07) 4789 0665 or email us at: coordinator@qwhn.asn.au

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QCROSS Health Update

*With Ros Walker, Health Policy Officer
Queensland Council of Social Service*

SUPPORT QCROSS'S FAIR QUEENSLAND CAMPAIGN

Could you do with an extra \$11 billion?

'Fairness' saves... around \$11 billion

'Inequality' costs... around \$3.6 billion

Fair Qld Everyone wins

That's the point.

Inequality has been cited as the most important single explanation for the huge difference in the prevalence of social problems. The data tells us that societies where the gap between richest and poorest is smallest have better health and social outcomes (for everyone) than less-equal societies.

Not dealing with poverty means everyone suffers.

"In a more unequal society, even the middle class on good incomes are likely to be less healthy, less likely to be involved in community life, more likely to be obese, and more likely to be victims of violence. Similarly, their children are likely to do less well at school, are more likely to use drugs and more likely to become teenage parents." (Source: Professor Richard Wilkinson)

Tell us what a Fair Queensland should look like and spread the word by going to <http://takeaction.qcross.org.au/>

Now, every year I organise a "Have a Heart – Give a Gift" black tie event in Rockhampton to raise awareness for organ donation. My aim is to help others become aware of how important organ donation is to people's lives. People just like me.

Having to make a decision on someone else's behalf is never easy. Trying to do that in an Intensive Care waiting room, while coming to terms with the sudden death of someone close to you is even harder. That's why it is so important to take the time to *discover* the facts, *decide* whether you want to be an organ donor, and *discuss* your decision with your family and friends.

To register your consent to donate, go to www.donorregister.gov.au, call **1800 777 203** or pick up a form at any Medicare office.

For more information, go to www.donatelife.gov.au or contact DonateLife Qld on **3176 2350** to arrange for a talk from your local Clinical Nurse Consultant for Organ and Tissue Donation.

*(Editor's Note: Cystic Fibrosis is an inherited genetic disease that affects a number of organs in the body, including the lungs. This article seeks to promote organ donation and is not related in any way to our newsletter theme of 'Women & Addiction: Tobacco'.)