

LETTERS TO THE EDITOR

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Integrating smoking cessation into periconceptional care

To the Editor, - In Hungary, a network of periconceptional care, known as the Optimal Family Planning Service (OFPS), was established in the 1980s.¹ It consists of three steps performed or supervised by qualified nurses: a checkup of reproductive health, a three-month preparation for conception, and efforts to protect women better in the early postconceptional period based on counselling, examinations, and medical interventions. This new primary health care strategy seems to be appropriate for smoking cessation among women to prevent this hazard for fertility, fetal development, and women's health.^{2,3}

The first visit of couples includes the checkup examination and the launch of a three-month preparation for conception. Included in the latter is a low-intensity smoking cessation programme. The smoking status of women and men is ascertained at an interview at the first visit and checked at three subsequent visits by the nurse: the second (at the end of the three-month preparation period), the third (at the time of pregnancy confirmation, generally in the third to fourth weeks of gestation), and the fourth (after this "farewell" meeting, pregnant women are referred to the antenatal clinics with the OFPS discharge summary). Smoking among men is checked by questioning their partners at the second, third, and fourth visits.

Three categories of participants are differentiated: never, former, and current smokers. In former smokers, the duration of smoking, number of cigarettes smoked per day, and the year of quitting are recorded. The data on smoking duration and daily cigarette consumption are also obtained for current smokers, who are informed about the reproductive risks of smoking, encouraged to stop smoking, and advised how to do so.

We report here on a population composed of 8837 women and 7600 men who participated in the OFPS study between 1 February 1984 and 21 January 1993. The mean (+SD) age of women and men was 25.9 (+3.6) and 29.2 (+3.8) years, respectively. The proportion of primiparas was 83.6%.

Smoking prevalence among women showed a highly significant reduction across the four visits (table). In Hungary the smoking rate among women of reproductive age is about 35%.⁴ The lower figure found among prospective mothers in this study is explained partly by their quitting smoking after the decision to have a pregnancy and partly by selection bias (women with strong smoking addiction probably did not join the OFPS).

Table 1 Smoking prevalence (%) among women and men at the first, second, third (at the time of pregnancy confirmation), and fourth visits to the Optimal Family Planning Service

	Visit 1			Visit 2			Visit 3			Visit 4		
	Total	n	%	Total	n	%	Total	n	%	Total	n	%
Women	8837	1586	17.9	8082	1001	12.4	6060	607	10.0	4332	343	7.9
Men	7600	1838	24.2	6951	1380	19.9	5212	998	19.1	3701	666	18.0

Women: visits 1-2 ($\chi^2_1=100.81$; $p<<0.001$), 2-3 ($\chi^2_1=6.84$; $p=0.009$), 3-4 ($\chi^2_1=13.40$; $p<0.001$).
Men: visits 1-2 ($\chi^2_1=39.54$; $p<<0.001$), 2-3 ($\chi^2_1=0.94$; $p=0.33$), 3-4 ($\chi^2_1=1.89$; $p=0.17$).

Smoking prevalence among men decreased significantly only between the first and second visits (table). The proportion of men who smoke is about 45% in Hungary.⁴

Smoking status for all women who had their third meeting in September 1994 was checked by examination of cotinine in the urine.⁵⁻⁷ A total of 106 women were classified into four groups, according to urinary cotinine levels:

- non-smoking: less than 5 ng/ml;
- exposed to environmental tobacco smoke: 5-49 ng/ml;
- light smokers: 50-99 ng/ml;
- heavy smokers: ≥ 100 ng/ml.

One of 67 never-smokers and two of 25 former smokers had cotinine levels above the threshold (≥ 50 ng/ml). The proportion of "nondisclosure" smokers was 3.3% (3/92). Of 14 current smokers, three had negative urine cotinine figures (<50 ng/ml), two being deemed occasional smokers.

Compared with their male partners, a significant reduction in smoking prevalence was achieved among women. This effect appears likely to be due to the programme. The drawbacks of the low-intensity smoking cessation program in the OFPS were the following.

- Participants were informed about quitting techniques, but had no training course in cessation.
- They had no social support for quitting.
- A special programme was not developed to prevent relapse.
- The absence of a control group limits the ability to draw conclusions about the efficacy of the programme.

Nevertheless, the experience of the OFPS suggests that the programme may be effective in reducing smoking among prospective mothers. In 1995 a high-intensity smoking cessation programme was introduced in the OFPS.

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Self-service tobacco displays and consumer theft

To the Editor, - We were interested to read the paper by Wildey *et al* on self-service display of tobacco products in the San Diego area.¹ We note that several communities in the United States have banned or limited the use of large self-service, free-standing tobacco displays (FSTDs) in retail stores in an attempt to restrict minors' access to tobacco products. However, many communities continue to allow the use of smaller tobacco-product displays on counter-tops, near checkout counters.

Massachusetts communities have been especially active in restricting cigarette vending machines and large FSTDs: as of March 1994, 46 communities limited (41) or prohibited (5) vending machines, and 25 communities limited (14) or prohibited (11) FSTDs (source: Group Against Smoking Pollution, Boston). However, few regulations have focused on the more ubiquitous problem of smaller tobacco counter-top displays. Although restricting the use of large FSTDs might partially reduce minors' access to tobacco products, we hypothesised that the continuing use of any self-service counter-top displays in retail stores presents a powerful temptation for the illegal purchasing or even theft of tobacco products by minors. It is well known that shoplifting is a significant source of cigarettes for minors.^{2,3}

We surveyed 28 convenience stores in Massachusetts and New Hampshire from March to May 1994 to ascertain the presence of self-service tobacco displays and reported theft of tobacco products. The stores we surveyed were privately owned and operated, and not associated with large chains (such as Seven-Eleven).

At each store we asked if shoplifting was a problem. We then asked which items were commonly stolen. Tobacco-product theft was recorded only if it was volunteered by the store owner. We independently counted the number of self-service FSTD and counter-top tobacco-product displays in each store.

Of the 28 stores surveyed, 27 (96%) mentioned shoplifting as a problem in their store; 16 (57%) specifically mentioned cigarette theft as a problem. Nineteen (68%) stores had accessible cigarette counter-top displays and six (21%) stores had FSTDs with or without counter-top displays.