LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 500 words, 10 references, and one table or figure, and should be sent to Simon Chapman, Deputy Editor, at the address given on the inside front cover. Most papers responding to articles or correspondence published in the journal should be received within six weeks of publication.

Integrating smoking cessation into peri-conceptional care

To the Editor—In Hungary, a network of peri-conceptional care, known as the Optimal Family Planning Service (OFPS), was established in the 1980s. It consists of three steps performed or supervised by qualified midwives: a checkup of reproductive health, a three-month preparation for conception, and efforts to protect women better in the early postconceptional period based on counseling, 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.

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%.1 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

<table>
<thead>
<tr>
<th>Visit</th>
<th>Total n</th>
<th>Total %</th>
<th>Total n</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>8837</td>
<td>17.9</td>
<td>8082</td>
<td>100.0</td>
</tr>
<tr>
<td>Men</td>
<td>7600</td>
<td>24.2</td>
<td>6951</td>
<td>1380</td>
</tr>
</tbody>
</table>

Potential author interest in the topic


Self-service tobacco displays and consumer theft

To the Editor—We were interested to read the paper by Wylie and others on self-service tobacco displays 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 23 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 hypothesized that continuing use of any self-service tobacco 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

We surveyed 28 convenience stores in Massachusetts and New Hampshire from March to May 1994 to ascertain the prevalence 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 stores.16 (57%) specifically mentioned cigarette theft as a problem. Nine (32%) had accessible cigarette counter-top displays and six (21%) stores had FSTDs with or without counter-top displays.