



Tobacco Cessation Strategies for First Nations, Inuit and Métis: An Environmental Scan and Annotated Bibliography

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CENTRE DE COLLABORATION NATIONALE
DE LA SANTE AUTOCHTONE



ActNowBC

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EXECUTIVE SUMMARY

This report focuses on tobacco cessation initiatives within British Columbia and Canada. Primary interest in this document is in Aboriginal-specific cessation and what constitutes a successful Aboriginal cessation strategy. An environmental scan of mainstream and Aboriginal-specific initiatives is presented. An annotated bibliography is also included, which focuses on Aboriginal-specific cessation strategies and Aboriginal cessation-related research papers. Recommendations for a successful Aboriginal cessation strategy are presented, as well as a series of important questions.

The tobacco cessation strategies available in British Columbia and Canada are primarily aimed at the general population. Although many mainstream efforts have the potential to speak to Aboriginal peoples, these efforts are likely to have minimal effect. This ineffectiveness is based on the lack of cultural sensitivity and appropriateness that is required for cessation schemes to be successful in Aboriginal communities. Aboriginal-specific strategies typically exhibit a cultural component, such as the recognition of the medicinal and spiritual value of traditional tobacco. The inclusion of the traditional use of tobacco is often presented as both a reason why individuals should cease their misuse of tobacco and a way in which individuals can gain strength through the cessation process. Aboriginal cessation initiatives are also oriented toward a community approach, rather than an individualistic approach that is often contained in mainstream strategies.

Through an examination of several Aboriginal-specific programs, documents, and research, criteria for a successful Aboriginal cessation strategy has been identified as containing the following components. These components are discussed in the Recommendations section of this report.

- Cultural relevance
- Local orientation and facilitation
- Flexibility and responsiveness
- Facilitator training
- Holistic
- Highlight traditional activities, knowledge, and values
- Recognize contemporary lifestyles
- Cooperative with existing systems and resources
- Partnerships for strength and improved success

In addition to the knowledge gained regarding the structure of a successful Aboriginal cessation strategy, this study has also generated a series of

unanswered questions. Understanding more about what is unknown is as important as developing more knowledge about a topic. The questions rising out of this study fall into the categories of: community awareness, program availability, program promotion and marketing, motivation, mainstream effectiveness, evaluations, and provincial and federal policy. These questions provide a starting point from which to design and conduct pilot research projects.

In summary, the Environmental Scan and annotated Bibliography provide a better understanding of “best practices,” with regards to Aboriginal tobacco initiatives, as well as a direction to make that practice better.

INTRODUCTION

Context

During the spring of 2006, the National Collaborating Centre for Aboriginal Health (NCCAH) at the University of Northern British Columbia embarked on two long-term projects relating to Aboriginal health – *ActNow BC* and *Pre-school Vision Screening*. The Centre has two primary goals, 1) to lessen the health status gap between non-Aboriginal and Aboriginal peoples, and 2) to improve the health status of all Aboriginal peoples across Canada.¹ The NCCAH’s mandate speaks directly to the provincial government *ActNow BC* goal to become the “healthiest jurisdiction to host the Olympic and Paralympic Games,”² as well as, the government commitment to “closing the social and economic gaps between First Nations and other British Columbians by 2015.”³

ActNow BC focuses on four particular areas of health: Physical Activity, Nutrition, Tobacco Use, and Healthy Choices in Pregnancy. The primary foci of the four *ActNow BC* streams are:

- Physical Activity – growth and development, obesity, and disease-risk
- Nutrition – quality of diet and diet-related illnesses
- Tobacco Use – cessation strategies, reducing youth access, and disease-risk
- Healthy Choices During Pregnancy – effects of substance abuse

Purpose

The purpose of this report is to summarize and synthesize the state of knowledge on Aboriginal health promotion initiatives and entities in British Columbia and Canada, with respect to tobacco cessation. This report also functions as a tool to be used to build on existing knowledge, determine gaps in that knowledge, and to inform *ActNow BC* pilot projects and knowledge translation activities.

Approach

This report begins with a brief outline of Aboriginal population and tobacco-use dynamics. An environmental scan of tobacco cessation strategies is presented next. The environmental scan is followed by an annotated bibliography of relevant cessation programs and cessation-related research. This report

¹ National Collaborating Centre Program: Description of, and Contacts for, National Collaborating Centres. Available at www.phc-aspc.gc.ca, accessed April 20, 2007.

² Centre for Addictions Research, 2006. Vancouver Coast Tobacco Strategy, p 1.

³ Premier Campbell, quoted in News Release: November 27, 2006. Entitled: “Commitment to improve First Nations Health and Wellness,” available at www2.news.gov.bc.ca, accessed March 24, 2007.

concludes with a set of recommendations pertaining to cessation strategies, along with a series of remaining questions.⁴

Terminology

The contemporary Aboriginal peoples of Canada are the direct descendants of the original inhabitants of this country. The Aboriginal peoples of Canada form three divergent groups: First Nations, Métis, and Inuit. These three groups are distinctively unique from one another in terms of history, language, cultural practices, and spiritual beliefs. These distinctions exist not only between these three separate peoples, but within each First Nation, each Métis, and each Inuit group.

Many First Nations and Métis societies recognize tobacco as a medicine plant with spiritual properties and ceremonial uses. Traditionally, tobacco has been used as an offering to honour animals that have been hunted, to honour and thank Mother Earth, to seek guidance and protection, and to help thoughts and prayers reach the Creator.⁵ The traditional use of tobacco is spiritual and empowering; therefore, it is necessary to separate traditional use from non-traditional use. In this report, “non-traditional” use of tobacco is synonymous with “misuse” and refers to the use of commercial tobacco products, such as cigarettes, cigars, pipes, chew, and spit tobacco that have unhealthy effects. Conversely, “traditional” use refers to the spiritual and medicinal use of tobacco that has healing effects.

Aboriginal Peoples and Tobacco Use

According to the 2006 Aboriginal Census, there are 196,075 Aboriginal people in BC, which is roughly 5% of the total population of the province. First Nations constitute the vast majority of BC’s Aboriginal population (129,580 or 66%), followed by Métis (59,445 or 30%), Inuit (795 or 0.4%), multiple Aboriginal identity (1655 or 0.8%), and other Aboriginal peoples not included in the other categories (4605 or 2.3%). BC’s Aboriginal population increased by 15% between 2001 and 2006, which is more than three times the rate of BC’s non-Aboriginal population. The median age of Aboriginal people in BC is 28 years old, compared to 41 years of age in the non-Aboriginal population.⁶

⁴ Tobacco cessation efforts that target pregnant women are currently being researched as a separate BC Initiatives project, consequently, pregnancy-related tobacco cessation initiatives have not been repeated here; such efforts occupy a minimal position in this report.

⁵ Many sources regarding the traditional use of tobacco are available, see *The Warmth of Love: The Four Seasons of Sophie Thomas* as an example of traditional tobacco use.

⁶ Statistics Canada. (2006) *Aboriginal Peoples in Canada in 2006: Inuit, Métis, and First Nations, 2006 Census, Catalogue No. 97-558-XIE*. Statistics Canada.

The Aboriginal Peoples Survey of 1991 reported that in Canada, Inuit peoples had the highest prevalence of tobacco use at 72%, while 57% of Métis peoples and 56% of all First Nations peoples, at the time of the survey, reported using commercial tobacco products.⁷ In British Columbia, Aboriginal peoples have a higher rate of commercial tobacco product use compared to the general population of the province. In terms of gender, 45% of Aboriginal males use commercial tobacco compared to 23% of males in British Columbia, and 44% of Aboriginal females use commercial tobacco compared to 21% of females in British Columbia.⁸

British Columbia Populations	12 - 18 Years	19 - 24 Years	25 - 44 Years	45 + Years	65 + Years
Aboriginal Peoples	41%	61%	49%	29%	21%
General Public	16%	31%	27%	21%	11%

Figure 3. Rates of commercial tobacco use by Aboriginal peoples and the general public in B.C. from 1997.

The following section provides an overview of “who’s who” in terms of tobacco prevention, cessation, and reduction strategies in British Columbia and Canada. Both Aboriginal-specific and general population initiatives are included. The environmental scan is followed by an annotated bibliography of relevant and important works regarding tobacco cessation theories and practices.

ENVIRONMENTAL SCAN

Objective

The objective of the scan is to generate an inventory of organizations and entities, primarily in British Columbia, involved in tobacco prevention, cessation, reduction, and de-normalization initiatives.⁹ Most of the initiatives discussed pertain to inhaled tobacco, such as with cigarettes, but spit tobacco is also included. The initiatives included in this scan primarily deal with first hand tobacco use, but second hand smoke is also included. Both Aboriginal and non-

⁷ The Aboriginal Peoples Survey, 1991. Available through Stats Can and contained in *Honouring Our Health*, 2001.

⁸ From data contained in the 1997 Angus Reid Survey Tobacco Use in British Columbia in *Honouring our Health*, 2001: 9. This trend of higher commercial tobacco use rates amongst Aboriginal peoples is echoed in The First Nations and Inuit Regional Health Surveys also conducted in 1997, by Health Canada.

⁹ Included in the results of this research is the acknowledgement that a plethora of tobacco cessation initiatives exist throughout British Columbia, Canada, and elsewhere, and because of this fact, this report cannot, and therefore does not, include all initiatives.

Aboriginal initiatives are included. Most tobacco-related initiatives target a particular audience, and therefore, most programs are tailored for a particular group. The target audiences included in the following initiatives are outlined in the chart below.

<u>Aboriginal-Specific Initiatives</u>	<u>General Population Initiatives</u>
First Nations, Métis, and Inuit peoples Community members in general Children Youth Young Adults Women	General public Children Youth Young Adults Women Health Care Professionals Business/Workplace Public and Government Policy

Figure 4. Chart of target audiences for the tobacco-related initiatives discussed in this report.

1. Carrier Sekani Family Services

Carrier Sekani Family Services (CSFS) is a non-profit society and a branch of the larger Carrier Sekani Tribal Council. The CSFS provides a variety of health, child and family, and legal services for its eleven member First Nations. Intent on taking direct responsibility for health, social, and legal services programs, CSFS has adopted as its vision the intention to “implement a model that promotes self-reliance, self-sufficiency and, in turn, a society that is healthy, strong, and vibrant.”¹⁰ In fulfilling its goals, the CSFS provides a wide range of services, which include: home and community care, community public health nursing, public health education, addictions recovery, patient liaison services, and environmental health and mental health programming. All of these services are intentionally community-based, professional, and culturally appropriate. Other services offered by the CSFS include a Youth Program, Elder’s Program, Diabetes Program, Prenatal and Nutrition Program and Healing Camps, in addition to abuse-related clinics, suicide prevention and baby clinics.

▪ First Nations-Specific Youth Initiatives

In Your Face Factz – a First Nation youth oriented tobacco prevention/cessation booklet.¹¹ Identified as a “manual to help Aboriginal youth manage and sustain

¹⁰ www.csfs.org accessed March 24, 2007.

¹¹ This publication has relevance for Métis peoples, in addition to First Nations peoples, as is the youth conference discussed in the next entry.

health related to Tobacco use,"¹² this document takes on a sports-oriented team spirit in order to communicate the many negative consequences associated with tobacco misuse – "tobacco misuse destroys the circle, if one falls, we all fall."¹³ Aimed primarily at sports-playing youth, this manual outlines the traditional use of tobacco in terms of its sacred, respected, ceremonial, and medicinal purposes. In contrast, non-traditional use is characterised as undesirable and an addiction which is detrimental to one's health, future, and happiness. This document is discussed in further detail in the annotated bibliography section of this report.

Aboriginal Youth Conference – a forum held in Prince George, British Columbia from April 3 to 5, 2007. The Aboriginal Youth Conference enabled Aboriginal youth from around the province to come together in the spirit to "Be Free." The conference encouraged Aboriginal youth between the ages of 14-25 to follow their dreams without the use of drugs, alcohol or tobacco.¹⁴

2. Aboriginal Tobacco Strategy – Ministry of Health

The Aboriginal Tobacco Strategy is a federal initiative aimed at decreasing tobacco misuse within Canadian Aboriginal populations and to promote smoke-free environments and activities. The Aboriginal Tobacco Strategy takes form as the Honour Your Health Challenge, which is a province-wide, community-based health initiative specifically designed for Aboriginal peoples. Participation in the program can be on an individual basis or at the community level, and elementary and high school-based activities are also available. The Aboriginal Tobacco Strategy is set within the larger British Columbia's Tobacco Control Strategy, which is discussed below.

▪ First Nations-Specific Initiatives

Honouring Your Health Challenge: An Aboriginal Tobacco Strategy for British Columbia is an approach to smoking cessation that is tailored for Aboriginal communities throughout British Columbia. This body of work is grounded in the notion that traditional and non-traditional uses of tobacco are two opposing ideologies and practices. A step-by-step guideline for creating a successful tobacco cessation program are outlined, along with tobacco related facts and other quantitative information are included. Drawing from traditional ways of knowing, this approach recognizes that issues underlying addictions in general, such as, poverty, despair, boredom, and cultural alienation, must be

¹² In *Your Face Factz: Youth, Sports and Tobacco Misuse*, page 2.

¹³ *Ibid.*, 35.

¹⁴ At the time of writing no more information was available regarding the success of this conference. The person associated with the tobacco cessation activities at this conference was unavailable and therefore unable to provide more information.

acknowledged and responded to. Successful smoking cessation efforts must be part of a larger, more encompassing, vision of self-determination and cultural revitalization. Traditional ways of knowing and doing demand that the right conditions within the community must be in place first, in order for any idea or program to flourish. The need for patience and understanding are identified as paramount for any human endeavour. This source is discussed in further detail in the annotated bibliography section of this report.

3. Tobacco Control Strategy - Ministry of Health

The Tobacco Control Strategy develops legislation, programs, and resources relevant to its primary goals of (1) preventing tobacco use, (2) encouraging and aiding tobacco cessation, and (3) protecting all British Columbian's, infants and children in particular, from second hand smoke. The Tobacco Control Strategy works alongside legislation efforts to reduce tobacco use by restricting youth (legal) access to tobacco. Provincial tobacco taxation schemes are also orchestrated to prevent youth and young adults from using tobacco products; youth-based restrictions are thought to be key strategies because very few individuals begin using tobacco as adults. Cessation efforts are organized into three categories: (1) young adults 20 to 24 years of age, (2) adults 25 to 44 years of age, and (3) Aboriginal peoples.

▪ Youth and Young Adult Initiatives

bc.tobaccofacts - a partnership between the Ministry of Health and the Ministry of Education to consult with teachers and health experts to create a base of tobacco prevention sources for teachers of grades 4 to 12. These tobacco-related resources are grade specific and integrated into the school curriculum. This program has a web-based tobacco cessation component that is devoted to communicating the facts associated with smoking in order to help individuals make the decision to stop smoking. This website is a one-stop source for a variety of information regarding the harmful effects of tobacco, all of which are presented in a no-nonsense and very realistic (some times very graphic) manner. This website provides a direct link to the *Honouring Your Health: An Aboriginal Tobacco Strategy for British Columbia* and other Aboriginal-specific tobacco cessation resources, which are discussed throughout this report.

Tobacco Free Sports - Play it Clean - a smoking prevention program based on the notion that creating tobacco free activities in schools and communities is an effective way of communicating that tobacco use is not the norm, nor is it desirable or tolerated. Through this program, a variety of resources and ideas are available for individuals and groups wishing to create tobacco-free activities. Tobacco Free Sports - Play it Clean was initiated by the World Health

Organization and its partners. Program resources include a coach's tool kit and poster of high-performance athletes. Provincial Tobacco Free Sports events in 2005 include: *Northern Health Authority district* – Riverboat Days in Terrace where promotional materials were on display, worn during the events and given out as prizes; *Fraser Health Authority district* – Junior A hockey games, elite and invitational soccer tournaments, football matches, and lacrosse games where promotional materials were on display in arenas and sports fields while local teams participated in the events; and *Interior Health Authority District* – promotional materials were on display in arenas and schools. Outdoor signage was created and displayed at arenas and community centres in order to deter patrons from smoking at entrances. Promotional materials were displayed at a variety of school tournaments, sports days and the Terry Fox Run, and a Tobacco Free Sports booth was featured at the B.C. Winter Games in Trail.

Kick the Nic – a group program aimed at British Columbia teens and available through British Columbia high schools. This program is delivered by health and education professionals in schools and community settings. The program is set in the context of making positive choices/changes throughout life – smoking cessation (or prevention) being a positive choice/change. This program features a variety of resources, such as, posters, brochures, handbooks and tip sheets, all of which are available on line. In January 2006, Kick the Nic training was offered to over 300 Aboriginal facilitators at the Honour Your Health Challenge training conducted in Vancouver. The newly trained facilitators returned to their communities to offer the program. An evaluation of the Kick the Nic program was conducted via a survey of 84 facilitators and 291 participants. **Evaluation Results:** 85% of the participants either strongly agreed or agreed that the program was helpful; 91% strongly agreed or agreed the program was something they would recommend to others; and 71% of the adolescents participating in the program took some form of positive action to change their smoking habits.¹⁵

Quit 4 Life – a web-based smoking cessation program aimed at young people throughout British Columbia and Canada. This program offers a four step process to smoking cessation that can be completed via the internet or in conjunction with a series of ten locally organized group sessions.

Leave the Pack Behind – this program is aimed at providing support to post-secondary school students and to assist decision-makers in developing effective tobacco cessation programs and policies. This program was developed in Ontario and, as of 2005, the province of British Columbia is looking to replicate and initiate a local version of this program. The British Columbian version of this

¹⁵ Statistics from Ministry of Health, Tobacco Control Program School Based Programs 2006 booklet.

program will establish working relationships with five campus communities and it will promote other province-wide cessation efforts already in place, such as, quitnow.ca and quitnow by phone.

B.C. Tobacco Cessation Mass Media Campaign – this campaign targets young adults, ages 20 to 30 years, and is comprised of two phases. Phase I revolved around campaign development and was launched in February and March of 2005. This campaign involved television advertising in the Interior region; province-wide radio advertisements; and poster distributions in bars, restaurants, work sites and public venues throughout the province. The main message of the program was “you can get better.” Visual media products supported the notion of the benefits of quitting versus the dangers of not stopping. Phase II of the campaign, which was oriented around implementation, was launched in January and February of 2006.

▪ General Public Initiatives

Talk About it Tips – a brochure designed to help parents, both smoking and non-smoking, to talk about tobacco use with their children. This brochure is made available in three languages – English, Chinese and Punjabi – and was distributed to participating pharmacies and schools for children in grades 4 to 7.

Click or Call Around the Clock – a mass media strategy aimed at promoting two provincial cessations services: *quitnow.ca* and *quitnow by phone*. This campaign targeted tobacco users between the ages of 25 and 44 living outside the Lower Mainland and Greater Victoria area. The approach for this initiative involved radio spots, printed advertisements, posters in transit shelters, and Aboriginal media sources. The media program began in November 2005 and ran for 3 to 8 weeks depending on the region.

quitnow.ca – an internet based quit smoking service that is available free of charge to all British Columbia residents. Operated by the BC Lung Association, on behalf of the Ministry of Health, the *quitnow.ca* website contains comprehensive resources and services intended to aid in the cessation of tobacco use. The online service offers peer support, expert counsellors, and a directory of local and province-wide cessation resources. Access to the website is essentially limitless.

quitnow by phone – a toll free telephone-based approach to smoking cessation, much like the web-based version, this program offers support and advice for those individuals wishing to stop smoking. The telephone segment of *quitnow* is managed by Clinidata, on behalf of the Ministry of Health.

- Spit Tobacco Initiatives

British Columbia Spit Tobacco Education Project (the Project) – a partnership program between the Project, major and minor sports organizations, the tobacco control community, and oral health professionals. The Project is based on the U. S. National Spit Tobacco Education Program that was created in 1994. The Project works to educate and raise awareness about the health effects caused by spit tobacco; to identify and focus on reaching youth and young adults who use spit tobacco; and to increase the ability of oral health professionals and other interested parties to address spit tobacco use. During the winter of 2006-2007, educational packages were stated to be distributed to 6 health regions around the province for further distribution to schools, youth groups, and sports organizations.

- Clinical Initiatives

Helping Moms Quit – a manual for professional and lay care providers who work with pregnant or parenting women who smoke. This manual provides a means of determining a woman’s stage of readiness to stop smoking, and it identifies strategies for different stages of change.

- Business and Workplace Initiatives

Healthy Workplaces – a project that targets small business owners and business managers in five specific labour markets throughout the province: hospitality, retail, office, labour, and primary industry. The focus of this initiative is to create awareness and promotion of the “Four Pillars of Health” – those being, smoking cessation, physical activity, healthy choices during pregnancy, and healthy eating. This program began in 2004 through the efforts of WCG International and its smoking cessation project for British Columbians entering or re-entering the workforce. The initial project involved setting up cessation/intervention clinics at the company’s various locations. Since its inception, Healthy Workplaces has been involved in a variety of workplace-health initiatives that reach beyond its original smoking cessation focus.

Tobacco Enforcement Program – an initiative aimed at enforcing the provincial Tobacco Sales Act and the federal Tobacco Act for the purpose of reducing the availability of tobacco to youth from retail outlets. Restricting youth access to tobacco is believed to ultimately result in fewer smokers province-wide because less than 15% of smokers begin using tobacco after 19 years of age.

Limiting Youth Access - provincial efforts to limit and reduce youth access to tobacco products. This program consists of a retailer tool kit, program policy

manual and health warning signage. The focus of this program is oriented toward retailer compliance with the federal Tobacco Act and the provincial Tobacco Sales Act. Provincial compliance is currently rated at 92%. By 2010, the Limiting Youth Access will expand to include youth “social sourcing” of tobacco products.

- Gender-Specific Initiatives

Smoke-Free Pregnancies – a multi-stage project commencing with research and surveys regarding available and needed smoking cessation resources and programs in order to produce a series of materials targeting service workers, pregnant women, and young mothers. Materials for this program were designed specifically for women with low-literacy and/or low-interest in written materials.

4. Health Canada

Health Canada is the branch of the federal government that is responsible for “helping Canadians maintain and improve their health, while respecting individual choices and circumstances.”¹⁶ The main goal of Health Canada is to establish Canada as one of the healthiest countries in the world. In 2001, the federal government announced the Federal Tobacco Control Strategy, which boasts a primary mission of reducing tobacco-related diseases and deaths among Canadians. The National Strategy pertaining to tobacco use is one of prevention, cessation, protection, and, just recently adopted, de-normalization, all of which are embedded in federal policy and legislation, public education, industry accountability and product control, research, and building and supporting capacity for action.

The National Strategy specifically aims to reduce the number of people who use tobacco from 25% to 20%, decrease the number of cigarettes sold by 30%, increase retailer compliance with tobacco laws with regard to sales to youth from 69% to 80%, reduce the number of people involuntarily exposed to second-hand smoke, and explore ways of changing tobacco products to reduce the health hazards associated with tobacco use.

- First Nations-Specific and Inuit-Specific Initiatives

First Nations and Inuit Tobacco Control Strategy - set within the larger Federal Tobacco Control Strategy, is the First Nations and Inuit Tobacco Control Strategy (the Strategy) to which Health Canada has allocated \$50 million over a five year

¹⁶ www.hc-sc.gc.ca/ahc-asc/index_e.html accessed April 3, 2007.

period in order to address the high rate of tobacco use among First Nations and Inuit peoples. The target populations are organized in the following manner: First Nations peoples living on reserves south of 60° latitude, First Nations communities north of 60° latitude, and Inuit peoples living in Inuit communities. Within this initiative, special attention is focused on youth and pregnant women. Health Canada offers additional tobacco-related resources that are specifically designed and oriented toward First Nations and Inuit peoples (in addition to sources for the general population). These resources are delivered through websites, television, radio, posters, printed advertisements and brochures. Generally speaking, these campaigns are oriented toward highlighting the harmful effects of tobacco, and the health consequences associated with the use of tobacco and the exposure to second hand smoke.

The 2007-2008 Health Canada Report on Plans and Priorities indicates that funding for the First Nations and Inuit Tobacco Control Strategy (the Strategy) has been “targeted for reduction.”¹⁷ The federal budget cut to the Strategy was based on the ineffectiveness of the program, yet the funding ceased halfway through the fifth and final year and prior to the finalization of the evaluation report.¹⁸ Health Canada reports that “funding for fiscal year 2007-2008 will be directed at completing existing initiatives and working with key partners to develop a new policy approach to tobacco control in First Nations and Inuit communities.”¹⁹

Aboriginal Head Start On Reserve – initially developed in 1995, the Head Start program aims to enhance child development and “school readiness” for Aboriginal, Metis, and Inuit children living in urban areas and large northern communities. A community-based component of the program was initiated in 1998, which is now referred to as the Aboriginal Head Start on Reserve program. Contained within this program are six key components: culture and language, education, health promotion, nutrition, social support, and parental involvement. This program seems a logical place to find a tobacco prevention component, but according to Monique Gray Smith of the Aboriginal Head Start program, this initiative does not contain a tobacco prevention stream.²⁰

▪ General Public Initiatives

e-quit – an internet-based self-help tobacco cessation program that began in 2002. Once an individual subscribes to the service, they receive information and support via daily email message that prepares them to cease using tobacco

¹⁷ www.hc-sc.gc.ca/ahc-asc/performance/estim-revis/plans-prior/index_e.html accessed April 9, 2007.

¹⁸ Assembly of First Nations Health Bulletin: Fall/Winter 2006/2007 Edition.

¹⁹ Health Canada Report on Plans and Priorities, 2007-2008.

²⁰ Personal communication, Monique Gray Smith April 14, 2007.

products. Information is presented in a non-threatening manner. According to the website “hundreds of people have written Health Canada to praise the program.”²¹

5. Institute of Aboriginal Peoples’ Health

Developed in June of 2000, the Institute of Aboriginal Peoples’ Health (the Institute) was initiated out of the recognition that Aboriginal peoples’ health throughout the country is generally poorer than the health of non-Aboriginal peoples. The Institute’s primary goal is to develop a better understanding of why this marked difference in health levels exists, and it aims to improve the overall health of Aboriginal peoples living in Canada. Recently, the Institute has worked collaboratively with the Canadian Tobacco Control Research Initiative to provide support for several individuals intending to conduct First Nations and Inuit-based tobacco prevention/cessation research. The most current research projects funded by the Institute include:

- “How do the acute and chronic effects of smoking contribute to the addictive properties of tobacco?” – Sean Barrett, Dalhousie University.
- “Health practitioners’ role in tobacco reduction: theoretical development of a multi-level behavioural model.” – Annette Schultz, University of Manitoba.

6. National Indian and Inuit Community Health Representatives Organization

Community health representatives are frontline health workers who work directly with First Nations peoples throughout the province. In addition to promoting health concerns, community health representatives improve First Nations access to health care by bridging the gap between professional health care officials and community members. The consequences of tobacco misuse are included in the repertoire of health concerns and duties of community health representatives. In all of the health-related areas that community health representatives participate, they are engaged in a variety of activities such as, identifying community needs, conducting surveys, developing new programs, making home visits, facilitating workshops, and conversing with other health care workers.

The National Indian and Inuit Community Health Representatives Organization (the Organization) is a Canada wide non-governmental entity that is committed to:

²¹ www.hc-sc.gc.ca/.../quit-cesser/now-maintenant/equit-jarrete/index_e.html

- upgrading Aboriginal and Inuit health care quality to the standards available to rest of the populations of Canada
- providing a forum for community health representatives to communicate and exchange information relevant to community and nationally-based health initiatives
- creating and promoting awareness of the community health representative program throughout Canada
- providing a means for advising Aboriginal and Inuit communities and other entities regarding matters pertaining to community health representatives (www.niichro.com/2004)

▪ First Nations-Specific and Inuit-Specific Initiatives

Taking the Lead for Change: Tobacco Cessation Strategies for Aboriginal Communities – this kit contains a training manual, a newly developed empowerment guide, a flip chart, a traditional tobacco video, and a bag of promotional items. Recently, the empowerment guide has been translated into Inuktitut, and several Inuit and First Nations communities across northern Quebec, Labrador, and northern Saskatchewan have received *Taking the Lead for Change* training.²²

Changing the ‘Culture of Smoking’ Community-Based Participatory Research to Empower Inuvialuit Communities – a five year project funded by the Canadian Tobacco Control Research Initiative. Initially slated to begin in 2006, this program has just recently received funding and is currently at the beginning stages.²³ Once it has been fully organized, this initiative will be delivered to communities north of Yellowknife, NWT.

The Organization has also published a journal entitled *In Touch*, which deals with a variety of Aboriginal-specific issues relating to health and wellness. Tobacco misuse and the related health consequences are included as topics of interest in this journal. Specific volumes that deal with tobacco include: Volume 6, no date – Tobacco Reduction; Volume 23, Summer 2002 – Tobacco; and Volume 24, Fall 2002 – Healing Hearts, SIDS, Tobacco Misuse and FAS.²⁴ Volume 23 is discussed in detail in the annotated bibliography section of this report.²⁵

²² Personal communication NIICHRO office, Kahnawake, Quebec, April 25, 2007.

²³ Ibid.

²⁴ These journals are available online at www.niichro.com

²⁵ Copies of Volumes 6 and 24 are included in Appendix 1.

7. The Aboriginal Youth Network

Operated by and for Aboriginal youth in Canada (and elsewhere), the Aboriginal Youth Network (the Network) functions to communicate information about health, education, employment opportunities, as well as current news events. This web-based entity encourages Aboriginal youth, regardless of their location, to talk about their lives and share their experiences with one another. Connecting with other Aboriginal youth is a key component of the Network. The Network's website is comprised of three key segments:

- Lifestyles – a section of the website that enables viewers to express their own feelings, and communicate and share their own experiences with others.
 - Education Centre – this section provides information about scholarships, internships and other education-related programs and training opportunities for Aboriginal youth.
 - Wellness – information regarding nutrition, mental health, addictions, abuse, sexuality, sexually transmitted diseases, pregnancy and suicide (among others) are available in this section of the website, along with quizzes, games, and additional health-related links. Access is available through this section of the website – *A Tribe Called Quit*.
- First Nations-Specific and Inuit-Specific Initiatives

A Tribe Called Quit – a web-based initiative that provides information regarding tobacco use, in terms of what is traditional and non-traditional use; the tobacco industry; and tobacco-related facts. The website is designed so that individuals wishing to stop misusing tobacco products and those wishing to help others to do the same can find the information they need, as can teachers wishing to bring tobacco prevention/cessation information and activities into the classroom.

The information on the website is meant to be used in conjunction with the Aboriginal Youth Network's culture-based tobacco cessation program, which occurs in printed form as two volumes, (1) *The Tobacco Manual*, which enables readers to better understand why they misuse tobacco and what they can do to stop, and (2) *The Medicine Bag*, which is a set of tools and techniques the reader can use to stop misusing tobacco and to remain tobacco-free.²⁶ Although these manuals are primarily aimed at Aboriginal youth, both Métis and Inuit communities are acknowledged as also having a high number of tobacco

²⁶ Tobacco-free in a non-traditional or abusive sense.

addictions, consequently the Aboriginal Youth Network encourages both Métis and Inuit peoples to use the manuals, stating that even though there are cultural differences (especially between Inuit and First Nations peoples), the manuals are still relevant and the methods still effective. The Tobacco Manual and Medicine Bag are discussed in detail in the annotated bibliography section of this report.

8. Native Women's Association of Canada

Based out of Ontario, the Native Women's Association of Canada (the Association) strives to improve the social, economic, cultural, and political well-being of Aboriginal women in Canada. The Association is a foundation of thirteen women's associations across the country, and was incorporated as a non-profit organization in 1974. The Association works to address issues regarding the needs of Native women, such as equal opportunities, self-determination, self-sufficiency, health, and education (among others).

- First Nations Gender-Specific Initiatives

Tobacco Reduction Strategy – a gender and ethnicity-specific needs assessment for tobacco cessation programs. This document is included in the annotated bibliography section of this report.

9. Canadian Health Network

The Canadian Health Network is a web-based health initiative that aims to enable Canadians to find health and disease-prevention information. The Canadian Health Network is a collaborative network comprised of the Public Health Agency of Canada, Health Canada and many not-for-profit organizations, universities, hospitals and libraries. Embedded in the Canadian Health Network website is an Aboriginal specific stream that provides access to information about a variety of health issues and questions. The tobacco portion of this network is primarily intended for the general population, however, Aboriginal-specific information regarding tobacco use, although minimal, is available as a one page information sheet entitled, *Tobacco is one of our sacred medicines, and it's also a killer. Tell me about tobacco*. This information sheet discusses tobacco in terms of its traditional use.

10. National Aboriginal Health Organization

The National Aboriginal Health Organization (the Organization) is an Aboriginal-designed and controlled entity that is committed to influencing and advancing the health and well being of Aboriginal peoples. A plethora of information is available through the Organization's website on topics such as,

health, justice, communication, youth, women, and disease. Information pertaining to tobacco use, prevention and cessation is embedded in the many links available through the website.

11. Nechi Institute

The Nechi Institute conducts yearly research into how Aboriginal lifestyles are affected by issues such as gambling, substance abuse, family violence, and tobacco misuse. The research results produced by Nechi are available to government policy makers and other community organizations. Nechi is one of the few research and health promotion organizations that are operated both by and for Aboriginal peoples. Nechi is based out of Alberta, Canada. In 1999, Nechi created a tobacco cessation manual specifically for Aboriginal youth. In 2002, this program was distributed to every First Nation community in Alberta and was used to create a “facilitation skills for youth” course for community facilitators. This course was based on training older youth to act as facilitators to younger youth so both sets of youth would stop misusing tobacco. More recently, Nechi has engaged in a three year project aimed at eliminating the exposure of second hand smoke among Métis and urban-based Aboriginal peoples in Alberta. This three year project is entitled, *Environmental Tobacco Smoke Bylaws and Policies: Aboriginal Facilitation Initiative Project*.²⁷

12. Heart and Stroke Foundation

The Heart and Stroke Foundation is a volunteer-based organization that promotes healthy living and aims to eliminate heart disease. The Heart and Stroke Foundation is a federation of ten provincial foundations and one federal foundation, which is led by over 130,000 volunteers across Canada. In addition to their many healthy-heart endeavours, the Heart and Stroke Foundation provides a variety of tobacco prevention/cessation information and programs, most of which do not specifically target Aboriginal populations. The nature and target age range of the programs, however, do work to include Aboriginal peoples.

▪ First Nations-Specific Youth Initiatives

HeartSmart Kids 4-6 Aboriginal – this version of the HeartSmart Kids program has been adapted specifically for Aboriginal children. This Aboriginal-specific program includes cultural values of a variety of British Columbian Aboriginal societies, all of which are set within the context of three important issues: eating well, being active, and living smoke free. All of the original HeartSmart Kids 4-6 content is included in addition to the culturally-specific components.

²⁷ At the time of this report more information about this research was not available.

- Child, Youth and Family Initiatives

HeartSmart Kids K-3 / bc.tobaccofacts K-3 – together, the Heart and Stroke Foundation of British Columbia and Yukon and the Ministry of Health have produced this teacher’s resource that addresses tobacco and other related health risks which is intended for children in kindergarten through to grade 3. Since its inception in 1999, the HeartSmart K-3 has reached over 2600 teachers and 65,000 students.²⁸ This program includes a variety of classroom based activities, posters, a FunBook (which is renewable at no charge) and a storybook – all of which are aimed at teaching children the importance of heart-smart habits. A version of this program for children in grades four to six also exists (*HeartSmart Kids 4-6*), and it carries the same message of adopting heart-smart habits at an early age.

HeartSmart Family – a series of family-oriented resources and activities that promote and encourage a health lifestyle, including living smoke free.

- Educator-Specific Initiatives

HeartSmart Kids Workshop for Teachers - a series of resources aimed at teaching the teacher how to get the most from the HeartSmart Kids kits. A personal trainer will visit and deliver the program to schools that have five or more teachers interested in participating. Teleconferencing workshops are also available for educators in remote communities, such as Aboriginal communities/reservations.

- Second Hand Smoke Initiatives

Kids Need Breathing Space – a campaign that supports smoke-free homes and promotes an awareness of the harmful effects of second-hand smoke. This program aims to change the attitudes and behaviours of those individuals who use tobacco products, along with their family members and friends, to achieve a smoke-free home and a smoke-free car. This program utilizes television, radio, billboards and a variety of kits to achieve its goals.

13. Pauktuutit

Pauktuutit is a national, gender-specific organization representing Inuit women in Canada. Embedded in its mandate are the goals of fostering a greater understanding and awareness of the needs of Inuit women and encouraging Inuit women’s participation in community, regional and national concerns regarding social and economic development. Pauktuutit has established itself as

²⁸ www.heartandstroke.ca accessed April 9, 2007.

an expert in the field of Inuit health, which has enabled this organization to become widely recognized among Inuit peoples as being proactive with regard to health issues. Pauktuutit works to include Inuit women in its policy making process and, as a result, many of its projects and publications reflect Inuit values, perspectives, and concerns.

- Inuit-Specific Initiatives

Aniqsaattiarniq: Breathing Easy- is an approach to tobacco cessation that has been designed by and for Inuit peoples and distributed to elementary and secondary schools throughout the north. This initiative and a formal evaluation of this program are discussed in detail in the annotated bibliography section of this report.

14. Assembly of First Nations

The Assembly of First Nations (the Assembly) is a national entity that represents the First Nations citizens of Canada. The Assembly presents the views and concerns of Canada's First Nations communities in areas such as treaties, rights, economic development, and social development. The Assembly strives to promote, protect, and reinstate First Nations rights, human rights, human dignity, and cultural survival. In conjunction with its many health priorities, the Assembly recognizes the high rate of tobacco use among First Nations peoples, youth in particular, and the need for long term prevention.²⁹

- First Nations-Specific Initiatives

Don't Misuse Tobacco, Keep it Sacred: A Message About Smoking From First Nations Youth – produced in 2002, this document provides information about: traditional tobacco and traditional tobacco use compared to cigarettes and other “retail” versions of tobacco; health effects for unborn babies and children; connections between tobacco misuse and cancer and heart disease; and reasons why youth should stop smoking or better yet, never begin to misuse tobacco. This document is included in the annotated bibliography section of this report.

15. The First Nations of Quebec and Labrador Health and Social Services Commission

This Commission promotes, supports, and assists First Nations and Inuit peoples in Quebec and Labrador to improve their overall health and well-being. Beginning in 2005, the Commission generated two newsletters entitled, *Tobacco*

²⁹ www.afn.ca accessed April 8, 2007.

Leaf, which was intended to “promote community success models and to provide technical support on health issues to the First Nations.³⁰ Set in the context of the larger First Nations and Inuit Tobacco Control Strategy, the first and second editions of the newsletter provide information about: community-based efforts to reduce non-traditional use of tobacco, information about traditional tobacco use, the importance of adults paying attention to teenagers who may be prone to experimenting with commercial tobacco products, some suggestions on how to prepare for tobacco cessation, the harmful contents of tobacco, and the health reasons why individuals should contemplate ending their tobacco misuse.

- First Nations-Specific Initiatives

Healing From Smoking – a tobacco cessation manual for First Nations peoples that can be used as an individual or small group intervention tool. The manual is comprised of six sections where the reader can learn about tobacco addiction and recovery; how to prepare physically, spiritually, and mentally for the challenge to cease using commercial tobacco; and how to plan a recovery stage. Information regarding traditional tobacco use is also included.

In 2005, Quebec City hosted the first Healing From Smoking workshop, where 35 stakeholders from various First Nations communities came together to learn about nicotine addiction and share their experiences and knowledge about commercial tobacco use. The workshop was successful in developing new partnerships between the First Nations of Quebec and Labrador Health and Social Services Commission and various provincial and federal government departments and tobacco control agencies.

16. Métis Settlements General Council of Alberta

This Alberta-based council advocates to all levels of government to develop and improve programs, policies, and services that support healthy Métis families and sustainable Métis communities. This council is currently engaged in a tobacco reduction strategy that aims to build awareness of the impact of commercial tobacco use. The council’s focus encompasses collecting existing tobacco reduction resources, as well as developing new resources, engaging in training workshops, and conducting presentations at conferences, such as the Métis Settlement Youth Conference in 2006.

³⁰ *Tobacco Leaf*, 2005: 2.

17. Provincial Health Services Authority

The Provincial Health Services Authority (the Authority) is one of six health authorities in the Province of British Columbia. The primary function of the Authority is to ensure all residents of British Columbia have access to high-quality health care.

- **First Nations-Specific Initiatives**

Aboriginal Tobacco Cessation, Prevention and Protection Mini Grant Project for Children and Youth – a funding partnership between the Interior Health Authority, Canadian Cancer Society and First Nation and Inuit Health Branch and Community Health Associates of British Columbia that provided individuals and organizations with funding (from a total budget of \$27,000.00) for the establishment or upkeep of tobacco prevention, protection and cessation programs for youth and/or adults.

18. The Canadian Tobacco Control Research Initiative

The Canadian Tobacco Control Research Initiative (the Initiative) is a partnership-based entity comprised of government and not-for-profit organizations committed to providing funding for tobacco-related research. Through a planning grant scheme, the Initiative permits tobacco control researchers to prepare and submit research proposals to major health research funding organizations. The Initiative partners with organizations such as the Canadian Cancer Society, National Cancer Institute of Canada, Health Canada, Heart and Stroke Foundation, Canadian Centre on Substance Abuse, and many other national and international health-related entities. The specific goals of the Initiative include: Advancing the Science to Reduce Tobacco Abuse and Nicotine Addiction; Research in Addictions - Innovative Approaches in Health Research; Annual Symposium for Research to Inform Tobacco Control; and Research to Support and Inform Ratification, Implementation and /or Enforcement of the Framework Convention of Tobacco Control.

19. Centre for Addictions Research of British Columbia

The Centre for Addictions Research of British Columbia (the Centre) is a partnership organization between the University of Victoria and the University of Northern British Columbia, the University of British Columbia, Simon Fraser University and Thompson Rivers University. The Centre builds on the research strengths and foci associated with each of the partner universities – biomedical and cultural dimensions of addictions and the delivery of health services to remote locations. Within its social/cultural stream, the Centre has a particular

interest in youth and Aboriginal health as it relates to addiction. The Centre receives administrative support from the University of Victoria and is affiliated with the Communication and Resource Unit in Vancouver. The Communication and Resource Unit operates the website, www.silink.ca (Substance Information Link). The Centre's primary aim is to "create an internationally recognized centre distributed across BC that is dedicated to research and knowledge exchange on substance use, harm reduction, and addiction."³¹ Within the Substance Information Link website, information regarding tobacco-related topics, such as health consequences, guides and approaches to tobacco cessation, promotional materials, statistics, and research reports, is available.

▪ General Public Initiatives

Building on the success of the [bc.tobaccofacts](http://bc.tobaccofacts.org), the Centre is designing a new set of resources aimed at addressing a broader range of learning objectives, including health issues that share common risk factors and mechanisms with smoking behaviours. New materials include lesson plans, worksheets, posters and teaching aids. In March of 2006, development and partnership agreements took place with stakeholders and school districts. The newly developed materials entered the school system in grades 8 to 10 throughout the province. An updated revision of this program was expected to be ready by September 2007. These materials are available through two web sites: www.bc.tobaccofacts.org and www.silink.ca.

20. Canadian Coalition for Action on Tobacco

An umbrella organization comprised of many national and provincial health-based entities that work cooperatively to reduce the health consequences associated with the use of tobacco. Organizations such as the Canadian Cancer Society and the Canadian Dental Association are members of the Canadian Coalition for Action on Tobacco (the Coalition). In 2006, the Coalition released a ten point action plan to restrain the Canadian tobacco epidemic. The action plan includes the following:³²

- Restore funding for the Federal Tobacco Control Strategy
- Increase tobacco taxes and close the roll-your-own loophole
- Implement a comprehensive ban on tobacco advertising and promotion
- Adopt strong promotion regulations under the Tobacco Act
- Eliminate deceptive cigarette labelling
- Enforce actively (sic) the Tobacco Act

³¹ www.carbc.uvic.ca/mission.htm accessed April 3, 2007.

³² From the Canadian Coalition for Action Tobacco 10 Point Federal Action Plan to Curb the Tobacco Epidemic – 2006 available at www.cda-adc.ca accessed April 10, 2007.

- Provide Canadian leadership on global FCTC implementation
- Hold the tobacco industry accountable for its destructive behaviour, by providing support for tobacco litigation and tobacco industry de-normalization
- Amend the Non-Smoker's Health Act
- Implement plain packaging

21. Canadian Cancer Society

A national organization formed of community-based volunteers whose aim is two-fold: the eradication of cancer and the improvement of the quality of life for individuals living with cancer. The Canadian Cancer Society participates in several partnerships which include National Cancer Institute of Canada, the Canadian Council for Tobacco Control, and the Canadian Coalition for Action on Tobacco. The Canadian Cancer Society includes the reduction of tobacco use in its Canada-wide priorities – others being, improving the quality of life for those people living with cancer and increasing support for cancer-related research. Canadian Cancer Society volunteers provide public education programs and services for cancer patients and their families, and they organize fundraising events.

The Canadian Cancer Society website provides a variety of hands-on information relating to tobacco cessation, such as guides that speak to the smoker who does not want to quit, the smoker who does want to quit, and the non-smoker who wants to help a smoker quit. Information regarding tobacco legislation, sales, and advertising is also available through the website.

▪ General Public Initiatives

Fresh Start Quit Smoking Program – a 16 hour group-based program that aims to encourage participants to cease using tobacco products and to support their efforts to remain tobacco-free. Participants examine their own personal reasons for using tobacco, and they learn coping skills and relaxation techniques that will help them through the recovery stages. This program was adapted from *Fresh Start Smoking Cessation Course* initially developed by the Anti-Cancer Council of Australia.

22. Canadian Council for Tobacco Control

Founded in 1974 by a variety of organizations concerned with the tobacco epidemic in Canada, the Canadian Council for Tobacco Control includes organizations such as the Canadian Cancer Society; the Heart and Stroke Foundation of Canada and the Canadian Lung Association. The Canadian

Council for Tobacco Control is committed to contributing to the transfer of knowledge and the development of skills related to action on tobacco issues, and it supports those individuals and organizations who seek to prevent tobacco use among Canadians; persuading and aiding smokers to stop using tobacco products; eliminating exposure to second hand smoke; and educating Canadians about tobacco marketing strategies and the harmful effects associated with the use and exposure to tobacco.

23. B.C. Cancer Agency

The B.C. Cancer Agency, an affiliate of the Provincial Health Services Authority, is responsible for cancer care within the province of British Columbia. The B.C. Cancer Agency (the Agency) provides research, education, care, and treatment as it pertains to cancer through four regional offices: Vancouver, Vancouver Island, the Fraser Valley, and the Southern Interior. The Agency also works closely with physicians, nurses and other health care officials in regional hospitals and clinics across the province, so that cancer-related care and education can be accessed in remote, less-urban areas.

Although cancer is not only caused by smoking, tobacco cessation/prevention programs and resources are of interest to the Agency, in addition to other cancer-causing agents. As part of its prevention program, a variety of electronic sources are available through the Agency's website, including tobacco cessation resources.

- General Public Initiatives

The Health Impact of Smoking and Obesity and What to Do About It, Hans Krueger, Dan Williams, Barbara Kaminsky and David McLean – published in 2007, this book is available for online ordering through the B.C. Cancer Agency website. This source synthesizes recent data on the benefits and cost-effectiveness of clinical and public health interventions pertaining to tobacco use and obesity.

- Clinical Initiatives

Clinical Tobacco Intervention - offered through the B.C. Cancer Agency and the Society for Clinical Preventive Health Care, is an online course for health officials. This course is aimed at preparing health care professionals to assist patients to stop using tobacco. This initiative was sparked by the new Provincial Health Services Authority Smoke Free Policy, scheduled to become effective May 31, 2007. The Smoke Free Policy extends a no-smoking regulation to all Provincial Health Services Authority facilities and surrounding properties, of which both Provincial Health Services Authority staff and patients will be

affected. In December of 2007, a presentation on Clinical Tobacco will be offered for health care workers in Vancouver. Preparations for other presentations are currently being generated.

24. Prevention Source B.C.

Established in 1996, Prevention Source B.C. is a clearinghouse of information and resources regarding tobacco prevention/cessation. Prevention Source B.C. provides prevention/cessation resources, free of charge, to all British Columbia health and education professionals, school and community-based prevention workers, government and non-government agencies, health authorities, and any other organization working in tobacco prevention/cessation.

25. Clean Air Coalition of B.C.

The Clean Air Coalition of British Columbia (the Coalition) is comprised of the BC Lung Association and the Heart and Stroke Foundation of British Columbia and Yukon. The overall aim of the Coalition is to reduce “the harm caused by tobacco use and exposure to second hand smoke.”³³ Through a variety of tobacco prevention/cessation campaigns, the Coalition promotes education and awareness of the health consequences associated with first and second hand smoke. Overall, the Coalition seeks to:

- make it harder for children and youth to begin using tobacco
- make it easier for tobacco users to stop
- expose tobacco industry tactics

▪ General Public Initiatives

Monthly Breakfast Meetings - the Coalition receives funding from Health Canada and Ministry of Health to host province-wide meetings on tobacco control. In operation since 2001, the Coalition has been organizing Monthly Breakfast Meetings in the Lower Mainland that provide tobacco control supporters with opportunities to network, share resources, and develop expertise in tobacco control measures. Meetings can be attended in person or via teleconferencing.

▪ Second Hand Smoke Initiatives

Take it Outside – a program aimed at raising awareness of the overall health issues associated with second-hand smoke; to encourage British Columbians, parents and caretakers in particular, to make their homes and cars smoke-free;

³³ www.cleanaircoalitionbc.com accessed April 9, 2007.

and to develop partnerships with community, health, and child welfare organizations to support and promote this initiative. The efforts associated with the Take it Outside program are organized into three regions: Prince George, Fort St. John, and Vancouver. Both the Prince George and Fort St. John regions are primarily focused on promoting smoke-free homes, while the Vancouver region is focused on smoke-free cars.

Drifting Second Hand Smoke – works to raise awareness of drifting tobacco smoke into private residences from neighbouring apartments. These efforts recognize that individuals living in multi-unit dwellings, such as apartment complexes, duplexes, townhouses and suites in houses, are often exposed to indirect second-hand smoke. Even though landlords have the right to make their rental properties smoke-free, there is a lack of smoke-free rental housing available in British Columbia. The objectives of this program are to encourage the Residential Tenancy Office to extend its policies to address the issue of drifting smoke; to develop and deliver presentations to landlord associations, housing co-ops, and non-profit housing associations; and to identify the magnitude of drifting second-hand smoke issues by developing a system that tracks complaints and provides links to resources.

Make B.C. 100% Smoke Free In All Public Places – a campaign aimed to urge the government to enact a 100% province-wide smoke-free legislation. In November 2006, a province-wide smoke-free legislation was implemented for all indoor public places, with no allowance for smoking rooms.

•Spit Tobacco Initiatives

Spit Tobacco: Investigating the Use and Attitudes in British Columbia – made possible through funding from Health Canada, the Coalition is engaged in a project on spit tobacco. This project is drawing from the knowledge and experiences of youth, young adults, individuals in First Nations communities, and sports enthusiasts to inform its content and recommendations. Little research has been conducted to date regarding spit tobacco, however, the BC Spit Tobacco Education Program (an affiliate of the Alcohol-Drug Education Service) is becoming a frontline worker on this important health issue.

26. The Canadian Women's Health Network

Created in 1993, the Canadian Women's Health Network (the Network) seeks to improve the health and lives of girls and women in Canada. This mandate is achieved through the collection, production, and distribution of knowledge, education, information and inspirations. This voluntary national organization is guided by a woman-centered vision of health and wellness that adheres to the

notion that for health and wellness to be properly addressed, issues of a social, economic, and education nature must also be addressed.

- Gender-Specific Initiatives

Catching our Breath: A Journal About Change for Women Who Smoke – a gender-based approach for tobacco cessation. Several chapters of this journal are available for perusal at the Network website, but the full journal must be ordered from Winnipeg. A facilitator’s guide is also available. This journal is aimed at women who want to:

- reduce their amount of tobacco use
- stop using tobacco
- learn about why they use tobacco
- learn how to cope with the effects of tobacco cessation

27. Proud to Quit

Focusing specifically on British Columbia’s gay population, this two year project aims to identify which tobacco reduction strategies are most effective for gay, lesbian, bisexual and trans-gendered people. The campaign promotes the benefits of being smoke free through the use of colourful and positive images displayed on posters, billboards and bus shelters, in addition to a pro-gay website.

28. Canadian Mental Health Association

The Canadian Mental Health Association is a Canada-wide charitable organization that promotes mental health and offers support for those suffering from mental illness.

- General Public Initiatives

Breathe Easy Smoker’s Education and Support Program – a 12 week smoking cessation program which combines nicotine replacement with support and education. This program is available in New Westminster and Burnaby, British Columbia.

29. Access to Media Education Society

Access to Media Education Society (the Society) is a British Columbia based not-for-profit organization that aims to help people “cultivate individual, group, and

mass communication skills.³⁴ The Society produces short films, videos and public service announcements by and for “multi-barriered” youth. The media produced through the Society has been broadcast on television, featured at film festivals and other special screening events worldwide, and used in British Columbia classrooms.

- Youth Initiatives

Smoke Screen 2: Through the Eyes of New Canadians – an anti-smoking marketing campaign created by and for young “newcomers” to Canada (between the ages of 16 and 24). The advertisements generated through this project aired on television and appeared in print format on buses, in newspapers, and on the internet.

- Youth and Gender-Specific Initiatives

Smoke Screen 1: Madebygirls – a series of anti-smoking advertisements created by and for girls. The advertisements offer prevention and cessation messages in a manner that girls of a variety of ethnicities can relate to.

30. Knowledge Network

A British Columbia based television network that aims to deliver high quality educational programming. The Knowledge Network boasts a 60% Canadian content level and a commitment to meaningful programming.

- General Public Initiatives

Kick Butt Reality Television Series – a reality-television endeavour conducted in conjunction with the Open Learning Agency that documented the efforts of five individuals attempting to stop smoking. One participant was successful in ceasing to use tobacco, while the other four participants reduced their use of tobacco.

- Child Initiatives

Smoke Signals: Smoking Prevention Activity Book – a booklet published in conjunction with the Open Learning Agency, Health Canada, the Ministry of Health, and the BC Lung Association that provides children (pre-high school ages) with a variety of activities aimed at discouraging the use of tobacco. The

³⁴ www.accessstomedia.org accessed April 11, 2007

booklet includes word games, jokes, mini-quizzes, posters, accompanying tobacco facts and information regarding the health hazards of tobacco use.

31. Provincial Health Services Authority

The Provincial Health Services Authority (the Authority) is one of six health authorities in British Columbia. The additional five authorities serve particular geographic areas. The Authority takes as its primary goal ensuring that all British Columbians have access to high-quality health care services. A key function of the Authority is to find operational efficiencies so that the resulting savings can be re-directed back into health care.

▪ Clinical Initiatives

Stepped Care Model – a project aimed at providing health care workers with tools to refer tobacco users to a variety of cessation programs. This program is offered through the Northern Health Authority.

Physician's Project – a time-based project that partners with Baby's Breath³⁵ to provide perinatal women and their partners a continuum of care where free nicotine replacement therapy is available with a physician's recommendation. The Physician's Project was scheduled to end in March 2007. This program was available through the Interior Health Authority.

▪ General Public Initiatives

Nicotine Intervention Counselling – a counselling program designed to assist high-needs tobacco users who are endeavouring to stop smoking. This program is offered through the Northern Health Authority.

▪ Youth Initiatives

Students Working Against Tobacco (SWAT) – a two year project aimed at reducing tobacco use among youth. This program focuses on changing “cultural norms” about tobacco use by demonstrating the “cool” side of being tobacco free. The SWAT Team, comprised of a DJ and breakdancers, travel to high schools to talk and perform for students in grades 8 to 12.

19-24 Mass Media Campaign – a two year project funded by Health Canada that addresses the high prevalence of tobacco use among youth between the ages of 19 and 24 years. This campaign utilized print, electronic, and street-level

³⁵ See Society for Clinical Preventive Health Care on page 34 of this report for more information concerning the Baby's Breath program.

marketing strategies to encourage youth to stop using tobacco. The campaign's website received many advertising and digital design awards.

Behind the Smokescreen - a video contest conducted by the Vancouver Island Health Authority.

- Second Hand Smoke Initiatives

Smoke-Free Homes for New Moms - a program aimed to help young mothers protect themselves and their children from second hand smoke. This program is offered through the Northern Health Authority.

32. National Consortium of Centres of Excellence for Children and Adolescents with Special Needs

The National Consortium of Centres of Excellence for Children and Adolescents with Special Needs (the Centre) is comprised of five task forces across Canada. The Centre states that its primary goal is to "make a real difference in the lives of children and adolescents with special needs living in Canada."³⁶ The Centre defines those with special needs as individuals who require additional resources beyond what is normally required to support healthy development.

The University of Northern British Columbia (UNBC) Substance Abuse Task Force, one of the five Canadian task forces, includes a focus on identifying and defining substance abuse issues in both rural and remote northern communities in addition to its many substance-abuse related goals. The UNBC Task Force website provides a search engine for many health and wellness-oriented resources, including tobacco related articles and guides available through their library.

33. The Society for Clinical Preventive Health Care

The Society for Clinical Preventive Health Care (the Society) is a not-for-profit organization that aims to assist communication and action between health care industry workers and the public for the purpose of implementing preventive health care.

- Clinical Initiatives

B.C. Stop Smoking Program - previously called *Doctors' Stop Smoking Program*, this initiative is organized through The Society for Clinical Preventive Health Care,

³⁶ www.unbc.ca/centreca/english/main.htm accessed March 6, 2007.

and offers smoking cessation tools and resources to health care professionals to provide tobacco intervention to their clients and patients. Health care professionals also have access to direct advice and counselling with regard to intervention.

Clinical Tobacco Intervention Recognition Program – a continuing education program that provides opportunities to physicians and health care workers to increase their knowledge and skills in the field of tobacco intervention.

- Gender-Specific Initiatives

Baby's Breath – a program that provides cessation services for post-natal women and their partners. This program is offered through the Interior Health Authority and the Society for Clinical Preventive Health Care in the Penticton and Summerland area. This program provides free clinical tobacco intervention counselling from physicians, midwives and community health nurses.

34. The Lung Association of British Columbia

The BC Lung Association (the Association) is a not-for-profit, non-governmental organization that is dedicated to improving lung-health in British Columbia. The Association acts as an educational resource for the general public. The Association offers an abundance of information and resources regarding the harmful effects of tobacco use, which includes: public seminars and community programs, professional development and training for lung health professionals, one-on-one consultation services, and teacher and student resources. As part of their education campaign, the Association has an interactive website for children and youth that provides the facts of tobacco use. The website is organized by grade levels, beginning with K-3, 4-6, 7-8, and 9-12. There are elements of the website that are tailored for parents, teachers and health promoters.

35. YWCA Vancouver

The YWCA Vancouver provides a myriad of services for women and families. Among these many services, the YWCA has developed a participant-centred approach to positive lifestyle changes for women who smoke. This approach is entitled, *Well-being for Women, A Lifestyle Change Program: Program Guide*. This program integrates the building of self esteem along with exploring healthy choices in nutrition and encouraging physical activity, all within the context of tobacco intervention. This program is aimed primarily at women with low incomes. Six cities across Canada have been selected as testing grounds for this program. At the time of writing this report, the results of this testing were not available.

ANNOTATED BIBLIOGRAPHY

Objective

The objective of this annotated bibliography is to review a variety of documents that pertain to Aboriginal tobacco cessation. The types of documents reviewed here include: Aboriginal cessation programs and evaluations; research papers regarding the treatment of addictions in Aboriginal peoples, and ways of approaching Aboriginal-specific cessation programs; Aboriginal-specific cessation materials, such as booklets and a journal; an Aboriginal tobacco policy environmental scan; and an approach to partnership building for Aboriginal communities with respect to tobacco policy and cessation programs.

1. Tobacco: A Cultural Approach to Addiction and Recovery for Aboriginal Youth.

Set within the context of a healing journey toward freedom, this tobacco cessation approach blends “accepted addiction recovery methods with spirituality and traditional Aboriginal tobacco use.”³⁷ This cessation program is aimed at Aboriginal and Métis youth.³⁸ Inuit peoples are openly encouraged to use this program even though their culture does not have a spiritual component relating to tobacco. It is suggested that Inuit peoples using this program simply bypass the tobacco-spirituality sections and concentrate on the remaining components because those sections will be effective. In this program, the term “smoking” refers to the unhealthy use of tobacco, whether it is in the form of cigarettes, spit, or chew tobacco. This cessation program is comprised of three parts.

- The Tobacco Manual – *Tobacco: A Cultural Approach to Addiction and Recovery for Aboriginal Youth* – which enables the reader to: understand and explore, through a variety of activities, why they smoke tobacco; determine what they, as an individual, can do to stop misusing tobacco; and how they can remain tobacco-free.³⁹
- The Medicine Bag – *Medicine Bag: Help for Smokers* – which contains tools and techniques for tobacco cessation that address the participant’s physical, mental, emotional, and spiritual needs as a way of offering help

³⁷ Carmen Daniels, 2002:31.

³⁸ This manual was written by Aboriginal and Métis youth for Aboriginal and Métis youth. The website associated with this publication makes a point of recognizing that Métis peoples share the same difficulties when faced with stopping smoking because of the cultural role tobacco plays as a sacred medicine. http://www.ayn.ca/quit/en/c5_2_being_free.asp - accessed March 10, 2007.

³⁹ Tobacco-free in the non-traditional or addiction/abusive sense, not the traditional/spiritual sense.

during the journey to freedom. Reviving and focusing on culture and traditions is presented as “an excellent way to find support.”⁴⁰

- The website – *A Tribe Called Quit*⁴¹ – which is meant to be used in conjunction with the two printed manuals so that Aboriginal and Métis youth can find a culturally relevant method to stop their abuse of tobacco.

Rather than offering a single generic method to stop smoking, this program enables each participant to identify their own unique path to tobacco freedom, which is built out of each participant’s own history and reasons behind their tobacco addiction. The reasoning behind this individual-specific approach is the notion that different people smoke for different reasons, therefore, each person needs their own plan and route out of addiction. Even though this program is based on the power and role of the individual to make positive change, it is still an approach to tobacco cessation that is to be organized, conducted, and supported at the community level. The talking circle plays an important role and participants are encouraged at the onset of the program to join or form a talking circle. They are also encouraged to maintain their presence and contribution to the circle throughout the program and on in to the future.

The tobacco cessation manual and accompanying “medicine bag” are available for download at no charge through the *Tribe Called Quit* website,⁴² as well as through the Nechi Institute in Edmonton, Alberta. Accessing this program, whether it is through the internet or through the postal service, requires prior knowledge of its existence because this program is not widely advertised.⁴³ The fact that the primary access point for this program is the internet excludes remote communities and communities that are perhaps not so much geographically distant, but that are located in non-internet services areas.⁴⁴ Even for those communities with internet services and the desire to find tobacco cessation programs, the download for this initiative is easy to miss.

⁴⁰ Daniels, 2002a:4.

⁴¹ The Tribe Called Quit is located at <http://www.ayn.ca/tobacco>.

⁴² <http://www.ayn.ca/quit/en/home.asp>

⁴³ The lack of advertisement is due to a lack of funding and the non-profit nature of this program. Personal communication Shawn S., Nechi Institute April 18, 2007. (1-800-459-1884).

⁴⁴ Despite the prevalence of internet provides throughout British Columbia, not all areas can access the internet. The areas that typically fall outside of the main service areas are small towns and hamlets. Northern British Columbia and Vancouver Island for example have sections where no internet services are available. First Nations communities are often located in these types of areas.

2. Honouring Our Health: An Aboriginal Tobacco Strategy for British Columbia

The Honour Our Health ⁴⁵ program is a province-wide initiative, on behalf of the Ministry of Health, to encourage Aboriginal communities and individuals to generate localized health initiatives, of which tobacco cessation programs are a part. The *Honouring Our Health* manual works as a guidebook that provides information, such as statistics regarding tobacco use, tobacco-related health consequences, and information about the components that are important to a successful tobacco cessation strategy. Those components include, 1) Involving Elders – in a variety of places, such as at schools, community groups, support groups and information sessions, so that they can speak about traditional use of tobacco and traditional ways of staying healthy; 2) Role Models – including a variety of representatives from each different group within the community, such as a young mother, a middle-age woman and man, a leader, an athlete and others that have stopped misusing tobacco; 3) Variety of Programs – that suit the variety of needs of the community’s population; and 4) Aboriginal-Based – approaches that are created locally, by and for Aboriginal peoples.

The ways in which communities and individuals can participate include:

Individual 6 Week Lifestyle Challenge - participants work with the Community Coordinator to live a healthy lifestyle through a 6 week commitment to: cease or reduce their tobacco misuse, increase their physical activity, and focus on healthy eating habits.

Community Challenge - communities plan, organize, and host events that promote healthy lifestyles, such as walking programs, after school programs, and smoke-free spaces.

Elementary/High School Based Challenge - schools plan, organize, and host events that promote healthy lifestyles, such as health education, fitness programs, and traditional drumming and dancing.

Participation in the Honour Our Health Challenge enables each community to register a Community Coordinator who receives planning and resources kits, along with pledge forms, timeline information, and water bottles or other give-away reward items. Through this initiative, communities can apply for \$1000.00

⁴⁵ The document reviewed here is entitled *Honouring Our Health* rather than *Honouring Your Health* as it appears elsewhere, but these two variations on the title are one and the same programs.

grants, which can cover a broad range of health related initiatives, including tobacco cessation.⁴⁶

3. An Evaluation of the BC Aboriginal Tobacco Strategy: Honour Your Health Challenge.

This evaluation of the Honour Your Health Challenge (the Challenge) focuses on assessing program implementation and the effectiveness of the Challenge for its ability to engage participants, build community capacity, and develop supportive networks and partnerships. In this evaluation, indicators of success include the connection between participation and increased knowledge, access to resources, and leadership skills. This evaluation is based on surveys and structured interviews with five target groups: community facilitators, pre and post trainees new to the program, members of the Tobacco Working Group (the individuals who plan and implement the Challenge), non-governmental organizations concerned with tobacco misuse, and local Regional Tobacco Reduction Coordinators.

Generally speaking, the Challenge was considered to be successful in building knowledge, awareness and access to resources. The participants surveyed in this evaluation approved of the training and developed new confidence and leadership skills. Non-governmental and health authority staff members made positive connections with Aboriginal communities which worked to foster valuable partnerships. Community capacity generally increased as a result of the Challenge. The non-bureaucratic approach and the level of training and support offered by the Challenge were seen as key to the program's success. The results of this evaluation have been condensed into the eight bullets below, which are followed by a chart of recommendations.⁴⁷

Findings:

- The Challenge was well received – evident by the high levels of community participation.
- Aboriginal peoples found the program easy to access, flexible, and non-bureaucratic.
- Training provided to community facilitators made them feel supported, increased their knowledge, and increased their confidence

⁴⁶ Personal communication, Denise Lecoy, Provincial Coordinator Honour Your Health Challenge. April 18, 2007.

⁴⁷ These evaluation results and recommendations are as they appear in the evaluation document and are reproduced here for research purposes only and are not intended to be the author's interpretation of the Challenge.

- new community leaders emerged as a result of the training.
- Leadership skills/activities gained through the Challenge emerged in other places in the community, such as in health issues and practices.
- The Challenge influenced participants and their families – this is important because exposure to tobacco misuse by family members is often cited as one of the primary reasons an individual begins to misuse tobacco.
- Community capacity improved as a result of increased knowledge, awareness, access to resources, and leadership skills.
- Community facilitators made a significant difference in the Communities, and they were successful in bringing about change.
- Community facilitators believed the Challenge has good value and is sustainable; a program considered valuable and sustainable is more likely to be successful and able to reduce harm.

Recommendations:

A. Increase and Sustain Capacity Building in Aboriginal Communities	<ol style="list-style-type: none"> 1. Provide more frequent training that is available regionally. 2. Provide more training that is relevant for youth. 3. Revitalize the “Celebration Event” – it is a powerful way of reinforcing and building on learning and it encourages partnerships and network building. 4. Produce a comprehensive facilitator’s manual and distribute widely.
B. Support Networking and Partnership Building	<ol style="list-style-type: none"> 1. Actively encourage partnerships between non-government, regional tobacco reduction coordinators and Aboriginal organizations; each group can learn from each other. 2. Define ways in which Aboriginal organizations can make contributions to the Challenge to ensure a strong commitment.
C. Increase administrative support to the program while maintaining the non-bureaucratic approach	<ol style="list-style-type: none"> 1. Support is needed for the Tobacco Working Group – this group is the key to success. Specifically, devise a method of defining the role of the Tobacco Working Group and develop a method of membership renewal.
D. Evaluate progress	<ol style="list-style-type: none"> 1. Disseminate the results of this evaluation document because it is important for communities interested in reducing tobacco misuse. 2. Implement an evaluation of the program that measures the Challenge’s ability in reducing tobacco misuse.

Figure 5. Chart of recommendations regarding the Honour Your Health Challenge.

4. Aniqsaattiarniq – Breathing Easy

In 1994, Pauktuutit Inuit Women of Canada (Pauktuutit) received funding to develop an understanding of tobacco use in the north. Phase 1 of the project consisted of determining how this better understanding of tobacco use could be ascertained and what resources the people felt they needed. This phase of the project produced two reports: *Guidelines for Inuit Communities Working on Reducing Tobacco Use* and *Inuit and Tobacco*. Phase 2 of the project, *Aniqsaattiarniq – Breathing Easy*, produced two sets of resources, *School Kit* and *Community Resource Kit*, which were based on the research conducted in Phase 1. Health centres and secondary schools in the north received copies of the *Community Resource Kit* and elementary schools received the *School Kit*. The next stages included developing training modules for staff to utilize the kits that were received at the health centres and schools. In 1999, Pauktuutit conducted a training event in Inuvik where attendees were instructed and trained on how to use the kits.⁴⁸

This approach to tobacco cessation was created from the experiences and knowledge of Inuit peoples across the country. Because of this Inuit foundation, the *Breathing Easy* initiative is culturally appropriate and sensitive to the needs of Inuit peoples. The kits produced in Phase 2 are oriented in the following manner:

- *School Kit* is aimed at tobacco prevention and elementary school age children, encouraging them to think about their choices regarding tobacco use and the health consequences associated with tobacco use. Inuit values are stressed throughout the kit and activities are tailored and adapted to different classes.⁴⁹
- *Community Resource Kit* targets tobacco users and provides factual information about tobacco and a variety of ways in which individuals can stop using it.

The resources, originally intended for the health workers and staff attending a *Breathing Easy* training session, have recently been bound under the title, *Aniqsaattiarniq – Breathing Easy: Tobacco Recovery Resource Materials* and are available to people in northern communities who are not attending training sessions. This publication potentially enables more people to benefit in terms of learning about tobacco addiction, how to recover from addiction, and how to help someone else recover. Individuals working on their own to stop using

⁴⁸ See *Training Event Report: Inuvik, N.W.T. 14-19 November, 1999* for details. This document is included in Appendix 2.

⁴⁹ *Ibid.*, 20.

tobacco and those working in a support group can make good use of these resource materials.

5. Final Report: Impact Evaluation of the Aniqsaattiarniq – Breathing Easy Project.

The goals and objectives of this publication include: evaluating the impact of the Aniqsaattiarniq – Breathing Easy tobacco cessation campaign on Inuit communities; and conducting a needs assessment in order to determine community needs in relation to the effectiveness of materials used in the tobacco reduction strategy, what additional materials are required, and identification of community training needs. This evaluation was comprised of four main components: 1) an historical survey to assess tobacco cessation related initiatives in six regions of the north, 2) a survey of recipients of the Aniqsaattiarniq – Breathing Easy program kits that included nurses and high school staff for 53 communities regarding the Community Resource Kit, and elementary school staff in 53 communities regarding the School Kit; 3) a survey of users who had read and used the kits; and 4) case studies in two communities.

All four stages of this evaluation were conducted via the telephone. This evaluation noted that it was difficult to contact people who had received and/or used the kits, for example only 24 of the 63 nursing stations contacts and only 5 of the 62 school contacts were interviewed. The major findings of this evaluation have been condensed into the following bullets, which are followed by the recommendations associated with this evaluation.⁵⁰

Findings:

- Overall, the kits received a positive rating
- 27 out of 29 (93%) kit users indicated the project helped them
- 28 out of 29 (97%) individuals indicated that tobacco misuse is a problem in their community
- a dramatic increase in smoke-free homes has occurred
- a need exists for follow up and training regarding the kits
- generally speaking, people are ready for tobacco cessation services and resources
- Pauktuutit is well-placed to lead a national northern campaign.

⁵⁰ The findings and recommendations listed here have been drawn directly from the evaluation document and have been reproduced here for research purposes only.

Recommendations:

- Adequate funding and time for follow-up after dissemination of resource materials/kit is needed. No matter how culturally relevant, attractive, and interesting resource materials are, people need to be introduced to the materials/kit before they will be effective and used properly. This does not mean that materials produced to date are no longer effective; they simply need to be promoted.
- If one-on-one training is not possible, a small scale-telephone support and training project is required.
- It is essential to recognize the high turn around rate for school staff. This means that the individual who originally received the kit may have been replaced by a new person who has not been introduced to the resource materials or the program. New staff members must be introduced to the materials in order to be aware of their existence and to become motivated to use them.

6. In Your Face Factz: Youth, Sports and Tobacco Misuse.

Identified as a “manual to help Aboriginal youth manage and sustain health related to Tobacco use,” this document takes on a sports-oriented team spirit in order to communicate the many negative consequences associated with tobacco misuse – “tobacco misuse destroys the circle, if one falls, we all fall”. Aimed primarily at sports-playing youth, this manual outlines the traditional use of tobacco in terms of its sacred, respected, ceremonial, and medicinal purposes. In contrast, non-traditional use is characterised as undesirable and an addiction which is detrimental to one’s health, future, and happiness.

A series of guidelines and supportive comments are outlined for each of the five stages of smoking cessation that are identified in this document. Contained in the manual are a series of general smoking related health facts and risks, along with specific smoking-related hazards for sports enthusiasts. In addition to the negative health effectives of smoking first hand, the damaging effects of second hand smoke are also included. The role of tobacco manufactures is also included in the publication, where tobacco companies are portrayed as consciously and unethically targeting youth as they “represent tomorrow’s cigarette business”.

Ways to deal with peer pressure are included, as are a word search game and a multiple choice questionnaire. Positive facts associated with smoking cessation, ways to get enthused about quitting smoking, and tips for successfully quitting smoking are presented in detail. Even though this manual deals primarily with smoking cessation in terms of intervention, the information and approach are

ideal for educating young people about the negative effects of smoking and to deter them from beginning to smoke.

7. Don't Misuse Tobacco, Keep it Sacred: A Message About Smoking From First Nations Youth

This printed publication provides information about traditional tobacco use and its sacred quality, which are contrasted against modern ways of using tobacco. The sacred and powerful nature of tobacco is presented as the first reason why individuals should cease misusing commercial tobacco products. The second rationale for tobacco cessation is the harmful ingredients in cigarettes and the health risks associated with tobacco misuse. Both first hand and second hand smoking-related issues are discussed, and particular emphasis is placed on the effects of smoking during pregnancy, smoking during breastfeeding, and smoking around children. Cancer and heart disease are highlighted as primary health concerns for the tobacco user. The ultimate target of the publication is adults, primarily women, who have children and misuse tobacco.

The publication includes a nicotine dependency quiz that enables readers to determine their personal level of addiction and the best method for quitting, and a list of methods for breaking the tobacco habit. Contained in the suggestions for stopping tobacco misuse are: teaming up with a friend who also wishes to stop misusing tobacco, determining why the participant misuses tobacco, identifying why it is important to stop misusing tobacco, choosing a method of cessation, and a series of helpful suggestions to overcome the urge to smoke.

Other than the section pertaining to the traditional uses of tobacco, this document is culturally-neutral. The health risks, nicotine addiction evaluation, and suggestions on how to stop misusing tobacco are relevant to a general population – these components make up the majority of this document – and the individual, rather than a community. It is indicated that this publication is the work and perspectives of First Nations youth, however, it does not seem to have been planned and written by First Nations youth. The terminology and structure are very adult-like. The primary youth-component seems to appear in the focus on the harmful effects of cigarettes to unborn babies, breastfeeding babies, and children living with smokers.

8. One Breath at a Time

This 25 minute documentary features several First Nations communities in British Columbia and their efforts to deal with tobacco misuse. The message contained in this production is clear – the use of commercial tobacco is “not the Indian way.” First Nations people in general are the target audience for this film.

Young people play a particular role, however, all ages and genders can identify with this documentary because of its community focus.

The reasons behind an individual's choice to begin misusing tobacco are identified as: having friends and family that use commercial tobacco products; the fact that smoking is a social norm; and the stress and pressure many First Nations peoples, particularly the youth, feel on a day to day basis. The glamorized role smoking plays in films and music videos is acknowledged as being partially responsible for a person's decision to misuse tobacco. Individuals struggling to deal with the poverty, violence, and abuse that often occurs in First Nations communities are said to frequently turn to tobacco products as a means of escape. Low self-esteem resulting from residential school experiences and fetal alcohol syndrome are acknowledged in this production as having made the realities of reserve life particularly difficult to deal with – to which, tobacco has become a crutch for some people.

In addition to the reasons why individuals begin to misuse tobacco, some of the reasons why people cease their misuse of tobacco are also presented. Tobacco cessation is said to be based primarily on reasons directly connected to being Aboriginal, such as a desire to honour the role of parent, grandparent and Elder. Becoming tobacco-free is identified as another way for a nation to regain its strength.⁵¹

Several communities participating in the Honour Our Health Challenge are highlighted in this production, which reveals a few key components to a successful tobacco cessation strategy. Successful strategies must include the following components:

- Initiatives must be fun and enjoyable. Dry lessons and handouts are ineffective; people need to be involved, active, and enjoy the process.
- Involvement of community and family members is paramount; successful initiatives cannot be individualistic.
- Locally organized, operated, and initiated approaches are most relevant and, therefore, most successful.

This video production accomplishes several things. To begin, it provides information to the viewer regarding some of the main health concerns associated with tobacco misuse. In this manner it encourages viewers to think about quitting, and it provides them with some simple things they can do to get ready

⁵¹ Regaining strength in terms of the losses associated with colonization.

to stop misusing tobacco. This video advocates for the Honour Our Health Challenge initiative by featuring real participants and real challenges.⁵² The activities and successes of several “real-life” challenges are presented, thereby encouraging viewers to think about the types of challenges that could be conducted in their own communities.

The communities participating in the health challenge engaged in both traditional and contemporary/colonial activities, such as traditional medicine gathering and processing, traditional drumming, traditional dancing, softball, running, and walking. Despite the fact that many activities featured in this documentary are Western in nature, the health challenges and this film itself are still culturally appropriate and relevant. The orientation of the documentary is First Nations-specific; this includes the spokespersons, participants, locations, music, rational, and logic. Here, it is important to recognize that even though we refer to the importance and need for a traditional approach to tobacco cessation, we must also acknowledge that First Nations people live contemporary lives, and engage in both traditional and Western activities as part of their daily life, so therefore, they can relate to both types of activities.

9. In Touch: Tobacco.

This edition of *In Touch* is dedicated to providing information and tools for First Nations and Inuit peoples to help their communities deal with tobacco misuse. In addition to information regarding the current tobacco epidemic, First Nations spiritual and ceremonial use of tobacco, environmental tobacco smoke, effects for pregnant women, and effects for youth, this magazine article provides information about community readiness to develop a cessation program and developments in First Nations tobacco misuse advertising campaigns.⁵³

Community readiness is defined as “a willingness to discuss issues and the extent to which community leaders are ready to take the necessary actions.”⁵⁴ Stages in readiness include: tolerance, denial, vague awareness, preplanning, preparation, initiation, institutionalization, confirmation, and professionalization. This article provides suggestions of what to do at each stage of readiness to encourage the onset and success of a community-based tobacco cessation program. The types of suggestions made are easy to follow and for the early stages, when the community has yet to jump on board, the suggestions made can be carried out by one or a few individuals interested in generating interest and enthusiasm.

⁵² In this manner, this documentary is a positive evaluation for the *Honour Our Health Challenge* initiative.

⁵³ This review will focus on community readiness, best practice, and Aboriginal-specific advertising campaigns.

⁵⁴ *Community Readiness and Best Practices in Cessation* section in Tobacco 2002: 1.

Advertising campaigns that are likely to be most successful for Aboriginal peoples are ones that do not target tobacco cessation as an individual challenge that is isolated from the family and the community. Non-aggressive approaches are also more likely to be successful. A non-aggressive approach is more conducive to an Aboriginal worldview where each person is seen as having their own life and journey and, therefore, able to make their own choices. Successful strategies need to focus on how cessation honours the individual, rather than one that highlights the risks associated with tobacco misuse.

10. BC First Nations and Tobacco Control Policy: An Environmental Scan

Prepared in 2004, this environmental scan identifies First Nations-specific tobacco control policies within the province of British Columbia. Fifty-six randomly selected First Nations bands were contacted and asked to participate in a telephone interview about tobacco policy. Thirty-four of the bands contacted participated in the project. The results of this project are summarized in the following tables and information.⁵⁵

1. Tobacco Policy – policies include: a ban on using commercial tobacco products in public buildings or in business vehicles, having to be a certain distance from doorways or windows if using commercial tobacco products, limitations for tobacco sales to individuals older than 19 years of age, rental agreements that include a smoking-ban, and purchase orders that do not allow for tobacco products.

Health Authority	# of Bands Contacted	# of Bands Participated	Tobacco Control Policy		
			Yes	No	Developing
Fraser	9	4 (44%)	4	0	0
Interior	12	7 (58%)	6	1	0
Northern	14	12 (86%)	9	2	1
Vancouver - Coast	7	4 (57%)	2	2	0
Vancouver - Island	14	7 (50%)	5	2	0
Totals	56	34 (61%)	26	7	1

Figure 6. Chart of numbers of First Nations bands by Health Authority that have a tobacco control policy.

⁵⁵ Original data from *BC First Nations and Tobacco Control Policy: An Environmental Scan*, 2004 reproduced here solely for the purpose of research.

2. Policy Initiation

- Rarely necessary to raise awareness of health issues associated with the use of commercial tobacco product because “no-smoking” has become more normalized.
- Policies initiated by: staff members, community members, and Administration. In almost half the communities surveyed, the Chief and Council initiated the policy.
- Concern for the health consequences associated with commercial tobacco use was most often the reason for the initiation of a policy. Most communities with health concerns also had a health plan (77%) in place, but only half of those community health plans included tobacco related control schemes.

3. Activities and Conditions Considered Important for the Implementation of a Community-Based Tobacco Policy

Condition	Percentage of People Interviewed
Restrictions in public buildings	85%
Enforced regulations regarding purchases and use of commercial tobacco products by youth and children	82%
Education: to reduce exposure in the home; regarding the health hazards; to encourage cessation	74%
Financial assistance within a medical program for tobacco cessation costs	62%
Increased cost of commercial tobacco products	21%

Figure 7. Chart of conditions associated with the implementation of a community-based policy.

4. Factors Deemed Important for the Development of a Tobacco Policy

- Funding for educators who are experts on the effects of tobacco
- Particular attention paid to youth
- Communicate issues of tobacco use and second hand smoke
- Training for health workers to develop and implement tobacco policies
- Access to policy templates to guide development phase
- Political will on the part of chief and council
- Support from chief, council, and community members
- Access to, funding for, use of resources, such as, printed materials, t-shirts, and mugs etc. for use at workshops
- Increased and easier access to tobacco cessation aids, such as “the patch”

5. Steps Involved with the Development of Tobacco Policy

Step	Title	Description
1	Gathering Information	Community meetings to identify: who is interested in the issue; what the group intends to accomplish; why it is important to address the issue; if a policy already exists; what research has been done that supports the intended policy; and what things are required in order to plan and implement the policy.
2	Generating Options	Determine options related to the policy.
3	Raising Awareness	Identify who needs to be informed and how that information will be circulated.
4	Taking Action	Determine who will be responsible for what and what other support will be needed for the policy to be developed and implemented
5	Reflecting Back	What will happen if the policy is not accepted by the council or the community and what will happen if it is accepted?

Figure 8. Chart of steps associated with the development of tobacco policy.

6. Examples of Policies ⁵⁶

- Policy to reduce exposure to second hand smoke
- Policy to reduce commercial tobacco use
- Policy to encourage commercial tobacco cessation

7. Critique and Recommendations Relating to *Helping Your Community by Working Together: A Guide to Developing Tobacco Control Policies*

Critique:

- does not describe the entire process for applying the methods it describes
- communities with successful funding applications should be shadowed and turned into a demonstration project – ideally such a policy project should include more than a public building policy because most bands already have such a policy in place. This process should also include an evaluation of the policy effectiveness and policy update procedure.

⁵⁶ These example policies were not derived from the survey work associated with this publication being reviewed, but from an internet search conducted as part of the *BC First Nations and Tobacco Control Policy* project.

Recommendations: resources and activities to address the critique utilization of

- *Smoke Free Spaces Activists Took Kit* – a kit that targets youth and provides information about the steps involved with activism that can be used by student organizers, teachers, health professionals, and community volunteers.
- *Blue Ribbons Help Clear the Air* – a blue ribbon campaign initiated in 1999 that was later adopted as a national campaign. Connected to this campaign is a flyer that details facts about second hand smoke that can be circulated in a community.
- *Youth Tobacco Cessation: A Guide for Making Informed Decisions* – a report compiled in 2004 for the Youth Tobacco Cessation Collaborative in partnership with the Canadian Tobacco Control Research Initiative, the National Cancer Institute and the American Legacy Foundation.

11. Building and Sustaining Partnerships: A Resource Guide to Address Non-Traditional Tobacco Use.

This document is set within the larger context of the First Nations and Inuit Tobacco Control Strategy. In 2002, the federal government formulated a national plan aimed at developing alternative choices for dealing with the misuse of tobacco products by First Nations and Inuit peoples; this publication is the practical side of that plan. It is a guide book to getting a partnership organized between First Nations and Inuit individuals concerned about tobacco misuse and other groups already established in the community, as well as with outside entities.

Partnerships are encouraged as a way of dealing with prevalent and important community issues and when faced with powerful adversaries, such as the tobacco manufacturers. A partnership is defined as more than one person or one group that works cooperatively with another group(s) regarding the issue at hand. Partnerships are considered as a way of bringing more “power” to the community’s effort regarding the issue, and therefore, greater success.

Some examples of individuals and groups to partner with include: community representatives, such as the chief and council or city council members, and even members of the legislative assembly; health personnel, such as community health representatives, head start workers, and physicians; students/educators, such as school nurses and school principals; youth-serving organizations, such as dance groups, cultural groups, and recreational/athletic groups; local agencies, such as libraries, clergy, and social service offices; radio and television station staff, such as public affairs coordinators; newspaper staff, such as community affairs editors and reporters; local businesses, such as shopping malls, and fast food franchises;

and community and civic groups, such as Red Cross, the police department, and the Heart and Stroke Foundation.

Along with information about who to establish a partnership with, this document also includes: some examples of what types of activities the partnership could conduct, facts about tobacco, the steps involved in tobacco cessation, facts about tobacco misuse and pregnancy, facts about tobacco and general health, facts about second hand smoke, and the importance of preventing children from using commercial tobacco products.

This approach to tobacco cessation is grounded in the community and, therefore, it promotes local ways of knowing with respect to issues, as well as solutions. The approach used in this guide book encourages teamwork between individuals and organizations – both on and off reserve and in and outside the community – that has the potential to improve the community’s capacity not only with respect to the issue at hand, but in future endeavours yet to be tackled.

12. McCormick, Rod (2000). **Aboriginal Traditions in the Treatment of Substance Abuse.** In *Canadian Journal of Counselling*, Vol. 34:1, p 25-31.

In this article, McCormick posits that mainstream intervention programs have had minimal success with Aboriginal peoples and alcohol abuse because of different values and cultural barriers. Cultural barriers include: many Aboriginal peoples admitting a drug or alcohol problem is shameful and embarrassing, which works to prevent them from seeking help; and Aboriginal peoples take a longer time, relative to non-Aboriginal people, to develop a sense of trust and a willingness to share information with a therapist.

In place of mainstream approaches to substance abuse for Aboriginal peoples, McCormick identifies that an existential-humanistic approach, such as logotherapy, is appropriate. Logotherapy is described as a body of theory that is based on the notion that the primary motivation for humans is to obtain meaning in their life. Meaning is thought to be derived through spirituality, work, significant relationships with others, and contributing to one’s community. McCormick explains values as collective sources of meaning, where values are understood to be the activities that provide meaning to families, communities and cultures. “A collectively oriented culture such as Aboriginal cultures is more likely to provide sources of meaning to its members through family, community and cultural values than is an individually oriented culture”⁵⁷.

⁵⁷ McCormick, R. “Aboriginal Traditions in the Treatment of Substance Abuse.” *Canadian Journal of Counselling* 34:1 (2000): 27

Within Aboriginal cultures lie “a rich heritage of healing strategies”⁵⁸ for dealing with substance abuse, where the solutions are based on cultural and spiritual revival and survival. Revival is an important aspect of this process because it is believed that the disconnection from culture is often what allows unhealthy choices, such as the use of alcohol or drugs, to occur and once a reconnection is established, intervention is possible. McCormick notes that successful strategies stress traditional activities, spirituality, and activities that enhance self esteem. Communities are said to play a significant role in that it is the community that must first acknowledge the substance abuse problem and maintain a commitment to resolving it. The primary components required for a successful substance abuse strategy include a connection or, perhaps more appropriately, a re-connection with sources of meaning, family, community, spirituality, identity and most of all culture.

13. Ivers, Rowena (2004). **An Evidence-based Approach to Planning Tobacco Interventions for Aboriginal Peoples.** In *Drug and Alcohol Review* (March 2004), 23:5-9.

This article explores tobacco cessation advice delivered by health professionals and nicotine replacement therapy and whether these forms of intervention are effective for improving cessation rates. This work has been initiated for the purpose of determining whether such interventions are transferable to Aboriginal Australian peoples. The research involved with this study focused on comparing effective interventions in non-Aboriginal populations to interventions that were planned for Aboriginal communities.⁵⁹

Systematic reviews of evidence of intervention that were assessed in non-Aboriginal populations offered a starting point to plan tobacco interventions for Aboriginal peoples – a starting point from which to modify intervention approaches to suit the client group. The ways in which modifications to effective non-Aboriginal intervention schemes need to occur include the following bullets.

- The setting – the location of the effective intervention needs to be compared to the intended setting in the Aboriginal population. A program that is effective in a hospital setting, for example, may not be effective in a rural Aboriginal community.
- Intensity level – consideration of the intensity level of the effective

⁵⁸ McCormick, 28

⁵⁹ Two Australian Aboriginal-based documents have been included in this annotated bibliography because Australia is considered by many to be a leader in addressing tobacco cessation initiatives and research with respect to Aboriginal peoples. Australian Aboriginal peoples often live in remote and rural locations, just as many British Columbian Aboriginal peoples do.

intervention, was it high or low? What is the best intensity level for the new setting? A change in intensity level may be required for a non-Aboriginal intervention program to be effective in an Aboriginal community.

- Motivation – the motive for participation of the people involved in the effective intervention scheme needs to be understood. What was this motive compared to the motive of the intended Aboriginal population? Here it is important to consider that different motives require different approaches.
- Health – how does the health condition of the participants in the effective intervention program compare to the intended Aboriginal intervention? If there is a drastic difference in health level between these two groups, then aspects of the program will likely have to be altered.

Ivers acknowledges that factors that have the potential to contribute to the ineffectiveness of an intervention exist, despite the consideration and adaptation of the above bullet points. Those factors include: cultural and historical issues, the high prevalence of tobacco misuse, the high level of normalization of tobacco misuse, low socioeconomic status, and lack of health services.

It is important, according to Ivers, to consider more than evidence of effectiveness when planning a new intervention program. This consideration is necessary, but it is not sufficient to develop an effective program. Other factors in need of consideration are: the needs expressed by the community, the cultural appropriateness of an intended program, the potential of the intended program to improve community control, the presence of a well organized and adequately funded health service, and the employment of a healthy public policy for the community. Ivers concludes that reviews of evidence of effectiveness for intervention should be conducted, but those intervention schemes need to be examined closely before they are transferred to Aboriginal communities. Further research is required in order to adequately assess the effectiveness of tobacco interventions in Aboriginal populations because intervention schemes that are effective elsewhere are not likely to be directly transferable to Aboriginal communities without specific modifications.

14. Schwartz, Deborah (2005). **Voices from the Field – Aboriginal Women and Tobacco**. Centre of Excellence for Early Childhood Development. On line publication.

This article provides insight into the knowledge and perspective of Deborah Schwartz, who is a person of Aboriginal identity and the Executive Director of

Aboriginal Health, B.C. , Ministry of Health Services and the developer of a smoking cessation program for women entitled *Catching Our Breath*.⁶⁰ This article begins by soliciting Deborah Schwartz's perspective on the research findings included in the Centre of Excellence for Early Childhood Development papers. However, at no time in this article are those "papers" identified; they are just described as "syntheses and commentaries on tobacco and pregnancy." Schwartz states that the use of tobacco in many Aboriginal communities is still the norm and that for many people, smoking is one of their few pleasures. For most Aboriginal women who use commercial tobacco products, their smoking behaviour is linked to other parts of their life and experiences.

Tobacco cessation programs aimed at Aboriginal women need to recognize and deal with the life encompassing role tobacco use plays. For example, young Aboriginal women have indicated that using tobacco products was learned early in life as a way of coping with stress and struggles; it was a way to get a break and deal with emotional issues. The use of commercial tobacco products is also linked to positive life experiences, where young Aboriginal women have reported being able to connect and develop bonds with their peers through the shared experience and practice of smoking. Effective tobacco cessation programs, according to Schwartz, need to include self-care so that Aboriginal women can learn to meet their own needs directly rather than through addiction. Successful programs also need to focus on consciousness-raising so young Aboriginal women can learn about the role smoking plays in their life.

Tobacco cessation programs aimed at Aboriginal women need to take an holistic approach, one that deals with other aspects of healthy living, such as good nutrition, proper sleep, and enough physical exercise. It is also essential to include the woman's family in the program, as an individualistic approach will not succeed. Cessation strategies also need to communicate to women that they have power and they can make a difference by taking better care of themselves. Even a reduction in tobacco use has benefits for the woman herself and if she is pregnant, reduction benefits the baby too. Information must be balanced in the way it is presented. Women must not be blamed or shamed into cessation. It is also essential to include information about traditional tobacco use along with information about non-traditional use.

Learning about traditional tobacco enables women (and others) to learn how to integrate the traditional use of tobacco into their lives. Traditional tobacco knowledge and traditional use of tobacco brings a healing aspect to their lives. Knowledge of the traditional use of tobacco "is one way out the addictive use of

⁶⁰ Portions of this program are available online, but the entire program must be ordered. Due to time constraints associated with this project, the entire *Catching Our Breath* was not available at the time this annotated bibliography was conducted.

tobacco.”⁶¹ Schwartz notes that many successful cessation programs incorporate traditional teachings and activities, such as basketry, canning, and preparing traditional foods. Here it is important to realize that the way women communicate while sharing work enables them to discuss their experiences about tobacco addiction and gives them a very practical tool to help them deal with recovery by providing them with ways to keep their hands busy, which is one the most common issues involved with tobacco cessation and staying tobacco-free. Clinical interventions, such as nicotine therapy, are an important part of a cessation program, but clinical intervention on its own is not enough. Clinical forms of intervention should be a part of a holistic program that connects with the community.

The second and final question posed to Deborah Schwartz concerns the gaps between research, practice, and policy. Schwartz identifies the following issues. Running a culturally sensitive cessation program requires funds for food and crafts (among other resources), and there is a lack of funding available for these necessities. Funding applications typically do not have a criterion for the items needed for a feast or community gathering. The practice and policy of tobacco cessation needs to be flexible and responsive to what is known by a community to be important, needed, and useful in terms of a cessation scheme. The results of research need to be disseminated in a manner that is understandable and useful to Aboriginal peoples. Schwartz suggests young people, artists, and intermediaries participate in this process.

15. Ivers, Rowena G., Anthony Castro, David Parfitt, Ross S. Bailie, Peter H. D’Abbs, and Robyn L. Richmond (2006). **Evaluation of a Multi-component Community Tobacco Intervention in Three Remote Australian Aboriginal Communities.** In *Australian and New Zealand Journal of Public Health* Vol. 30 No. 2: 132-136.

The main objective of this study is to assess the effectiveness of multi-component tobacco intervention schemes that were delivered to Australian Aboriginal communities. The multiple levels of intervention included: sports sponsorship, health promotion campaigns, training health professionals to deliver cessation advice, school education about tobacco, and smoke free public places policy. The results of the intervention programs indicated that a decrease in tobacco consumption occurred in one community. This was measured solely by number of tobacco sales. The other communities, however, showed no decrease in the prevalence of tobacco use. Overall, the intervention programs produced an increased readiness to cease tobacco use. This increase in readiness was believed

⁶¹ Deborah Schwartz, 2005:2.

to be the result of an increase in awareness of the health risks associated with tobacco use.

DISCUSSION

The tobacco cessation initiatives presented in this document included Aboriginal-specific and mainstream programs and resources. These initiatives have been compiled to generate a sense of relevant initiatives and entities within British Columbia and Canada. This compilation also indicates the quantity of available Aboriginal-specific initiatives relative to mainstream programs; Aboriginal-specific programs are far less in number than mainstream initiatives.

With respect to the mainstream initiatives, many of these programs and resources are Aboriginal inclusive, for example, initiatives delivered from within the public school system have the potential to reach Aboriginal students, as do web-based and mass media efforts. Similarly, clinical and workplace cessation efforts also have the potential to reach Aboriginal peoples and possibly take effect. There are other ways in which Aboriginal peoples are included in mainstream initiatives. Some of those ways include: as women, particularly in terms of pregnancy and motherhood; as parents, which includes men as well as women; and as individuals generally concerned about their own health and the health of their families.

The degree to which these types of mainstream initiatives have an effect on Aboriginal peoples is difficult to assess without a proper inquiry. There are many ways in which mainstream initiatives are ineffective for Aboriginal-peoples, such as a lack of cultural relevance, lack of an appropriate approach, and lack of a context that is meaningful (among others). Information gleaned from the annotated bibliography sheds light on the factors deemed essential for a successful Aboriginal tobacco cessation program, and as such it also provides insight as to how and why mainstream initiatives fail to be effective for Aboriginal peoples. These qualities will be discussed shortly.

Aboriginal-specific initiatives included in this document are most often oriented toward a particular segment of the Aboriginal population, as they are also typically focused on a particular group of Aboriginal peoples. This project has identified no Métis-specific initiatives in British Columbia.⁶² Métis people are, however, often directly and indirectly included in First Nations programs and

⁶² The Métis Settlements General Council of Alberta is currently engaged in a tobacco reduction strategy. This initiative is briefly mentioned in the Environmental Scan, but at the time of writing, no more information was available.

resources.⁶³ One Inuit-specific program has been identified in this study, and efforts elsewhere in the country target the Inuit tobacco epidemic.⁶⁴ The majority of Aboriginal-specific programs are First Nations oriented programs. This fact reflects the population base of British Columbia, which has a large number of First Nations peoples compared to Métis and Inuit peoples. This dynamic is displayed in the following chart, which shows Aboriginal population figures from the 2001 provincial census.⁶⁵

Total Population of British Columbia	3,868,875
Number of people self identified as Aboriginal	170,025
Percent of province population	4.4%
Number of people self identified as North American Indian	118,290
Percent of total Aboriginal population	69.6%
Number of people self identified as Métis	44,270
Percent of total Aboriginal population	26%
Number of people self identified as Inuit	805
Percent of total Aboriginal population	0.5%

Figure 9. Chart of population figures for Aboriginal peoples in British Columbia.

⁶³ For example, *In Your Face Facts* and *In Touch: Tobacco* are indirectly Métis inclusive, while *Tobacco: A Cultural Approach to Addiction and Recovery for Aboriginal Youth* is directly Métis inclusive.

⁶⁴ NIICHO for example is working on two new Inuit-specific tobacco cessation projects that will be conducted and available in northern Quebec, Labrador, northern Saskatchewan, and areas north of Yellowknife, NWT. Personal communication NIICHO office Kahnawake, Quebec. April 25, 2007.

⁶⁵ Information provided by BC Stats: 2001 Census Fast Facts: BC Aboriginal Identity Population, available at www.bcstats.gov.bc.ca, accessed April 25, 2007.

The ways in which Aboriginal-specific initiatives are presented, tailored, and focused are summarized in the charts below.

Target Groups	Initiative Formats	Orientation
Youth	Booklet	1 st hand smoke
Young Adults	Conference	Cessation
All Community Members	Visual Aids	Prevention
Health Professionals working with Aboriginal peoples	Manual	Reduction
Teachers working with Aboriginal students	Community/Group Program	De-normalization
Aboriginal Women	Federal Strategy	Health Focus
	Research	Helping Others
	Educational Materials	Holistic - inclusive of family and community; all aspects of an individual's life
	Websites	Sacred aspect of traditional tobacco use
	Community/Group Events	Use versus Misuse = traditional vs non-traditional

Figure 10. Chart of target groups, initiative formats and orientation of Aboriginal-specific cessation programs discussed in the Environmental Scan.

This annotated bibliography and Environmental Scan cannot be, and therefore is not, an exhaustive list of all programs, initiatives, and research regarding Aboriginal tobacco cessation. The quantity of information available on this topic is staggering and far too large to be contained in a report of this size and within the time frame allotted for this project. However, the initiatives included here do reflect the general nature of the tobacco cessation environment and literature in British Columbia and Canada.

The annotated bibliography section of this report provides information about a variety of sources related to Aboriginal tobacco cessation, such as research into addiction recovery, Aboriginal cessation inquiries conducted outside of Canada, Aboriginal-specific cessation programs offered in British Columbia and northern Canada, and Aboriginal perspectives regarding cessation programs. Information gleaned from the annotated bibliography sheds light on the factors deemed essential for a successful Aboriginal tobacco cessation program, and as such it also provides insight as to how and why mainstream initiatives fail to be effective for Aboriginal peoples. The key factors of a successful Aboriginal tobacco cessation scheme are summarized in the following charts.

TITLE	KEY FEATURES
Tobacco: A Cultural Approach to Addiction and Recovery for Aboriginal Youth	<ol style="list-style-type: none"> 1. Blending of accepting addiction recovery methods with spirituality and traditional Aboriginal tobacco use. 2. Exploration of the self – reasons for misusing tobacco, ways to cessation, and ways of dealing with recovery. 3. Generate a unique path to recovery based on personal experience and history of the individual = more successful 4. Revival of traditional knowledge and ways of knowing, which offers support and strength.
Honouring Your Health Challenge	<ol style="list-style-type: none"> 1. Diversity of each community is recognized and encouraged, which works to meet the needs and interests of that community. 2. Holistic approach in that it involves community members, such as Elders and role models, as well as, participant’s family members. 3. Flexible, non-bureaucratic approach. 4. Training provided for facilitators, who develop leadership skills.
Aniqsaattiarniq: Breathing Easy	<ol style="list-style-type: none"> 1. Provides suggestions for how individuals and communities can start a cessation program. 2. Tailoring of promotional materials to suit the culture and the community. 3. Culturally relevant, appropriate, and sensitive.
In Your Face Factz	<ol style="list-style-type: none"> 1. Focus of the approach is one that the target audience can identify with. 2. Organized and implemented by people who have the most in common with the target audience and are able to understand the reality of life for the target audience. 3. Presented in a fun, active, and interesting way, while containing important facts and information.
One Breath at a Time	<ol style="list-style-type: none"> 1. Works to de-normalize tobacco misuse by identifying it as “not the Indian way.” 2. Acknowledges the reasons why individuals start to misuse tobacco and why it is so difficult to quit. 3. Provides some ways in which people can be motivated to cease misusing tobacco. 4. Identifies that initiatives need to be fun and interesting and something that involves the family and the community. 5. Locally organized and locally implemented generates an approach that is relevant and appropriate for the audience/participants, this works to make it more successful. 6. Combines traditional with contemporary and this reflects the real lives of Aboriginal peoples today.

TITLE	KEY FEATURES
Aboriginal Traditions in the Treatment of Substance Abuse	<ol style="list-style-type: none"> 1. Mainstream approaches to addiction recovery do not work for Aboriginal peoples. 2. Reconnection to sources of meaning (for the participant) are paramount. Sources of meaning such as, family, spirituality, identity and most of all, culture. 3. Approaches to cessation need to incorporate traditional values and traditional activities.
B.C. First Nations and Tobacco Control Policy: An Environmental Scan	<ol style="list-style-type: none"> 1. Facilitators and policy makers need adequate training. 2. Support from administrative structures already in place in the community is important – structures such as, chief and council. 3. Proper access to resource materials, nicotine therapy, and funding are important. 4. Training for health care workers so they can support the policy/initiative. 5. Provides steps to the development of tobacco policy as a way of helping communities get started.
Building and Sustaining Partnerships: A Resource Guide to Address Non-Traditional Tobacco Use	<ol style="list-style-type: none"> 1. Partnerships within a community and with entities outside the community will bring strength to a tobacco cessation initiative, this will work to make it more successful. 2. Efforts need to be grounded in the community because that will utilize and promote local ways of knowing and enable local issues to be dealt with.
An Evidence-Based Approach to Planning Tobacco Interventions for Aboriginal Peoples	<ol style="list-style-type: none"> 1. Successful non-Aboriginal cessation programs cannot be transplanted into Aboriginal communities – modifications need to be done first before it will be successful. 2. Issues such as difference in location, intensity level, participant motivation, and participant health in the non-Aboriginal program need to be compared to the Aboriginal setting in which the program will be offered.
Evaluation of a Multi-Component Tobacco Intervention in Three Remote Australian Aboriginal Communities	<ol style="list-style-type: none"> 1. A community's readiness to cease using tobacco can be increased through a raised awareness and increased knowledge of the health risks associated with the use of tobacco products.

Recommendations and Knowledge Transfer

The information compiled in this study has provided some insight into mainstream and Aboriginal tobacco cessation initiatives in British Columbia and Canada. From this compilation, a sense of the key factors associated with a successful cessation strategy have been identified. These key factors enable a set of recommendations to be generated, along with an equally important series of yet-to-be answered questions. These recommendations and remaining questions are presented here, and where possible they are discussed in terms of knowledge transfer. This section begins with a very brief discussion of knowledge transfer, followed by the recommendations and questions generated through this study.⁶⁶

Knowledge Transfer

Knowledge transfer is defined by the Canadian Health Services Research Foundation as “collaborative problem-solving between researchers and decision makers.”⁶⁷ Successful knowledge transfer results in a better understanding between researchers and policy makers, as well as new partnerships and the incorporation of research-based evidence in policy and decision making processes and results. In this context, evidence-based decision-making is considered a method of ensuring that the best possible decisions are made and incorporated into healthcare (and other) systems.⁶⁸

Will Edwards describes knowledge transfer in an Aboriginal context as the “transfer between Indigenous knowledge and Western science.”⁶⁹ Edwards identifies the site of transfer as being the small area of overlap between Western and Indigenous ontology (what constitutes reality) and epistemology (how we know what we know).⁷⁰ Methodology (the process through which we determine our methods) resides at the site of this overlap. Edwards provides insight as to the principles of operating at this interface, which include: mutual respect, shared benefits, human dignity, and the generation of new knowledge.⁷¹ When negotiation happens at the methodological space, adaptations from both knowledge systems are made, which bring about new knowledge and new methods. This new knowledge and these new methods have the potential to improve the results of research and their implementation into practice.

Recommendations

⁶⁶ Knowledge transfer is a complicated and convoluted concept. The discussion of knowledge transfer here is intended to identify a working definition of this concept that is manageable for this project.

⁶⁷ Canadian Health Services Research Foundation website regarding Knowledge Transfer and Exchange www.chsrf.ca/knowledge_transfer/index_e.php, accessed April 27, 2007.

⁶⁸ Ibid.

⁶⁹ Will Edwards, n.d., *The Interface Between Indigenous Knowledge and Western Science* presentation.

⁷⁰ See Tuhiwai Smith 1999 and Bishop 2002 for a discussion of the difference between these two ways of knowing.

⁷¹ Edwards, n.d.

Aboriginal tobacco cessation initiatives need to be culturally relevant. A mainstream initiative, no matter how successful, cannot be transferred in an “as is” condition to an Aboriginal community. Such a transfer will be unsuccessful. Importing successful initiatives into Aboriginal communities requires modification, where approaches are tailored to suit the new community.

Aboriginal cessation initiatives also need to be locally oriented and facilitated. In this manner, initiatives formulated according to the needs of the particular community will be more relevant to its members, and therefore more successful. Locally organized and facilitated initiatives also provide opportunities for community members to be trained and employed, which works toward capacity building and community strength. Facilitators that have received training in tobacco cessation are more likely to develop leadership skills that are transferable to other avenues in the community.

Cessation programs need to be flexible and responsive to the needs of the community, otherwise initiatives are likely to be considered unimportant, and therefore not useful or needed.

Community members acting as facilitators need to receive proper training so that they can 1) implement a successful initiative, and 2) train other community members. With this approach, community capacity, strength, and independence are achieved.

Cessation programs need to be holistic in terms of involving the participant’s family and community, as well as dealing with the participant’s life. Reasons for tobacco addiction; replacing the void created by tobacco cessation; nutrition; physical activity; rest; as well as, mental, emotional, and spiritual aspects of a person's life are what also need to be addressed in a cessation strategy.

Initiatives need to incorporate traditional activities, traditional knowledge, and traditional values. This approach enables a sense of meaning to be embedded in the program, through which all community members benefit. Including traditional knowledge and practices, such as traditional tobacco use, provides a culturally relevant and culturally powerful tool for participants to overcome the hurdles associated with tobacco addiction.

Cessation programs need to incorporate activities and interests that are reflective of the contemporary lifestyles that most Aboriginal peoples lead. Here, it is important to recognize that Aboriginal people today do not lead exclusively traditional lives, but rather a combination of traditional and contemporary activities, knowledge, and interests are what comprise day to day living. Incorporating a contemporary activity that is of interest and is familiar to the participants is a way to make the process more enjoyable, and therefore more successful.

Cessation initiatives should work cooperatively with existing systems and resources already in place in the community. In this manner, the cessation initiative would have more exposure throughout the community, making it a more holistic endeavour.

For cessation strategies to be successful, partnerships with other community entities and organizations outside the community need to be forged. Partnerships permit small cessation initiatives to become more powerful, and therefore more successful.

It is logical and necessary to base new Aboriginal tobacco cessation strategies on existing evidence and knowledge, such as that gathered through this study (and others), so that a best practice can be actualized. Basing the design and implementation of Aboriginal tobacco cessation strategies on evidence requires cooperative partnerships and working relationships between the Aboriginal community and researchers who are aware of cessation evidence.⁷² This need for a working relationship is based on the fact that just as mainstream cessation strategies cannot be transferred directly into an Aboriginal community, unmodified evidence and theories also cannot be used successfully.⁷³ This is where knowledge transfer becomes an important issue.

In a cooperative working relationship, all parties need to share not only their knowledge, but their ways of knowing so that together they can design and implement a cessation strategy that is culturally appropriate and relevant, as well as sound in terms of the evidence it is based on. We need to look at how to implement evidence into a cessation strategy, not just what to implement. We need to work with community members on an equal footing so that we can learn in two directions; share knowledge both ways to determine a cessation program that will be truly effective.⁷⁴

⁷² See Sandra Kirby and Kate McKenna, 1989.

⁷³ See Bhattacharyya, 2006.

⁷⁴ See Sharlene Hesse-Biber et al. 1999 and Reinharz, 1992.

Remaining Questions

Modifying Mainstream Initiatives. When modifying a successful mainstream initiative for an Aboriginal community, aspects such as setting, intensity, motivation, and health are identified as being in need of tailoring, but the methods or criteria for carrying out such modifications are unclear. This realization leads to the question, who is qualified to modify mainstream approaches into relevant and successful Aboriginal-specific programs? Is it simply enough to have the community decide what aspects of the mainstream approach are relevant and which are not? These questions reinforce the point that facilitators require sufficient training prior to the implementation of a cessation program.

Promotion. How are cessation programs advertised? How are Aboriginal communities, especially rural and remote locales, made aware of cessation strategies? Is it primarily left up to the community or the individual to seek out cessation programs?

Marketing. What Aboriginal-specific marketing schemes are in practice? Are these schemes effective in encouraging individuals and communities to seek out a cessation program? What does effective tobacco cessation marketing look like or sound like?

Motivation. How are Aboriginal peoples motivated to cease using commercial tobacco products? Are there motivation schemes in place? And if so, what are they like and how effective are they?

Mainstream effectiveness. How effective are mainstream cessations schemes, such as those within the public school system, which are offered directly to Aboriginal peoples?

Evaluation. Have many other Aboriginal cessation strategies been evaluated? What are the results of those evaluations?

Policy. What effect does provincial and federal policy play in Aboriginal tobacco cessation?

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