Understanding the Needs of Nurses working in First Nations and Inuit Communities with Respect to Misuse of Tobacco, and Current Trends in Health Promotion: A National Survey

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Aboriginal Nurses Association of Canada

INTRODUCTION:

Smoking tobacco and its associated diseases and health risks are the leading most preventable cause of death in North America. In Canada, there has been a continuous trend of decreasing prevalence of smoking tobacco among the general Canadian population. Among Aboriginal peoples, however, prevalence remains high. Among First Nations and Inuit peoples, evidence indicates that 2/3 of adults are active smokers with Inuit women having the highest smoking rates in the world.

The misuse of tobacco, a once revered and respected sacred plant, used for ceremonial purposes, is now causing increasing health risks, decreased quality of life and lowered life expectancy of many of Canada's First Peoples who may already be compromised due to a variety of factors, including health determinants.

Recent studies have concluded that smoking rates among Aboriginal youth is increasing, and some First Nations and Inuit communities have reported that smoke-less tobacco use, such as snuff and chewing tobacco is being used by children as young as 5 years old.

In an attempt to find solutions to this dangerous and life-threatening, yet preventable epidemiological trend, Health Canada has developed a First Nations and Inuit Tobacco Control Strategy. In 2002, through its Advisory Circle, embarked on a series of projects intended for the implementation of a tobacco reduction framework for First Nations and Inuit communities.

Based on directives outlined by the First Nations and Inuit Tobacco Control Strategy -- Advisory Circle, the Aboriginal Nurses Association of Canada embarked on a project to address Capacity Building, Initiation and Community Engagement in Aboriginal Communities, from a nursing perspective. The objectives of this project were to inform the work of the First Nations and Inuit Control Strategy in areas of capacity building and community engagement through the exploration and understanding of needs of nurses working with and in First Nations and Inuit communities, relative to tobacco misuse and current trends in health promotion.

Essential to determining what works best in communities with regards to tobacco misuse reduction, it seemed evident that consultation with membership of the Aboriginal Nurses Association of Canada was a logical starting point, as many of the constituents were front line workers in First Nations and Inuit communities.

This report is intended to reflect the findings of a national survey conducted by the Aboriginal Nurses Association of Canada over a one month

time-frame, the results of which are statistically significant given the limitations of the study. It is hoped that the data collected in this survey will provide valuable information to policy-makers with regards to what is needed, what is working and what can be shared among First Nations and Inuit communities, regarding tobacco misuse reduction, from the voices of the front line workers, the nurses themselves.

METHODOLOGY:

The Focus of the implementation of the Aboriginal Nurses Association of Canada, National Survey: *"Understanding the Needs of Nurses working in First Nations and Inuit Communities with Respect to Misuse of Tobacco, and Current Trends in Health Promotion"* was the identification of community needs, relative to tobacco reduction. To determine what issues nurses working in and with First Nations and communities found to be most at need and most helpful, an in-depth questionnaire was developed and pilot-tested, which was categorized into six key categories;

1. Establishing baseline information on knowledge, resources and current capacities;
2. Knowledge about tobacco usage in the community;
3. Program capacity for tobacco reduction;
4. Resources for Nurses;
5. Current Trends in Health Promotion; and
6. Future Directions on Tobacco Control for First Nations and Inuit communities.

The survey/questionnaire was aimed at administering over 230 individual questionnaires targeted at every member and associate member of the Aboriginal Nurses Association of Canada, which includes nurses of Aboriginal ancestry and nurses working in and with Aboriginal communities in Canada.

Limitations of the Study:

An attempt was made to disseminate the questionnaire to all 230 nurses registered as regular and associate members of the Aboriginal Nurses Association of Canada, via electronic mail to addresses on file. A series of questionnaires were disseminated by facsimile, following a random selection of n=25 chosen for follow-up telephone interviews.

It should be noted that in attempt to contact registered members of the Association, many of the electronic mail addresses were no longer valid, as some of the membership had moved on to other positions, some were on extended leaves of absence due to a variety of factors, and others could not be reached after three attempts.

Data collection began on the 12th of February and concluded with the last of the questionnaires received on the 24th of February, 2003. Given the short time-frame for data collection, a total of 18 completed questionnaires were returned out of 122 disseminated. The N=18 represents 14.75%, which is a statistically significant sample taking into account the limitations of the study.

Implementation:

The A.N.A.C. membership database was consulted in order to determine an appropriate statistical sampling format. Following dissemination of the survey instrument, all relevant background documents, articles, periodicals relating to the issues of smoking and tobacco misuse among Aboriginal peoples were reviewed and analysed, formulating a literature review which is included as a part of this report.

Asked what policy or procedure development does the community require to deal with the issue of tobacco misuse reduction and elimination, subjects were given eleven (11) responses from which to choose, and could identify as many responses as necessary to meet the needs of the community. Promotion and awareness of tobacco reduction programs, strategic planning, development of cessation protocols, and education on prevention and/or development of outreach models, were among the options given.

Nurses were asked how the Aboriginal Nurses Association of Canada could assist their community to develop capacity, skills and training for community health workers. Among the responses were, providing technical assistance, providing basic information, providing information regarding traditional use of tobacco, assisting communities to develop information gathering systems, and assistance in peer counseling and role modeling programs.

Survey questionnaire made an inquiry regarding the subjects' knowledge about tobacco usage in the community, and directed the inquiry to general knowledge about tobacco usage, prevalence of smoking among expectant mothers, ages of members in the community who use tobacco substances, and general concern about the use of tobacco.

Program capacity for tobacco reduction in First Nations and Inuit communities was a key issue and was assessed with a variety of questions whereby subjects could respond to as many answers that applied, which included whether or not a tobacco reduction strategy existed in the community to identification of the barriers preventing such a strategy from being developed. Key questions included an inquiry regarding community resources, financial resources, human resources and political will within the community. Specific concerns were also raised regarding the existence of prevention strategies

targeted at young children, before they begin experimenting with tobacco substances. Broad-based options were made available regarding the focus of tobacco reduction within the community, which provided a variety of responses which could be very valuable in establishing needs that could be addressed in the development of a national tobacco reduction strategy.

Capacity building was an issue, raised, whereby subjects were asked, from a nursing perspective, what resources have been accessed, the barriers preventing access, and type of resources consulted. Options listed provided a variety of responses.

A series of questions meant to collect data regarding current trends in health promotion and treatment programs for tobacco reduction assessed for addressing the following concerns; community services, including peer counseling, role modeling, medical management, support groups, existance of treatment models, available resources for community members, methods of disseminating information within the community, community support and networking. Subjects were also given the opportunity to voice additional concerns and comments of any programs, techniques, and/or methods that have been successful or beneficial for tobacco reduction and cessation.

A brief section which gathered information on perceptions of future directions in development of a national tobacco reduction strategy including opinions on focus, and suggested partnerships for the Aboriginal Nurses Association of Canada in its role for the implementation of a strategy.

Data entry of the responses to the questionnaires was performed using the public domain software EPI Info. The coding for the possible answers was written into the data base as a yes/no response. Yes or positive responses were recorded whenever a response was chosen. Where responses were left blank, this was recorded as a no or negative response.

Frequency distribution tables were worked out for all variables in the questionnaire. As well variable manipulation produced a cross-sectional analysis reflected in graphs in charts which illustrate age distribution of smokers in communities, and status of smoking among expectant mothers in First Nations and Inuit communities.

RESULTS:

The analysis presented a picture of what A.N.A.C. membership viewed as priorities with respect to needs, in resources, knowledge, current capacity, trends in health promotion and best practices at the community level for tobacco reduction and their perspectives on future directions and implementation of a national tobacco reduction strategy for First Nations and Inuit communities.

Responses have been categorized into the six main themes; establishing baseline information, knowledge about tobacco usage, program capacity, resources for Nurses, current trends in health promotion, and future directions, with allowances for additional comments/suggestions made by some respondents. Limitations of this study were created as a result of a late start, leaving only six weeks to complete the project. Given the short time frame, 14.75%, or a total of N=18 responses were returned of the 122 questionnaires distributed. Over 80 potential subjects were not reached initially due to inaccurate e-mail addresses, however, of this subset, a random selection was made and included in the random sample n=25 used for follow-up interviews.

Establishing Baseline Information:

Asked about their perception about what communities require to deal with the issue of tobacco misuse reduction and elimination, 66.7% of nurses (N=18) responded by indicating highest on the priority list were strategic planning in addressing tobacco reduction and cessation, and education on prevention and /or development of outreach models for reduction and cessation. Promotion and awareness of tobacco reduction programs ranked second, 61.1% among those who responded. Third (44.4%) on nurses' priority list regarding community needs were on-going support to individuals in recovery, and policies about research and information gathering related to tobacco usage and the diseases associated. Development of tobacco cessation protocols ranked fourth (33.3%), and lowest on the scale (22.2%) was the issue of confidentiality of health information related to tobacco cessation.

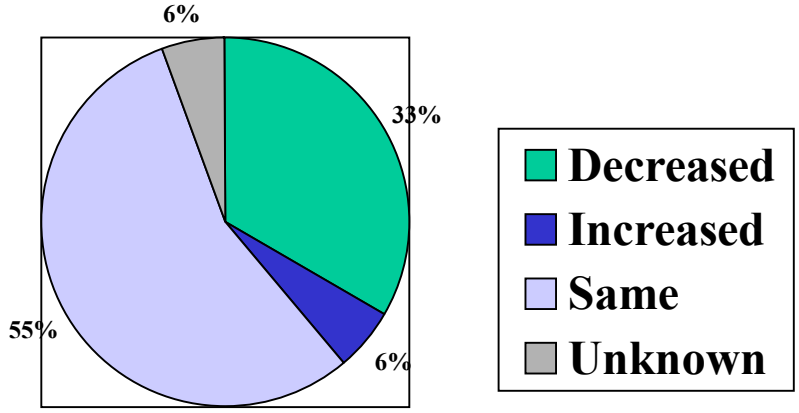
Asked about what is needed to assist nurses in the community to develop capacity, skills and training for community health workers, 83.3% of respondents indicated that providing information on the traditional uses of tobacco in ceremonies, and consulting with Elders was a high priority. Providing information about healthy child development and fostering self-esteem among Aboriginal youth ranked second (77.8%), together with assisting communities to develop information-gathering systems and skills development, among nurses who responded to the questionnaire. Third on their prioritization (66.7%) for capacity and skills development, nurses indicated that community health workers needed information on diseases caused by second hand smoke and smokeless tobacco products. This was followed by, basic information on tobacco cessation programs (66.7%), technical assistance throughout the skills development process (61.1%), establishing peer counseling and role modeling (50.0%), information about assessment methods by means of workshops, manuals, etc. (44.4%), and assisting communities to hold community workshops on tobacco reduction (38.9%).

Knowledge about tobacco usage:

Half (50.0%) of nurses who responded to the survey indicated that they were somewhat knowledgeable about the level of tobacco use in the community. Just under half (44.4%) indicated that they were very knowledgeable, and 5.6% indicated that they were not at all knowledgeable. Asked about observations regarding expectant mothers and smoking trends, 55.6% of survey respondents indicated that smoking trends among expectant mothers in the community had not changed, whereas, 33.3% indicated a reduction in smoking and 5.6% indicated an increase in smoking among pregnant women in the community, and 5.6% did not know whether there was an increase, decrease or status quo. See figure 1, page 7. Asked about their level of concern regarding tobacco use in the community, all of the nurses responded either very concerned or somewhat concerned, 88.9% and 11.1%, respectively. Figure 2, page 7 illustrates a graphic illustration of the age distribution of members of the community who smoke, based on responses received on returned questionnaires. The responses indicated The majority of smokers in the age 19 to 35 year old category (77.8%), followed by the 36 to 55 year old age category (55.6%), under age 19 (33.3%) and over 55 years old (5.6%). In response to this question, 5.6% did not know the ages of the majority of smokers in the community.

Smoking Trends among Expectant Mothers

FIGURE 1:



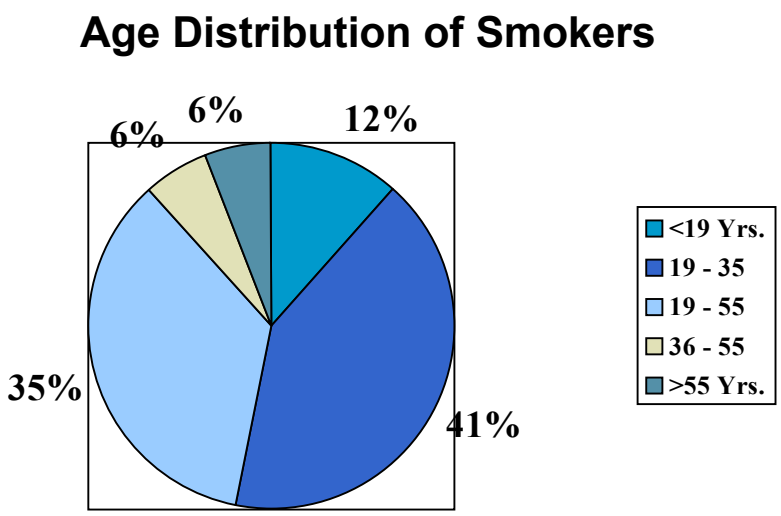


FIGURE 2

Program Capacity for Tobacco Reduction:

Over half of the respondents (55.6%) to the survey indicated that their community had no tobacco reduction strategy, 16.7% indicated that a strategy existed and 22.2% did not know the status. Asked to identify barriers to having an active campaign for tobacco reduction, 68.8% of respondents indicated that lack of human resources within the community was the most pervasive barrier to developing and implementing a tobacco reduction program. This response was followed closely by lack of financial resources, lack of political support within the community and tobacco control not identified or considered a priority among health concerns within the community (50.0%). Of those who responded, 43.8% of nurses indicated that although no active strategy existed for tobacco reduction, there was a will for nursing intervention(s) practiced on their own initiative, in order to reduce tobacco misuse within the community, and responses varied from talking about the negatives of smoking and encouraging people to reduce smoking or quit altogether, to referral of individuals to other health care professionals and programs for tobacco cessation. When asked how the tobacco reduction program in the community was supported if one existed, 29.4% of respondents did not know. The majority of nurses declined response to this question, and a small percentage, 5.9% indicated that there was a limited financial resources and support through community members. An equal proportion (5.9%) indicated that although there was sufficient budget for such a program, the community lacked the human resources with the skills set and capacity for implementation.

A series of questions in the survey focused on the details of a tobacco reduction strategy in the community, if one existed, and ideas of what one should entail. Over half of those who responded (55.5%) indicated that the area of focus has been on cessation. This response was followed closely by prevention and awareness identified by 50.0%. Just over one quarter (27.8%) did not respond to

this line of questioning. Other areas of strategy development although identified, ranked relatively low in priority. These included protection (22.2%), harm reduction, and promotion of healthy lifestyle choices (11.1%). Half (50.0%) indicated that information regarding second-hand smoke was included in tobacco reduction programs. An equal proportion indicated that information regarding smoke-less tobacco was not included. Based on responses, it became evident that a need exists in a number of communities regarding a prevention strategy which focuses on very young children, pre-kindergarten to third grade, as 61.1% of respondents indicated that no such strategy exists in the community. Only 22.2% of those surveyed indicated that a strategy exists within the community targeting the very young. (See Figure 3, page 9 for a graphic illustration.) Asked about knowledge of the Health Canada - First Nations and Inuit Tobacco Control Strategy, 50.0% of those surveyed were not aware of its development, and just over one quarter (27.8%) indicated some knowledge, but were not very aware, and only 16.7% indicated that they were somewhat aware of this strategy.

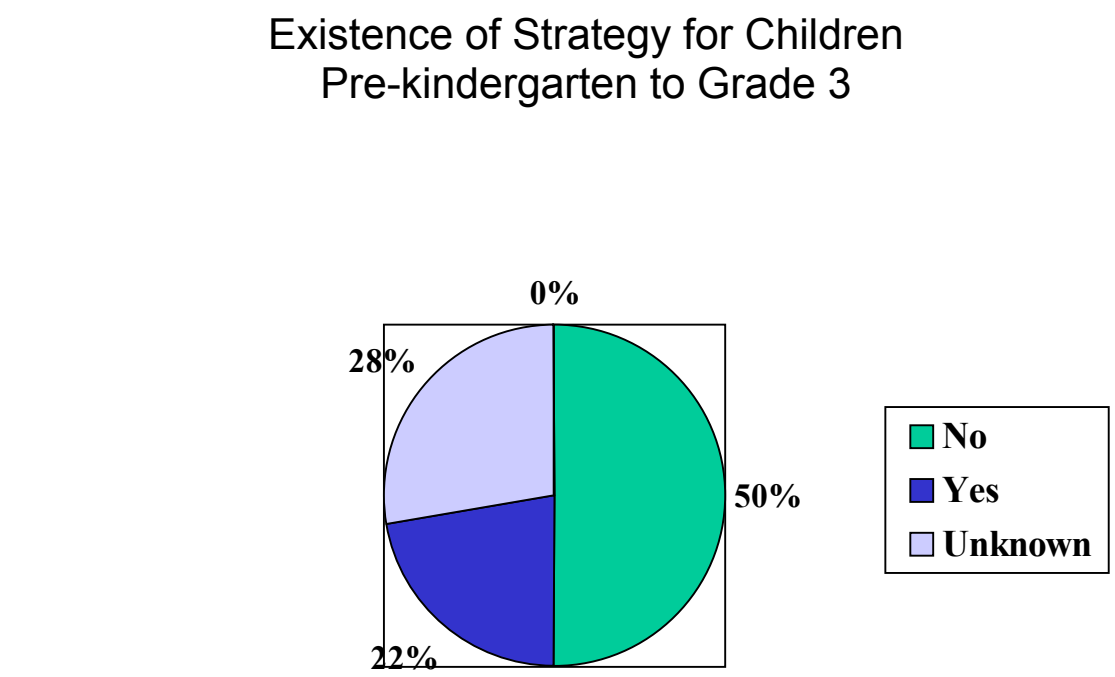


FIGURE 3

Current Trends in Health Promotion:

A variety of questions were asked regarding services, resources for community members, community support and participation in tobacco reduction programs. Topics such as peer counseling, role modeling, use of treatment programs, support groups and medical management were among the options provided. Of those who responded, 50.0% indicated that medical management, nicotine replacement patches, tablets, and so forth were the primary method of treatment for tobacco cessation. A lesser proportion, 38.9% indicated that support groups were being utilized by smokers trying to quit, and another 38.9% indicated that referral to a physician was the preferred method of treatment. A small percentage, 11.1% indicated that role modeling was offered as a support mechanism. Only 5.6% of respondents indicated that services such as 12-step programs and treatment models were a means of treatment and support offered to clients.

When asked about resources offered to community members, the majority of respondents indicated that the primary type of resource consisted of fact sheets, pamphlets and booklets offered to clients. A very small percentage (16.7%) indicated that they had made referral to addictions counselors or other types of prevention programs as a form of treatment, support and resource within the community. Another 33.3% of did not respond to this question.

When asked about methods in the community regarding communication of information regarding tobacco reduction and cessation programs, 50.0% of respondents indicated that posting notices in public places and information workshops co-inciding with other wellness programs such as pre-natal programs, were the primary source of information dissemination. Less than one fourth of those responding (22.2%) indicated that wellness programs delivered in schools aimed at prevention for youth was a method used for communication of information about tobacco prevention, reduction and cessation. Newsletters and announcements in community newspapers were indicated as a source of communication and information distribution in 11.1% of responses, and public service announcements on community radio was a communication vehicle identified by 16.7% of returned survey.

Community support by means of developing partnerships, and providing venues for tobacco cessation workshops and information dissemination with agencies, centres and organizations was an issue which elicited a variety of responses. Schools were indicated (61.1%) as being the most frequently utilized venue offering support within communities. This response was followed by health professionals in the community (55.6%), and health clinics (50.0%). Just over one quarter of those surveyed (27.8%) identified recreation facilities in communities as a viable partner offering a venue for workshops and dissemination of information. A lesser percentage (16.7%) indicated that friendship centers and aboriginal organizations, youth drop-in centres, and

community leaders provided support and/or a venue for program implementation. Only 11.1% of those surveyed identified local business, and substance abuse programs as viable partners, and an additional 11.1% did not know which community agencies could be identified as potential or actual partners.

Based on information provided in the survey, the percentage of community members who participate in smoking cessation programs was less than 25%, as indicated by 61.1% of responses. Asked about the percentage of clients who have successfully quit smoking, 72.2% of those surveyed indicated that the success rate within the community was less than 25%. An additional 27.8% of respondents indicated that they didn't know what percentage of community members were engaged in smoking cessation programs, and 16.7% had no knowledge of the percentage of those who have been successful in stopping smoking. Role models within the community and former smokers offering encouragement as potential role models were utilized in just over one quarter (27.8%) of those surveyed.

Future Directions on Tobacco Control:

Questions directed at perspectives on future directions for tobacco control, and where First Nations and Inuit communities should focus in the development of a tobacco control strategy included development of partnerships with federal/provincial/territorial governments, non-profit organizations and advocacy organizations at both the national and regional levels. The survey produced responses indicating that 55.6% of nurses surveyed identified regional First Nations and Inuit health and advocacy organizations as a primary potential partner in the development of a national tobacco reduction strategy for First Nations and Inuit communities. This was followed closely by regional government programs and other national First Nations and Inuit health and advocacy organizations in 50.0% of responses. An additional 44.4% of responses indicated that national government programs and services should be a partner in the development of a national strategy.

Priorities in focus for tobacco reduction and control identified five main areas; protection, prevention, education , care, treatment and support and harm reduction. Of these areas of focus, 94.4% of nurses surveyed indicated that prevention was a priority in the development of a national reduction strategy for tobacco. Education was also very high on the list of priorities with a response rate of 88.9%. Other areas of focus followed, with protection (61.1%), care, treatment and support (55.6%), and harm reduction (38.9%).

Additional comments included the need for educational programs focused on young children, before they become active smokers and tobacco users.

DISCUSSION:

The importance of the Aboriginal Nurses Association of Canada in its advocacy and coordinating role for the development of capacity, skills and training for community health workers in the front lines was an area that was merely touched on, however, as a national body, it is clear that A.N.A.C. has a role to play in the education and skills development of community health workers, and nurses, particularly in the development of information-gathering systems. Connecting with Elders in the community with respect to educating community health workers and nurses regarding the traditional use of tobacco in ceremonies, so that this information could be relayed to recipients of programs and services designed to reduce tobacco use among community members, particularly the youth, was evident as well.

This study indicates that clearly, gaps exist within First Nations and Inuit communities, with respect to meeting the needs of nurses, for the prevention, cessation and reduction of non-traditional use of tobacco.

Based on previous studies on the profile of Aboriginal people in Canada who smoke, evidence has shown that 62% of adult First Nations people living on reserve, and Inuit living in northern communities are smokers, and that over 70% of First Nations and Inuit who smoke are between the ages of 20 and 29. The present study confirms these previous figures, and indicate that the majority of tobacco smokers, as reported by nurses in First Nations and Inuit communities, are between the ages of 19 to 35 years of age.

Another cause for concern is the reported observation that smoking trends among expectant mothers in many First Nations and Inuit communities has remained unchanged in the past five years. Only 33.3% of nurses have observed a decrease in smoking behaviours among pregnant women in these communities.

Clearly, tobacco use continues to be a major public health concern, and action must be take to address this serious health issue.

Historically, tobacco is a sacred plant that has a role in traditional ceremonies, however, the non-traditional use of tobacco in today's Aboriginal society far exceeds tobacco's intended purpose. This study has clearly indicated that consulting with Elders regarding the traditional uses of tobacco in ceremonies and incorporating these teachings in prevention, awareness and treatment programs may be helpful in reducing the recreational use of tobacco in communities. Respondents (83.3%)have indicated that these teachings would be helpful in assisting the nurses to develop capacity, skills and training among the community health workers that implement many of the programs at the grass-roots level. It has come through clearly that fostering self-esteem among the

Aboriginal youth in community, and focus on healthy child development was an important step in prevention. Based on literature, it seems logical that incorporating the traditional teachings about tobacco in prevention programs designed for youth, and re-connecting the youth with the Elders in the community as they learn, would be of benefit in developing self-esteem, and preventing the abuse of tobacco.

It is evident from this study that much is needed in the realm of preventative action. Health promotion measures that identify the following stages of behavioral change can be applied to smoking cessation:

- Pre-contemplation;
- Contemplation;
- Preparation;
- Action
- Maintenance.

Strategic planning is needed at the community level in order to assist the nurses and community health workers working in the front lines. This study has indicated as well, that assistance in needed in the development of outreach models for prevention, reduction and cessation, and have clearly indicated that resources, including financial resources, human resources and time, are often stretched to the limit or beyond capacity, which presents a barrier to implementation of any program or strategy, no matter how well it may be designed in theory.

Nurses surveyed expressed concern over the lack of funding and other resources, particularly human resources at the community level for tobacco reduction programs and activities. Concerns were also raised with respect to the lack of political will within communities, many of which did not see tobacco reduction as a priority health issue. Some expressed a desire to learn more about research at the community level, but lacked the time for such activities due to other health priorities and lack of infrastructure and capacity.

Many respondents expressed a need for more education and awareness training, particularly geared to the First Nations and Inuit youth and children, particularly as the number of active smokers in the community continues to increase, and the indications that smokers and users of smoke-less tobacco are becoming younger. Prevention and awareness strategies designed for pre-kindergarten to third grade in First Nations and Inuit communities were reported to exist in only 22.2% of those surveyed. It is evident that education, awareness and prevention should be targeted at the very young before they become active participants in smoking and tobacco use. Concerns were raised regarding the need for the First Nations and Inuit leadership to be involved and to support programs for tobacco reduction and cessation.

The issue of non-traditional use of tobacco within communities may not be seen as serious a concern within a community as, perhaps: diabetes, AIDS, or infectious disease. However, communities must be made aware how pervasive smoking can be and the serious health risks that it carries not only for the person who abuses tobacco, but their loved ones, children, unborn babies, and the community as a whole. A call to action may be needed for community awareness and education directed at the community as a whole, particularly leadership. Mobilization of change is often difficult to initiate if there is apathy or denial, both of which can be vehicles for resistance. Recognizing that the issue of smoking, or non-traditional use of tobacco is a serious health threat is a first step in inducing behavioral change within a community.

LITERATURE REVIEW

Problem Statement:

Despite the trend to reduce tobacco smoking among the general Canadian population, tobacco use continues to be a leading cause of preventable death in North America. Although overall, the prevalence of smoking has been decreasing over the past three decades, mortality and morbidity related to tobacco use remains very high, particularly among Aboriginal Canadians. (Indian and Inuit Health Committee, Canadian Pediatric Society; 1999) The current tobacco use prevalence among First Nations and Labrador Inuit is still remarkably high, with some 2/3 of adults smoking (First Nations and Inuit Regional Health Survey, 1997). Men and women on First Nations reserves have a 40% higher rate of stroke and a 60% higher rate of heart disease than any other Canadians. Lung cancer is a major cause of death, and Inuit women have the highest rates in the world. Data collected by Cancer Care Ontario clearly shows that the rate of lung cancer is increasing both as a percentage of Aboriginal population, and in comparison to the general population (Marrett, 2002, unpublished). There is also strong evidence to indicate that environmental tobacco smoke (ETS) is a major contributor to respiratory disease among Aboriginal children (Canadian Pediatric Society, 1999).

The purpose of this paper is to explore existing literature, papers and resources regarding cessation and prevention of tobacco use in order to suggest strategies for prevention and reduction among Aboriginal Canadians.

The process of researching literature produced limited resources on tobacco use cessation, specific to the Aboriginal population. The available literature focuses primarily on Aboriginal people in the United States. Description, analysis, and evaluation of existing tobacco use cessation resources or practices was extremely limited with respect to the Aboriginal population, other than actual materials.

Historical Perspective:

By far, the most comprehensive and extensive documentation on the historical perspective of tobacco usage in North America is included in the 1997 First Nations and Inuit Regional Health Survey, conducted by Dr. Jeff Reading. This report explores the historical and cultural perspective on the traditional use of tobacco as documented by sixteenth century explorers to the North American continent, and details how the sacred use of tobacco was corrupted into recreational use which spread widely after European contact in the 1800's. There is discussion regarding the respect that First Nations had for sacred tobacco, and its use during trade between First Nations and the Europeans. The issue of commercialization of tobacco and chemical additives that contribute to addiction and disease is also discussed.

In December, 2001, the Canadian Women's Health Network, published a journal article about change for women who smoke, and gave a detailed report on culture and tobacco, which discussed the history of tobacco use, including the Traditional use of tobacco among Aboriginal people of North America. This article discussed how there are beautiful stories and teachings of how the Creator instructed Native people to grow, prepare and use the tobacco plant for spiritual purposes, and for-warned of the illness, suffering and death that would befall humans if they misused tobacco. Aboriginal people treated the tobacco plant with a great deal of respect. Its leaves were burned on sacred fires, left on the earth as an offering of thanks, and carried in medicine bundles or given as a special gift. Like so much else, the arrival of the Europeans in the 1400's brought about many changes including the exploitation of the value of tobacco as an important trade good, and the recreational use of tobacco.

The Current Situation: What we know

The profile of Aboriginal smokers is very different from other ethnic groups in Canada, and Canadians as a whole. A review of smoking behaviors among Canadian Aboriginal peoples conducted by Stephens (1991), found that:

- More than half (57%) of Canada's adult Aboriginal people were smokers;
- 65% of young Aboriginal people aged 20 - 24 and 54% of teens were smokers;
- 72% of Inuit were current smokers, compared with 56% of First Nations and 57% of Metis; and
- Aboriginal people in the Northwest Territories were the most likely to smoke (71%), while those in British Columbia were the least likely to smoke (51%).

Recreational use of tobacco has risen in Aboriginal communities over the past decade, and studies indicate a dramatically high rate of use of tobacco among Aboriginal people under age 24 (Hart, Hansen, 1990; Harvald, 1990). There is widespread concern about smoking among youth and Aboriginal children, which has increased (Pickering, et al. 1995).

In January, 2003 the Territorial Government of the Northwest Territories (NWT), Health and Social Services produced some alarming statistics in its document, "A Territorial Law to Control Tobacco Use -- What Do You Think?".

- More NWT youth were smoking in 1999 than in 1993.[i, ii]
- In 1999, the smoking rate among NWT children 10 to 12 years old was 6%, 25% for 13-14 year olds, and 48% for teens 15-17 years of age.
- More than one-third (34%) of 12-17 year olds smoke. This is more than double the national smoking rate (16%) among youth of the same age.[12, iii]
- More young women 10-17 years of age (29%) smoke than young men of this age (25%).
- Over half (52%) of young women 15-17 year olds and 44% of males of this age smoke.
- About three-quarters of young Inuit and Dene women 15-17 years of age smoke.
- The majority (56%) of Inuit and First Nations adults smoke.[10]
- Adults and youth who live in the most remote and northern parts of the NWT tend to smoke more than other northerners. All but one of the 13 communities north of Wrigley have smoking rates of over 50% of the adult population. In Paulatuk, 73% of adults smoke, the highest rate of smoking in the NWT. The lowest smoking rate (19%) among adults is in Kakisa.

Among First Nations youth, the extent of tobacco use varies according to whether the person lives on or off reserve. Aboriginal adolescents who live in cities appear to be a greater risk of long-term smoking-related disease than adolescents on reserves or in isolated communities (Gfellner and Hundleby, 1995). A cross-cultural study was conducted in 1993 by Hodge, et al, which revealed that rates of cigarette use for Aboriginal youth across grades 7-8, 9-10, and 11-12, were 45%, 69%, and 80%, respectfully, -- much higher than the corresponding rates of 13%, 32% and 42% among their non-Aboriginal counterparts.

A 2002 report on Youth and Pregnant Women, published by the National Indian and Inuit Community Health Representatives Organization (NIICHRO), indicated that tobacco abuse has been identified as one of the biggest health

problems faced by First Nations and Inuit youth. Research shows that 92% of smokers start before age 19 (Canadian Pediatric Society, 1999), and in certain Aboriginal communities, addiction can be well established by the age of 13 or 14.

Although smokeless tobacco such as snuff and chewing tobacco is not associated with respiratory problems, its continued use can lead to nicotine addiction and mouth diseases. It has been documented that Inuit, Dene and Metis children as young as 5 to 9 years of age had high rates of use: 12% of boys and 4% of girls had used snuff and 7% of boys and 2% of girls had used chewing tobacco.

Contributing Factors:

The negative correlation of education, income and occupational status as seen the general Canadian population is also a contributing factor for tobacco use among Aboriginal people. Research has indicated that tobacco use is integrally linked to socio-economic indicators, such as low levels of education and income (Lemchuk-Favel, 2002). The 1991 Aboriginal Peoples Survey indicated that there is a strong trend toward never smoking daily among Aboriginal university graduates. This was most significant in the 15 to 24 age group, as 75% of university graduates of this age had never smoked daily, compared with 24% of those who had not finished grade nine.

In a study conducted by Andersen, et al (1996) examining the risk and resiliency within the context of urban Aboriginal youth, possible causes for risky behaviour were explored. This study indicated that there is an effect of personal ability to deal and solve problems, in relation to the family's ability to solve problems. Variables such as low self-esteem, low emotional competence and not having enough positive attention as a child, contributed to youth involvement in risky behaviors, including smoking, alcohol abuse and criminal involvement.

The First Nations Youth Inquiry into Tobacco Use (Andersen, et al 1996), is undoubtedly the largest tobacco research undertaking among First Nations in Canada, to date. It documented tobacco use among Aboriginal youth in 96 on-reserve communities across Canada, detailing attitudes and smoking habits of 4,090 youth aged 10-14 years in 1995-1996. This data was collected by community-based researchers who were trained in information collection, data analysis and community action planning. Data was collected by individual household interviews, semi-structured interviews with key informants and Elders and talking circles. In terms of tobacco use, this study found that 9% of youth aged 10-14 were smokers. Smoking was more common among females than males in all age groups, and overall, males were assessed to be 40% more resilient to smoking than females.

National Indian and Inuit Community Health Representatives Organization (NIICHRO), in their 2002 report on Youth and Pregnant women outlined the following:

Social Factors:

- Being part of a low-income family. Lower income youth often must deal with stressful situations, such as limited economic resources or a single-parent home. Smoking is often seen as an easy way to cope.

- Low level of education, which can increase an adolescent's chance of experimenting with and using tobacco.

- The challenges and difficulties of puberty. Smoking can be seen as a way to ease the transition into an adult role.

Environmental Factors:

- Parents and friends who smoke or use smokeless tobacco.

- Peer pressure.

- Having little or no connection with family, friends or institutions.

- Perceptions that smoking is normal, and support or approval of smoking by friends or parents.

Personal factors:

- Being a poor student.

- Not being very involved in healthy activities.

- Showing risk-taking or rebellious behavior.

- Having low self-esteem and low self-image.

As well, the 2003 report on smoking produced by the NWT indicated that the reasons for using tobacco are complex. In addition to those previously identified by NIICHRO, some of the reasons include:

- influences from family, friends and co-workers;

- relief from loneliness;

- to deal with anger, frustration, boredom or daily demands and routines;

- a way to avoid eating and gaining weight;
- imitating images shown in tobacco advertisements; and
- family and community acceptance of smoking as a common or normal activity.

Strategies for Change:

It is important to evaluate tobacco use cessation programs to determine which methods are most successful among Aboriginal people. It has been noted, using the higher prevalence rates as evidence, that existing cessation strategies have not been as successful in the Aboriginal population as with other populations in Canada. Reading (1996), suggests that cessation programs need to include cultural values and be designed and delivered from within the Aboriginal community. Programs that fail to acknowledge the spiritual value of tobacco, focusing instead on its negative uses, may not work with Aboriginal people. It has also been suggested that placing tobacco in its historical and spiritual context may be an important way of preventing smoking among Aboriginal youth.

Culturally appropriate and culturally sensitive materials have been produced in a variety of Aboriginal communities and settings, across Canada. The Assembly of First Nations produced a smoking prevention and reduction framework for First Nations youth entitled, "Tobacco: The Sacred Gift -- Honour Your Ancestors -- Don't Abuse it! The Truth About Smoking for Native Youth" (1996), and is a culturally sensitive presentation about the history of tobacco's traditional uses and the harms from misuse, including the chemicals in cigarettes, environmental impacts, pregnancy, children, cancer and heart disease, and provides tips and encouragement on breaking the habit and reasons to quit (Marriott & Mable, 2002).

Similarly, the Pauktuutit Inuit Women's Association produces a number of culturally sensitive and educational resources designed for Inuit communities. Messages in posters and information for adults are hard-hitting. Current cultural realities are reflected in terms of both economic and social context. Pauktuutit produces a comprehensive community resource kit that includes a binder that covers topics such as: facts on tobacco; ways to quit, questions and answers about tobacco use, community action guidelines, theatre, glossary, recommended resources and a bibliography (Marriott & Mable, 2002).

Available literature suggests a variety of approaches for the prevention and control of tobacco consumption among the Aboriginal population. The First Nations and Inuit Health Committee, Canadian Pediatric Society have suggested that because smoking rates are very high in Aboriginal communities and inversely proportional to the level of education and socio-economic status, a

wholistic approach must be used to address the underlying causes of recreational tobacco use. It has been noted that although tobacco use prevention programs have been established in a number of Aboriginal communities, there are few programs that focus attention on the Aboriginal youth.

In order to ensure success, prevention strategies must be multi-disciplinary and involve many community members. Aboriginal leaders have a role to play in establishing smoke-free environments within the communities, enforcing laws that prohibit the sale of tobacco products to minors and encouraging preventative educational programs starting in elementary school. Schools in Aboriginal communities have a primary role in implementing such programs, and all health care personnel need to be actively involved in promoting tobacco use cessation programs (Canadian Pediatric Society, 2002).

Evidence suggests that school health programs starting in kindergarten and extending through high school can be an effective measure for prevention among youth. In 1994, the Centers for Disease Control and Prevention published "Guidelines for school health programs to prevent tobacco use and addiction" in consultation with many educational, medical and public health groups. The guidelines produced, state that school health programs should enable children and adolescents who have not experimented to stop immediately, and help those unable to stop to seek additional help to quit.

The Centers for Disease Control guidelines provide seven recommendations that summarize effective strategies in preventing tobacco use among youth:

- Develop and enforce school policy on tobacco use;
- Provide information on physiological, cosmetic and social consequences of short and long term tobacco use;
- Provide prevention education, from kindergarten to Grade 12;
- Provide program-specific training for teachers;
- Involve parents and families in support of school-based programs;
- Support cessation efforts among students and school staff who use tobacco;
- Assess effectiveness of programs at intervals.

The Circumpolar Conference on Tobacco and Health (1990) recommended that health promotion and education on all forms of tobacco use was needed and it

should consist of mainly visual material, material of local significance, and use of local languages, simple terms and Aboriginal role models.

A fact sheet on tobacco use distributed by the Assembly of First Nations (2002) suggests that there should be more collaboration and sharing of resources and materials between Aboriginal organizations, First Nations communities, health associations, program providers and governments. The Assembly of First Nations also suggests that tobacco reduction strategies and prevention programs don't have to be implemented in isolation, but can be easily incorporated and integrated with other health promotions programs and health priorities.

Existing Models:

Promising/Best Practice models that address the growing problem of recreational use of tobacco have been identified by Health Canada's Tobacco Control program, and are outlined in a Guide to tobacco use cessation programs available on the Health Canada website: http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quitting/cessation.

Cessation programs in action:

Aniqsaattiaring -- Breathing Easy: is a community resource kit designed to reduce and prevent tobacco use in Inuit communities. The cessation portions of the kit consist of a video on the health effects of tobacco use and ways of quitting with supporting pamphlets, posters and a resource manual. Developed by the Pauktuutit Inuit Women's Association, the material are intended for use by Inuit youth, pregnant women, adults and Elders.

NASAWIN: is a community approach to tobacco education for Aboriginal peoples. It is best suited to smokers who are in the earlier stages of change rather than smokers in the action stage. The program combines posters, pamphlets, a program manual and a 15 minute video and can be delivered as either a group or self-help program. The role of tobacco in traditional ceremonies and gift-giving is incorporated into the program.

Sacred Plants, Sacred Ways: has been developed with the input of Elders to raise awareness of the sacred uses of tobacco in traditional ceremonies, in Spiritual communication and as a gift symbolizing appreciation and respect. It is intended for Aboriginal peoples living in urban centers and combines information on prevention, cessation and protection.

Integrated Tobacco Recovery for Urban Aboriginal Adults and Adolescents is adaptation of the Smoker's Treatment Center's *New Tools for Survival*. The Nechi Institute has re-worked the original document to make it suitable for Aboriginal youth and adults living in urban communities. The Adaptation includes

acknowledging the traditional use of tobacco's Spiritual and healing role for Aboriginal peoples.

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APPENDIX "A"
SURVEY INSTRUMENT

Understanding the Needs of Nurses working in First Nations and Inuit Communities with Respect to Misuse of Tobacco, and Current Trends in Health Promotion: A National Survey

The Aboriginal Nurses Association of Canada (A.N.A.C.) has developed this survey with objectives created under the *Health Canada - First Nations and Inuit Tobacco Control Strategy (FNITCS)*. The purpose of this questionnaire is to assess and understand the needs of nurses working in First Nations and Inuit communities with respect to information regarding tobacco misuse, current trends in health promotion and treatment for tobacco reduction, and to procure information on current best practice methods designed to change behaviors and promote health. In order to determine the successes, best practices, gaps and needs in your community your input is needed. Our goal is to inform the *FNITCS Advisory Circle* with information on nursing needs from a nursing perspective. By completing this questionnaire today, you will be helping us to determine what works best in the communities with respect to health promotion, tobacco misuse reduction and elimination.

All of your answers will be treated as confidential information. We have attempted to send this survey to every A.N.A.C. member. To maximize participation in this survey, we will be contacting a random number of members by telephone. While completion of this survey is voluntary, we would encourage every member to participate so that we can best represent your views.

There are 29 questions for your consideration. Please read each question and **fill-in** or **circle** your answer. All questions are optional. There are no right or wrong answers in this survey. Do not put your name on the completed questionnaire.

Completed questionnaires may be returned by electronic mail to: survey@anac.on.ca; by facsimile at: (613) 724-4718; or by mail/courier to A.N.A.C., 56 Sparks Street, Suite 502, Ottawa, Ontario K1P 5A9.

Please take a few minutes and respond today. The deadline for return of your completed survey is **February 20, 2003.**

Questions related to this project may be directed to Kevin Armstrong at (613) 724-4677.

SECTION 'A'

This section is designed to gather baseline information about what nurses in First Nations and Inuit communities perceive as needs in resources, knowledge and current capacity for tobacco reduction.

1. What policy or procedure development does your community require to deal with the issue of tobacco misuse reduction and elimination?

Check all answers that apply

- ☐ Confidentiality of health information related to tobacco cessation (1)
- ☐ Promotion and awareness of tobacco reduction programs (2)
- ☐ Strategic planning in addressing tobacco reduction and cessation at a local and provincial level (education, treatment, advocacy) (3)
- ☐ Development of tobacco cessation ('how to') protocols (4)
- ☐ Education on diseases caused by tobacco misuse and second-hand smoking,
- ☐ Education on prevention and/or development of outreach models (5)
- ☐ Information regarding on-going support to individuals who may be having difficulty following a tobacco reduction program (6)
- ☐ Policies about research and information gathering related to tobacco usage and the diseases associated (7)
- ☐ Other (specify) _____ (8)
- ☐ Don't Know (98)
- ☐ No response (99)

2. How can the Aboriginal Nurses Association of Canada assist your community to develop capacity, skills and training for community health workers?

Check all answers that apply

- ☐ Provide information about assessment methods (workshops, manual, etc.) (1)
- ☐ Provide technical assistance throughout the skills development process (2)
- ☐ Provide basic information about tobacco cessation programs (3)
- ☐ Provide information about diseases associated with tobacco misuse, (4)
- ☐ Provide information about diseases caused by second hand smoke (5)
- ☐ Provide information about diseases caused by use of smokeless tobacco (6)
- ☐ Provide information regarding traditional use of tobacco in ceremonies, and consulting with Elders on this issue (7)
- ☐ Provide information about healthy child development, fostering self-esteem in First Nation youth for prevention. (8)
- ☐ Assist communities to develop information-gathering systems and skills-development (9)
- ☐ Assist communities to hold community workshops (10)
- ☐ Assist communities in establishing peer-counseling and role modeling (11)
- ☐ Other (please specify) _____ (12)
- ☐ Don't Know (98)

No Response (99)

SECTION 'B'

This section is meant to gather information about your knowledge about tobacco usage in your community:

3. Over-all, how knowledgeable would you say that you are about the level of tobacco use/misuse in your community?

Check only one:

- ☐ Very knowledgeable (1)
- ☐ Somewhat knowledgeable (2)
- ☐ Not very knowledgeable (3)
- ☐ Not at all knowledgeable (4)
- ☐ Don't know (98)
- ☐ No response (99)

4. From your observations, in the past five years, would you say that the number of expectant mothers in the community who smoke cigarettes has:

Check only one:

- ☐ Decreased (1)
- ☐ Increased (2)
- ☐ Remained the same (3)
- ☐ Don't know (98)
- ☐ No response (99)

5. From your observations would you say the majority of tobacco substance users in your community are between the ages of:

Check only one:

- ☐ Under age 19 (1)
- ☐ Age 19 to 35 (2)
- ☐ Age 36 to 55 (3)
- ☐ Over age 55 (4)
- ☐ Don't know (98)
- ☐ No response (99)

6. Regardless of your level of knowledge, how concerned would you say that you are with tobacco use/misuse in First Nations and Inuit communities?

Check only one:

- ☐ Very concerned (1)
- ☐ Somewhat concerned (2)
- ☐ Not very concerned (3)
- ☐ Not at all concerned (4)
- ☐ Don't know (98)
- ☐ No response (99)

SECTION 'C'

This section in meant to gather information about program capacity for tobacco reduction in your community:

7. Is there an active campaign for tobacco reduction in your community?
Check only one:

- □ Yes (1)
- □ No (2)
- □ Don't know (98)
- □ No response (99)

8. **If your answer is yes, skip to question 10**. If you have no active campaign for tobacco reduction in your community, what are the barriers?
Check all answers that apply:

- □ Lack of financial resources (1)
- □ Lack of human resources to implement a tobacco reduction campaign (2)
- □ No political support for tobacco reduction from community leadership (3)
- □ Tobacco control not considered a high priority in health concerns in community (4)
- □ Other (please specify)_____ (5)
- □ Don't know (98)
- □ No response (99)

9. If you have no active campaign for tobacco reduction, are there any nursing interventions that you practice on your own initiative when you see clients who are smokers?
Check only one, and specify if needed:

- □ Yes (1)
- □ No (2)
- □ (If yes, please specify) _ask if they are aware of services in community that can help with cessation. (3)
- □ Don't know (98)
- □ No response (99)

10. If you have an active campaign in your community for tobacco reduction, how is it supported?
Check all answers that apply

- □ No financial resources, developed on own initiative (1)
- □ Limited financial resources, support through community members (2)
- □ Limited financial resources, support through Band Council (3)
- □ Active campaign with full support of community and Band Council (4)
- □ Sufficient budget, lack of human resources for implementation (5)
- □ Sufficient budget, lack of political support in community (6)
- □ Other (Please specify)_____ (7)
- □ Don't know (98)
- □ No response (99)

11. Which aspect of tobacco reduction is your strategy focussed on?
Check all answers that apply:

□	Protection	(1)
□	Prevention	(2)
□	Awareness	(3)
□	Cessation	(4)
□	On-going support and maintenance	(5)
□	Harm Reduction	(6)
□	Promotion of healthy lifestyle choices	(7)
□	Other (please specify)_____	(8)
□	Don't know	(98)
□	No response	(99)

12. Do you include information regarding diseases associated with second-hand smoke in your tobacco reduction strategy?
Check only one:

□	Yes	(1)
□	No	(2)
□	Don't know	(98)
□	No response	(99)

13. Do you include information regarding smoke-less tobacco (snuff, chewing tobacco, etc.) in your tobacco reduction strategy?
Check only one:

□	Yes	(1)
□	No	(2)
□	Don't know	(98)
□	No response	(99)

14. Do you have a prevention strategy that targets young children, (head-start, or junior kindergarten to grade three?
Check only one:

□	Yes	(1)
□	No	(2)
□	Don't know	(98)
□	No response	(99)

15. How much awareness do you have regarding the *Health Canada-First Nations and Inuit Tobacco Control Strategy*?
Check only one:

□	Very aware	(1)
□	Somewhat aware	(2)
□	Not very aware	(3)
□	Not at all aware	(4)

- ☐ Don't know (98)
- ☐ No response (99)

SECTION 'D'

This section is meant to collect information regarding resources for nurses *regarding tobacco usage and its reduction and elimination.*

16. Have you accessed information and resources for tobacco reduction and cessation?
Check only one:

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know (98)
- ☐ No response (99)

17. **If yes, skip to question 18.** If your answer is no, what are the barriers from preventing you from accessing information and resources:
Check all answers that apply:

- ☐ No time (1)
- ☐ Lack of financial resources (2)
- ☐ Unfamiliar with internet (3)
- ☐ Unaware of available resources (4)
- ☐ Community is remote and accessiblity is limited (5)
- ☐ Communication deficit regarding information and resources (6)
- ☐ Unfamiliar with research skills (7)
- ☐ Other (please specify) never took the time (8)
- ☐ Don't know (98)
- ☐ No response (99)

18. What type of resource was this?
Check all answers that apply:

- ☐ Fact sheets, pamphlets, booklets (1)
- ☐ Books, videos, internet (2)
- ☐ Experts (3)
- ☐ Other prevention programs (4)
- ☐ Prevalence data (5)
- ☐ Epidemiological studies (6)
- ☐ Mainstream Non-profit organization (ie. Heart and Stroke Foundation, Canadian Lung Association, etc.) (7)
  (please specify)_____

- ☐ Aboriginal organization (Assembly of First Nations, Inuit Tapiirit (8)

Kanatami, etc.)
(please specify) _____

- Other (please specify) _____ (9)
- No response (99)

SECTION 'E'

This section is meant to gather information regarding current trends in health promotion and treatment programs for tobacco reduction.

19. What types of services do you offer community members with regards to tobacco cessation?

Check all answers that apply:

- Peer counseling (1)
- Role modeling (2)
- 12-step program similar to other addictions programs (3)
- Use of Treatment Models based on other treatment programs (ie: Prochaska and Di Clemente, etc) (4)
- Medical management, (nicotine replacement patches, tablets etc.) (5)
- Support groups (6)
- Other (please specify) referral to doctor (7)
- Don't know (98)
- No response (99)

20. What types of resources do you offer clients/community members with regards to tobacco cessation?

Check all answers that apply:

- Fact sheets, pamphlets, booklets (1)
- Books, videos, internet (2)
- Referral to addictions counselors (3)
- Referral to other prevention programs (4)
- Other (please specify) _____ (11)
- No response (99)

21. What methods are being used in the community to communicate information regarding tobacco reduction and cessation programs?

Check all answers that apply:

- Newsletter (1)
- Announcement/advertisement in community newspaper (2)
- Posting notices in public places (community centers, bingo halls, arenas, etc) (3)
- Public service announcement on community radio (4)

- ☐ Information workshops coinciding with other wellness programs such as peri-natal programs (5)
- ☐ Wellness programs delivered in schools aimed at prevention, for youth (6)
- ☐ Other (please specify)_____ (7)
- ☐ Don't know (98)
- ☐ No response (99)

22. In your community, which agencies have supported your smoking cessation programs, by means of partnering and/or providing a venue for workshops and information dissemination?

Check all answers that apply:

- ☐ Local business (1)
- ☐ Community leaders/Elders (2)
- ☐ Youth Drop-in Centre (3)
- ☐ Friendship Centre/Aboriginal Organization (4)
- ☐ Health professional(s) (5)
- ☐ Religious organization (6)
- ☐ School(s) (7)
- ☐ Service Club(s) (8)
- ☐ Bingo Halls (9)
- ☐ Recreation facilities (10)
- ☐ Non-profit organization (11)
- ☐ Substance Abuse program (12)
- ☐ Health Clinic(s) (13)
- ☐ Other (please specify) (14)
- ☐ Don't Know (98)
- ☐ No Response (99)

23. In your estimation, what percent of community members are actively participating in smoking cessation programs offered within the community?

Check only one:

- ☐ Less than 25% (1)
- ☐ 25% to 50% (2)
- ☐ 50% to 75% (3)
- ☐ More than 75% (4)
- ☐ Don't know (98)
- ☐ No response (99)

24. From your observations, what percent of clients who have participated in smoking cessation programs in the community have successfully quit smoking?

Check only one:

- ☐ Less than 25% (1)
- ☐ 25% to 50% (2)
- ☐ 50% to 75% (3)
- ☐ More than 75% (4)
- ☐ Don't know (98)
- ☐ No response (99)

25. Do you involve former smokers (as role models) in the delivery/implementation of your tobacco misuse prevention and cessation programs in your community?

Check only one:

□	Yes	(1)
□	No	(2)
□	Don't know	(98)
□	No response	(99)

26. If you have used programs, techniques and/or methods in your community that have been successful and/or beneficial in helping community members stop smoking, we would like to hear about them. Please provide comments.

_____
_____
_____
_____
_____
_____

SECTION 'F'

This section is meant to gather information about your perspectives on future directions and where we should be headed in building a tobacco control strategy for First Nations and Inuit communities.

27. What partnerships should an organization such as the Aboriginal Nurses Association of Canada be focusing to assist you in implementing the Tobacco Control Strategy in your home community?

Check all answers that apply

□	National Government Programs and Services	(1)
□	Other Regional Government Programs and Services	(2)
□	Other National First Nations and Inuit Health/Advocacy Organizations	(3)
□	Other Regional First Nations and Inuit Health/Advocacy Organizations	(4)
□	Other (please Specify) _____	(5)
□	Don't Know	(98)
□	No Response	(99)

28. In your opinion, what should be the primary focus for a tobacco control strategy for your community?

Check all answers that apply:

□	Protection	(1)

- ☐ Prevention (2)
- ☐ Education (3)
- ☐ Care, Treatment and Support (4)
- ☐ Harm reduction (5)
- ☐ Other (please specify) _____ (6)

29. Do you have any additional comments?
(If you require additional space please attach additional sheets of paper.)

_____

I think the strategies for cessation should be focused at a very young age in the schools because we have to target the young ages to ensure that they make healthy choices before they are at the age where peer pressure puts them in a situation where they can potentially become addicted.

Thank you for taking the time to complete this survey. The information you have provided will help us better understand the needs of nurses working in your community so that recommendations can be provided to policy makers in establishing workable models of tobacco misuse reduction and elimination in First Nations and Inuit communities and promote healthy living.

APPENDIX "B"
"Best or Promising Practices:
Tobacco Prevention Resources"

Best or Promising Practices
Tobacco Prevention Resources

Compiled by the Indigenous Peoples Task Force

A. Activities:

"Kick Butts Day" manual—an annual kit distributed by the Campaign for Tobacco-Free Kids. The annual event is designed to mobilize youth advocates across the country to publicly take a stand against the big tobacco industry and declare that they will not partake of their products and be manipulated by their marketing schemes. The guide contains information on how to plan, coordinate and implement a Kick Butts Day activity in your community, as well as providing general information about the harms caused by tobacco abuse and the glamorous, but deceptive images tobacco companies use to lure kids into this deadly habit. Kick Butts Day occurs every April 4 th , and the kits are available for free. Go to: **http://www.kickbuttsday.or**g, to order kit, or for more information.

Campaign for Tobacco-Free Kids
1707 L Street, NW
Suite 800
Washington, DC 20036
(202) 296-5469

"Save Lives: Taking Action Against Tobacco. Manual for Youth Advocates"—A guidebook containing ideas and activities for motivating youth towards more advocacy roles in changing policies to protect their peers from tobacco and educating their peers about its deadly addiction. The guidebook has been developed by the Campaign for Tobacco-Free Kids, the largest non-governmental initiative ever launched to protect children from tobacco addiction and exposure to secondhand smoke. **http://www.tobaccofreekids.org**

Campaign For Tobacco-Free Kids
1707 L Street, NW
Suite 800
Washington, DC 20036
(202) 296-5469

B. Cessation

"A Resource Guide to Youth Tobacco Cessation Programs"—Developed by the American Cancer Society, with the assistance of the Centers for Disease Control and Prevention, and the National Cancer Institute, this guide is a compilation of youth tobacco cessation programs currently being utilized around the country. The guide is meant to serve as a working tool that will provide tobacco abuse prevention personnel with information and resources to better

support those in their communities who are tackling the difficult problem of youth tobacco abuse. Includes evaluation and focus group results. http://www.cancer.org

American Cancer Society Tobacco Control Program
1599 Clifton Road, NE
Atlanta, GA 30329
(404) 329-5792

"Tobacco Addiction & Recovery: A Spiritual Journey"—Adapted from the "Smokers Treatment Centre's New Tools for Survival, A Guide to Building Your Own Recovery" the Nechi Institute in Alberta, Canada, modified this program to be culturally appropriate for Aboriginal adults and adolescents living in urban settings. The guide includes sections on the traditional uses of tobacco and its spiritual and healing role in the aboriginal community. The emphasis on recognizing non-traditional tobacco use as a survival tool is retained in the adapted guide along with an emphasis on community training.
http://www.hc-sc.gc.ca/hppb/tobaccoreduction/pub/tobeng2htm

Nechi Institute
P.O. Box 34007
Kingsway Mall
Edmonton, Alberta T5G 3G4
(403) 458-1884 or 1-800-459-1884

C. School and Community-based Curricula

"American Indian Life Skills Development Curriculum"—Created in collaboration with students and community members from the Zuni Pueblo and the Cherokee Nation of Oklahoma, this curriculum addresses key issues in the American Indian adolescent's lives and teaches such life skills as communication, problem solving, depression and stress management, anger regulation, and goal setting using a skills-based approach.
http://www.press.uchicago.edu/cgi-bin/hfs.cgi/99/wisconsin/0129.ctl

The University of Wisconsin Press
114 N. Murray Street
Madison, WI 53715
(773) 660-2235

"Life Skills Training"—The Life Skills Training program was designed to target the primary causes of substance use including tobacco, alcohol and other drug use by teaching a combination of health information, general life skills and drug resistance skills. Specific topics include, self-image and self-improvement; decision making; smoking: myth and realities; smoking and biofeedback; alcohol: myths and realities; marijuana: myths and realities; advertising; coping with

anxiety; communication skills; social skills; assertiveness. Has not been tested in the American Indian community.

For Training: http://www.lifeskillstraining.com
National Health Promotion Associates, Inc.
141 S. Central Ave., Suite 208
Hartsdale, NY 10530-2319
1-800-293-4969

For Curriculum Materials Contact:
Princeton Health Press, Inc.
115 Wall Street
Princeton, NJ 08540
1-800-636-3415

"Minnesota Smoking Prevention Program"—Minnesota Smoking Prevention Program is a six-session peer led program based on Bandura's theory of social learning. It engages students in brainstorming creative, effective tobacco use prevention strategies. Includes a discussion of cessation.
http://www.hazelden.org

Hazelden
15251 Pleasant Valley Road
P.O. Box 176
Center City, MN 55012-0176
1-800-328-9000

"NASAWIN"—Nasawin means "breath", or "breathing" in the Cree language and is used as an overall theme in this 10-week First Nations' smoking information program out of Canada from the Union of Ontario Indians. While the focus of this program is not directly on smoking cessation, the topics covered raise awareness about the harmful effects of smoking in contrast to traditional use of tobacco, with the intention of helping participants move towards quitting. Program consists of curriculum, video, poster and pamphlets.
http://www.hc-sc.gc.ca/hppb/tobaccoreduction/pub/tobeng2.htm

Union of Ontario Indians Health Office
A/s Curve Lake First Nation
Curve Lake Post Office
Curve Lake, Ontario K0K 1R0
(705) 657-9383

"Project T.N.T. (Towards No Tobacco Use)"—One of the Centers for Disease Control and Prevention (CDC) "programs that work", Project T.N.T. was designed to target the primary causes of cigarette smoking smokeless tobacco use and cigar pipe smoking among teens. The curriculum provides detailed information

about health consequences of tobacco; building self-esteem; active listening; effective communication; refusal assertion learning/practice; noncompliance coping (ingratiation and cognitive restructuring) to enhance self-esteem; counteracting advertising images; social activism to change norms, and decision making/public commitment. Has not been tested in the American Indian community.

http://www.etr.org
ETR Associates
P.O. Box 1830 Santa Cruz, CA 95061-1830
1-800-321-4407

"Sacred Plant, Sacred Ways"—Culturally appropriate tobacco prevention, cessation and protection program for Aboriginal peoples living in urban centers. Distributed by the National Association of Friendship Centres in Ontario, Canada. **http://www.hc-sc.gc.ca/hppb/tobaccoreduction/pub/tobeng3.htm**

National Association of Friendship Centres
275 Maclaren Street
Ottawa, Ontario K2P 0L9
(613) 563-4844

D. Youth Development/Leadership

"Tag: You Can Be It. A Practical Guide to Creating a Teen Advisory Group"—A health education program designed to build upon the individual strengths of each youth participant, with a specific focus on teaching youth tribal traditions, basic principals of a healthy lifestyle, and providing a safe environment to explore and develop their full potential. Developed by the United Indian Health Services, Inc., Arcata, CA. **http://www.tecc.org**

Tobacco Education Clearinghouse of California
4 Carbonero Way
Scotts Valley, CA 95066
(831) 438-1442

"Teens Against Tobacco Use (TATU)"—A peer-education program tobacco that involves adult volunteers, teen trainers, and elementary school students. Adult volunteers train TATU teens to present their own anti-tobacco abuse message to elementary school children in grades 4-6. The TATU training provides teens with the facts about tobacco use; information about the tobacco companies' lies and manipulation; team-building skills and presentation skills. Culturally specific modifications for the American Indian community available through the Indigenous Peoples Task Force. **http://www.lungusa.org**

American Lung Association of Iowa
5601 Douglas Ave.
Des Moines, IA 50310-1800
(515) 278-5864

E. Eliminating Secondhand Smoke and Commercial Tobacco use Through Policy Development

"A Guide to Tobacco-Free School Policies: Best Practices Workshop"—A guidebook from the "Best Practices" workshop sponsored by the Minnesota Institute of Public Health, 1998. Report and accompanying materials designed to be used by school and community groups to review and revise local tobacco abuse-free policies and implementation procedures. **http://www.miph.org/mprc**

Minnesota Prevention Resource Library
2829 Verndale Ave
Anoka, MN 55303
763-427-5310 or 1-800-247-1303

"Change Starts Here: The Grass Roots Guide for Tobacco-Free Schools in North Carolina"—Compiled and written by Glenna Davenport-Cook of the Community Health Cooperative, the "Grass Roots Guide" is designed to help schools achieve a priority of making 100 percent of schools, school property, school grounds and functions held on school grounds to be tobacco abuse free by building the capacity for local decision making in policy and program implementation, reinforcing the ideals that schools should be able to make changes their way".
http://www.communityhealth.dhhs.state.nc.us/tobacco.htm

For more information contact:
Tobacco Prevention and Control Branch
1915 Mail Service Center
Raleigh, NC 27699-1915
(919) 733-1881

"Community Action Kit: Protecting Children From Exposure to Secondhand Smoke"—A "how-to" manual developed by the U.S. Environmental Protection Agency (EPA) to assist in educating communities about the dangers of secondhand smoke, and help reduce children's exposure to secondhand smoke in the home through action-oriented activities involving local media, businesses, civic groups and community groups.
http://www.epa.gov/iaq/ets.html

United States Environmental Protection Agency
Washington, D.C. 20460
1-800-438-4318

"Community/Tribal Tobacco Policy Workbook"—Created by the Alaska Native Health Board, this workbook was prepared to help tribal and community leaders design strong and effective tobacco use policies in the wake of the enormous damaging impact commercial tobacco use has had on the health of American Indian and Alaska Native people. Environmental assessment tools and sample model policies provided.

Alaska Native Health Board
4201 Tudor Centre Drive
Suite 105
Anchorage, Alaska 99508
(907) 562-6006

"Fresh Air for Little Noses: A Guide on How to Develop Smoke-Free Policies at Preschools and Childcare Centers"—A program from the American Lung Association of the East Bay, this manual serves as a "how-to" guide for Head Start programs, childcare centers and providers, describing how to eliminate children's exposure to secondhand smoke at childcare facilities and educate parents and caregivers on the importance of keeping living and activity spaces smoke-free. **http://www.tecc.org**

ETR Associates/TECC
4 Carbonero Way
Scotts Valley, CA 95066
(831) 438-4822 x 103 or x 230

"Making Your Workplace Smoke free: A Decision Maker's Guide"—The U.S. Department of health and Human Services, Centers for Disease Control and Prevention/Office on Smoking and Health, Wellness Councils of America, and the American Cancer Society present a "how-to" guide for those companies and /or organizations desiring to become smoke free. This up-to-date guide draws on years of research and first-hand experience, and offers practical and proven strategies for implementing successful policies in a variety of work settings. http://www.cancer.org

American Cancer Society
3316 West 66 th St.
Mpls, MN 55435
1-800-582-5152

"Tobacco Policies for American Indian Communities"—Distributed by the California Rural Indian Health Board, and authored by the American Indian Education Network, the manual is designed to assist American Indian community members, policy makers, community leaders and health care providers in bridging the gap between commercial tobacco abusers and nonsmokers through the development of comprehensive community tobacco policies including

reducing youth access, advertising and promotion, and the creation of smoke-free environments.

American Indian Tobacco Education Network
1451 River Park Drive, Suite 220
Sacramento, CA 95815
(916) 929-9761

F. Prevention

"Reducing Tobacco use among Youth: Community-Based Approaches. A Guideline"—The first in a series of Prevention Enhancement Protocols System (PEPS), this publication was sponsored by the Center for Substance Abuse Prevention to synthesize research and practice evidence on selected topics, present recommendations for effective strategies in substance abuse prevention in forms suitable to various audiences, ensure that PEPS products are optimally disseminated among target audiences, and monitor the use and relevance of PEPS products. Specific areas of interest include:
•Economic interventions
•Counter advertising
•Interventions directed toward tobacco retailers
•Multicomponent community approaches
•Tobacco-free environment policies
•Advertising and promotion restrictions.

Center for Substance Abuse Prevention
http://www.health.org

National Clearinghouse for Alcohol and Drug Information
(301) 468-2600 or 1-800-Say-No-To

"Teach Children to Respect Beliefs about Traditional Tobacco Use"—An adult educational curriculum designed by and written for American Indian communities to use as a guide in both group and family discussions.
http://www.tecc.org

ETR Associates/TECC
4 Carbonero Way
Scotts Valley, CA 95066
(831) 438-4822 x 103 or x 230

"Tobacco use Among U.S. Racial/Ethnic Minority Groups. A Report of the Surgeon General"—The first Surgeon's General report to focus on tobacco use among four U.S. racial/ethnic minority groups: African American, American Indian and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics, provides a single, comprehensive source of data on each racial/ethnic group's

patterns of tobacco use, physical effects related to tobacco smoking and chewing, societal and psychosocial factor associated with tobacco use, and a selection of specific tobacco control programs.
http://www.cdc.gov/tobacco/sgrpage.htm

"Youth & Tobacco: Preventing Tobacco Use Among Young People. A Report of the Surgeon General"—Adapted from "Preventing Tobacco Use Among Young People: A Report of the Surgeon General" released by the U.S. Department of Health and Human Services in 1994, this publication provides important information for educators about the vulnerable ages of 10 through 18 when most users start smoking, chewing, or dipping and become addicted to tobacco. It underscores the seriousness of tobacco use and the relationship of tobacco use to other adolescent problem behaviors.
http://www.cdc.gov/tobacco/sgrpage.htm