An Exploration of Smoking Cessation and Prevention Interventions for Aboriginal Youth

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Artwork by Henry Letendre courtesy of Native Counselling Services of Alberta

Background

Jennifer Valentine is a member of the Missanabie Cree First Nation. She has an undergraduate degree in Human Kinetics from the University of British Columbia and is currently a physiotherapy student there. She is interested in working with Aboriginal people, in a participatory manner, in the area of health research. This study, sponsored by the University of Alberta's ACADRE program, provided her with her first opportunity to participate in Aboriginal health research.

The purpose of this study was to use participatory research with Aboriginal adolescent community members to investigate issues of concern in the area of adolescent smoking cessation and prevention. The goal was to create a process for building capacity within Aboriginal communities for members to engage in relevant, community-based research.

Under the supervision of Dr. Dennis Wardman and Dr. Meena Dewar, Jennifer was involved in all aspects of the research including conducting a literature review on Aboriginal adolescent tobacco use, leading focus groups with Aboriginal adolescents, analyzing the data, and writing a final report.

In this study, focus groups, set up with the dynamic of talking circles, were the primary method of data gathering. This allowed rich narrative data to be expressed by those involved in the study. Focus groups attempt to understand *why* a particular phenomenon is occurring. The Aboriginal oral tradition of storytelling for the preservation of history and sharing of knowledge made focus groups an appropriate method.

The weaknesses of focus groups include the small sample sizes and the difficulty in generalizing these findings to other populations of Aboriginal adolescents. This was an exploratory study intended to provide a forum for Aboriginal adolescents to voice their needs and concerns in regards to smoking and to create dialogue among community members, health care professionals and researchers concerned with issues surrounding Aboriginal adolescent smoking cessation and prevention. Useful next steps, not undertaken here, would be to examine the findings in greater detail, increase the number of adolescents involved and compare results in different Aboriginal communities.

Introduction

More than 45,000 people will die prematurely this year in Canada due to tobacco use. In British Columbia alone there are nearly 6,000 smoking-related deaths every year. Tobacco use is a major cause of heart disease, stroke,

cancers including those of the lung, oral cavity, urinary tract and cervix, respiratory diseases and increased risks associated with pregnancy outcomes such as low birth rates (http://www.healthservices.gov.bc.ca 2001).

Age is seen as an important predictor of smoking for all people. Most smokers start smoking in childhood and adolescence, with the majority of smokers starting before the age of 18 (U.S. Department of Health and Human Services 1998, Task Force on Community Preventive Services 2001). Nicotine addiction can begin during the first few years of use (Centers for Disease Control and Prevention 1999). Recent studies show that Aboriginal children start at about nine years of age, much younger than their non-Aboriginal counterparts (http://www.healthservices.gov.bc.ca 2001).

The use of tobacco is related to a significant number of health problems, many of which result in premature death. While non-Aboriginal smokers typically start around the age of 18, Aboriginal smokers often start around the age of 9. Since smoking tobacco can become addictive within the first few years of smoking, Aboriginal adolescents may be struggling with a 5-year-old habit by the age of 15. In British Columbia, 41% of Aboriginal youths aged 12-18 are smokers. Only 18% of non-Aboriginal youths in that age range smoke. Even at ages 19-24, the Aboriginal rate is twice that of the non-Aboriginal population.

Prevalence of smoking among Aboriginal youth in British Columbia is quite high at 41% for youth aged 12-18 years and 61% for youth aged 19-24 years, while non-Aboriginal youth in British Columbia have rates of 18% and 31% respectively (Reading and Allard 1999, healthservices 2001). The Aboriginal population is therefore at a greater risk of smoking initiation as well as the deleterious health consequences associated with regular tobacco use.

Peer influences are reported to play a dominant role in the decision to smoke made by Aboriginal youth (Kegler et al. 1999). These influences can take the form of persistent requests and threats or indirectly through the modeling of smoking. The role of the family has also been described as important to their individual smoking initiation process. For many adolescent, smoking is so pervasive among family members that their own smoking seems inevitable (Kegler, Cleaver, and Yazzie-Valencia 2000). Additional influences include the use of cigarettes to regulate emotions, relieve stress, combat boredom and to create an image of being cool (Kegler et al. 1999).

If adolescents are kept tobacco-free, most will not start using tobacco as adults (Centers for Disease Control and Prevention 1999). Therefore cessation and prevention interventions need to be targeted towards youth, and especially those that are at high risk for smoking initiation.

The published literature is silent on studies evaluating cessation and prevention interventions for Aboriginal youth in Canada. Best practices for tobacco control are available (Centers for Disease Control and Prevention 1999). However, these recommendations need to be tailored to meet the needs of individual Aboriginal communities with their demographic, social and cultural diversity.

The purpose of this study is:

1. to explore the factors influencing Aboriginal adolescent smoking initiation and
2. to provide Aboriginal youth with a forum to express their needs with respect to desired cessation and prevention strategies.

Peer pressure is the largest single factor in Aboriginal smoking, This influence is magnified by families and communities who accept smoking regardless of age. Since tobacco is quickly addictive, it makes sense to support adolescents who choose not to smoke and to support those who do smoke when they want to stop.

There have been studies evaluating various methods of working with adolescent smokers, but none dealing with Aboriginal youth. This study, therefore, explored the factors which influence Aboriginal adolescents to begin smoking and provided a forum for Aboriginal youth to express their needs for preventing and stopping smoking.

Methods

Fifteen Canadian Aboriginal students were recruited from both the Okanagan and Kootenay regions of British Columbia to participate in three focus group sessions in May of 2002. The mean age of participants was 16, age range 14-20, and approximately 90% were female. Informed consent and parental consent were obtained for all participants; they were also informed that the findings would be presented in a published report.

Fourteen participants were classified as smokers and one participant was classified as an experimenter. Participants were defined as smokers if they had smoked a cigarette in the previous 30 days. Three Aboriginal facilitators conducted the focus group sessions. The discussions were audio-taped and transcribed following the sessions. Analysis of qualitative data included the coding of the transcripts and writing a thematic description of the findings.

The questionnaire (Appendix 1) was developed by the authors, based on themes of interest and a comprehensive literature review.

Results

Themes that emerged for each topic will be presented along with illustrative quotes to support them.

Factors Influencing Smoking Initiation among Aboriginal Adolescents

The most dominant factors that prompted teens to begin smoking were family and peer influences. These influences included the modeling of smoking behaviour, facilitating access to cigarettes, prompting cigarette experimentation and coercion. Secondary influences included experimentation with cigarettes out of curiosity which ultimately culminated in addiction, using cigarettes as a coping strategy to relieve stress from family and boyfriend problems and smoking in response to boredom.

There were 15 participants in the study. They came from the Okanagan and Kootenay regions of British Columbia, were ages 14-20, and most were female. Informed consent of the adolescents and their parents was obtained for each participant. All were told that a published report would be the final result.

Of the 15 participants, 14 had smoked a cigarette in the previous 30 days. The 15th student was classified as an experimenter in smoking. Each session was audiotaped, transcribed, and run by an Aboriginal person.

The major factor identified by the students was family influence of parents and extended family who also smoked.

Family Influences

Family influences emerged as the dominant theme in the adolescents' decision to start smoking. Familial influences were both direct and indirect in nature. Direct influences were provided not just by the immediate family but also by the teens' extended family. Influences included parents offering cigarettes to the youth, cousins teaching the youth how to smoke and siblings both using tobacco as a reward as well as punishment.

"My mom asked if I wanted a drag of a cigarette."

"Sister said she'd let me smoke if I didn't rat on her."

"My brother forced me to smoke."

Indirect influences include a family environment characterized by pervasive smoking behaviour, such that teens felt it was inevitable that they would also smoke; parental modeling of smoking which led teens to believe it was a socially acceptable behaviour and providing an environment in which teens could easily access cigarettes as they were often available within the home.

"I was born and raised around it [smoking], if they weren't smoking then maybe I wouldn't."

"I smoked because my parents were drinking and smoking and they were happy, therefore I thought it was cool."

Peers

Peer influences were both direct and indirect. The modeling of smoking behaviour was the most frequent peer influence mentioned. Adolescents felt they were surrounded by friends who smoked and saw smoking as a means to social inclusion. Teens also mentioned that smoking with peers served as a means of mediating social relations by nature of peer acceptance and preventing conflict.

"All of my friends smoked and they asked if I wanted to smoke."

"I smoke to get acceptance with the older kids."

"My friends [influence me], we smoke instead of fight."

There was sometimes an element of coercion involved, particularly from siblings. Tobacco was easily available in their homes from family members who smoked.

The next most important factor was peer pressure. Smoking was a way of being socially accepted and preventing conflict. It was something to do when bored, a way to relieve stress, an activity that provided common ground.

The students identified two main elements in smoking prevention. One was the importance of reaching young children through community and family changes. The other was the need for stronger public policy to deny youth access to cigarettes.

Secondary themes influencing the teens to start smoking include experimentation with cigarettes based on curiosity which ultimately led to an addiction, using cigarettes as a coping mechanism to relieve the stress of family problems and finally, as something to do when bored.

Tobacco Prevention Strategies for Aboriginal Adolescents

Findings that emerged in regards to preventing Aboriginal youth from engaging in tobacco use ranged from targeting community and families to expressing the need for public policy to restrict youth access to cigarettes.

The youth expressed the importance of creating prevention methods which target young children within their communities. They expressed concern about their younger siblings and cousins who were contemplating smoking initiation, and they felt it was important to discuss the negative health consequences of smoking in an effort to keep the younger ones from starting.

The need to modify their current familial and social environment was mentioned because they felt that the "reserve atmosphere" was one that both facilitated and encouraged smoking behaviour. Family and community-led prevention efforts should focus on preventing youth from being constantly surrounded by smokers.

Out of these elements came several suggestions. It is important to emphasize the negative health consequences of smoking to young children and to their peers. Graphic portrayal of the potential health effects was suggested for their peer group. Having someone their own age talk about the negative effects was stressed. Their reserve communities were identified as being supportive of smoking. Even if youths could not purchase cigarettes directly, adults were willing to provide them.

Positive role models were also identified as important. The students wanted to have positive adult role models and to be positive role models for younger children.

The youth expressed a desire for public policy to restrict youth access to cigarettes. Even if the youth could not legally purchase cigarettes for themselves they felt it was extremely easy to gain access to them. Family and community would provide them with free cigarettes or purchase them on behalf of the youth.

Another prevention strategy focused on a youth-targeted media campaign. Once again the teens felt it was important to focus on the negative health consequences of smoking by graphically portraying the potentially devastating health effects of tobacco use. The teens stressed the importance of having youth deliver the media message.

The importance of positive role modeling was also mentioned as an important prevention strategy. The teens felt that they had an obligation to their younger peers to model a positive and healthy lifestyle; they expressed some guilt about not being positive role models for their younger peers.

"We should help the younger generation not start smoking."

The teens expressed concern with their community leaders being poor role models with regards to tobacco use.

"Leadership (chief and council) play a role and they smoke. They smoke and yet tell us that we shouldn't."

Tobacco Cessation Strategies for Aboriginal Adolescents

The teens identified many strategies that could potentially enable them to quit smoking. Interestingly, almost all of the identified strategies had a socio-centric focus; very few ego-centric or skills-based strategies were mentioned.

They adamantly stated that they have a desire to participate in age-appropriate recreational activities such as swimming, camping, dancing and exercise. Many of them expressed a strong desire to quit smoking but felt that it would be extremely difficult to quit without a supportive tobacco-free environment and that the creation of more recreational activities and smoke-free areas within their communities would be a step towards creating this type of supportive environment.

There was agreement that they need social support to quit smoking, not personal skills. Access to activities such as swimming, camping, dancing and exercise would help prevent boredom. Smoke-free areas within the community would give them places to enjoy themselves without tobacco use.

They also suggested a media campaign, with people their own age talking about the dangers of smoking and the importance of stopping as early as possible.

External aids such as the patch and gum were seen as too expensive, even though FNIHB pays for them. Counselling support at school was appreciated.

Another primary theme that emerged in defining cessation strategies was the creation of a media campaign. Again, the teens expressed a desire for youth delivered messages that focus on the negative health consequences of smoking.

"The media message should be about death."

"Teens should give the message. We're strong, we're the next generation and we should be listened to."

The teens also expressed the need for open communication about the issue of teen smoking and the need for ongoing education about the nega-

tive health consequences of smoking and information about the contents of cigarettes.

"Talk to them [teens], you may think that they're not listening but they are."

Interestingly, the only perceived barrier to accessing cessation smoking aids was the cost of the patch and the gum, despite the fact that FNIHB has a program to pay for these aids. The teens identified availability of consultative support at school and among health-professionals regarding smoking cessation and they expressed comfort in communicating with these community members.

The teens overwhelmingly admitted that quitting smoking would be extremely difficult. They spoke about experiencing withdrawal symptoms concurrent with attempts to quit which impacted negatively on their ability to remain smoke-free. The strongest theme that emerged in regards to the difficulty of quitting was the lack of supportive environment to facilitate their personal health decision. They spoke about how tough quitting would be while still surrounded by smokers both within their home and around their community. The current attitude among their family members and within their community, in regards to youth smoking, was one of permissiveness and condoning adolescent recreational smoking. The teens felt that this philosophy did nothing to enable them to become smoke-free and was in fact a deterrent to their efforts to successfully quit. The teens mentioned that difficulty in quitting arose not simply because of frequent exposure to modeling of smoking but also because of pressure placed on them by current smokers to not differentiate from the group.

Withdrawal symptoms make it hard to stop smoking when friends and family have a constant supply of cigarettes handy. There is little support for stopping, when family members continue to smoke.

Friends say that not smoking makes them different, so they no longer belong to the group. There are no immediate benefits to stopping and many immediate discomforts. The health consequences, while real, are not immediate. It is almost impossible to cope with withdrawal symptoms when friends and family are critical. Because they do not see smoking as a problem they see efforts to stop smoking as unnecessary and undesirable.

"Everybody around me smokes."

"I'd have to get a whole new group of friends to be able to quit."

"My family could help by smoking outside."

"I've tried to quit 3-4 times already, my mom and older brother smoke at home around me and it doesn't help."

"My sister says, 'Let's go for a smoke,' when I tell her I'm quitting, and then she blows smoke in my face."

Traditional Tobacco Use vs. Recreational Tobacco Misuse

The teens did not mention any relationship between traditional uses of tobacco and recreational smoking behaviour until directly probed about it. About half of the teens could speak about the difference between cultural use of tobacco and recreational smoking.

"There is a big difference between smoking tobacco and our traditional way."

"My Dad only smokes when something is bad in the family, he says smoking helps him connect with the Creator and he uses tobacco that has been smudged."

The youth did not consider the ceremonial use of tobacco to be a factor in smoking addiction. They also did not feel that it was worthwhile to take the ceremonial use of tobacco into consideration when creating strategies to stop smoking. Many students said that the social and economic conditions of their family and community had more impact on strating smoking and on quitting. They did not feel that ceremonial use of tobacco led to smoking.

Some of the students were not clear about the difference between ceremonial use of tobacco and recreational smoking. Those who understood the difference saw them as completely unconnected.

When the teens were asked if they felt cultural use of tobacco contributed to the high rates of smoking among Aboriginal youth they generally expressed that it did not, and that the socioeconomic situation impacting their family and community was likely the more prevailing factor leading to youth smoking initiation.

"I don't think that is how we started [ceremonial use]; it [smoking] is more because of our family life."

When they were asked if prevention strategies should be created with Aboriginal culture in mind (i.e., create culturally appropriate strategies) the teens displayed ambiguous knowledge about the difference between ceremonial and recreational use of tobacco and/or flatly disagreed with the suggestion.

"No, because it still kills, people don't really care."

"The kids don't seem to care about culture they would use it as an excuse to smoke."

Discussion

Aboriginal adolescent smoking has largely been an understudied area of health research, yet it is of great significance due to the extremely high prevalence of tobacco use among Aboriginal adolescents in Canada. This study is an important first step in understanding some of the influences prompting Aboriginal youth to begin smoking and in the exploration of cessation and prevention interventions that can be created specifically for Aboriginal youth.

The rate of smoking among Aboriginal adolescents is very high in Canada. Little research has been done in this area. Understanding what encourages young Aboriginals to begin smoking is the first step in developing strategies to both prevent them from starting and to help those already addicted to stop. Effective strategies must allow for differences between rural and urban communities. They must also remember that each Aboriginal community is different.

Studies conducted in non-Aboriginal communities suggest that the two major risk factors are an experience of smoking as a normal activity and easy access to tobacco.

Due to the lack of research involving Aboriginal adolescents, tobacco control experts must use the best evidence-based recommendations currently available and be mindful of matching interventions that can meet the local needs and capabilities of each specific community. It is important to consider the demographic diversity of Aboriginal populations because they vary considerably between various nations and between urban and rural communities. The needs of each Aboriginal community are unique, various socioeconomic and cultural factors must be considered when planning tobacco control interventions.

Previous studies suggest that two major risk factors for tobacco use initiation among children and adolescents are perceptions that tobacco use is a common and normative peer and adult behaviour, and accessibility of tobacco products (Task Force on Community Preventive Services 2001). The teens in this study described the pervasive attitude of acceptance of adolescent smoking existent within their communities, serving to create the feeling that smoking would thus be an inevitable part of life. This finding was consistent with studies involving non-Aboriginal youth (Distefan et al. 1998).

The youth strongly stated the need for an increase in community-driven recreational opportunities. They felt that these types of activities would facilitate their decision to quit smoking through the creation of a social environment that could both promote and support healthy behaviour choices. The teens also stated the desire to feel involved with the community and feel a sense of group affiliation. Recreational activities can also provide a venue for teens to model positive peer role modeling, many of them expressed a sense of guilt that their current smoking behaviour was not allowing them to be positive role models for their younger family members and friends. This type of intervention is strongly endorsed by the Centers for Disease Control and Prevention. The CDC states that local coalitions and community programs have been instrumental in achieving policy objectives for communities to reduce tobacco use (Centers for Disease Control and Prevention 1999).

An environment in which recreational smoking is widespread and accepted is a link among Aboriginal and non-Aboriginal smokers. Recreational activities within the community which do not involve smoking would provide an opportunity for youth who wish to quit smoking to be role models for others.

Campaigns on radio, television, and in newspapers, carried out by youth, are helpful when used with other strategies. One advantage is that media messages can help youth stop smoking and change the environment which encourages smoking. These measures are also recommended by the Centers for Disease Control and Prevention.

Mass media campaigns, in concert with other interventions, are also strongly recommended to prevent tobacco use initiation (Task Force on Community Preventive Services 2001). In this study the youth discussed the creation of a media campaign as a strategy for smoking cessation and prevention. They stressed the importance of using youth to deliver the anti-smoking message and thought that the content of the message should focus on de-

tailing the devastating health consequences of smoking. The media message could also focus on community empowerment messages that reflect the teens' desire for family and peer support in their struggle to become non-smokers. The teens all adamantly agreed that quitting smoking would be extremely difficult and many admitted that they had tried to quit on numerous occasions, all unsuccessfully. The teens specifically suggested that family and peers could provide valuable support by smoking outside of the home, not offering cigarettes to them and by accepting their decision to quit. Further study into the creation of media campaigns would be warranted. In such a study, it would be valuable to determine the types of messages that youth would find most motivating.

There are additional strategies which have proved effective. Limiting or banning the consumption of tobacco in public areas and the home makes it clear to youth that smoking is not an acceptable behaviour. It also increases the number of places where adolescents can socialize without being exposed to smoking.

Increasing taxation on cigarettes makes cost a barrier, especially to youth. Tobacco products are currently tax free on most reserves: a community-driven policy to tax cigarettes would make it harder for Aboriginal youths to purchase their own cigarettes. It would not solve the problem of cigarettes being supplied by family.

A recommended evidence-based intervention to prevent smoking initiation among adolescents involves the creation of public policy that would ban or limit consumption of tobacco both in community venues and in the home. Tobacco bans would send a clear message to youth — that smoking is not an accepted or normative behaviour within their community. Tobacco restrictions could also make it more difficult for adolescents to gain access to cigarettes and to find a place to socialize comfortably while smoking, a stance that could help counteract the teens' perception that their smoking initiation was inevitable due to the accepting attitudes about teen smoking and the easy access to cigarettes. Additionally, it is strongly recommended that communities strive to increase taxation on cigarettes so that cost can serve as a barrier to accessing cigarettes. A tax increase has been proven to decrease a population's consumption of tobacco products and to increase tobacco use cessation, especially among those most sensitive to price increases such as the youth (Task Force on Community Prevention Services 2001). A taxation increase could potentially limit access to cigarettes through increased retail costs. By limiting access to smoking through taxation increas-

es and smoking restrictions, adolescents would be enabled to become smoke-free through the creation of an environment that would facilitate their decision to quit through limiting access and availability of cigarettes and by creating a community attitude that supported adolescents in becoming smoke-free. Tobacco products are currently non-taxable items on most reserves in Canada, federal legislation would not have jurisdiction over this type of policy change thus a taxation increase would need to be a community-driven effort. Based on strong evidence from non-Aboriginal communities, the impact of a taxation increase on First Nations communities is likely to decrease the rate of adolescent tobacco use, however, the impact may be less than ideal due to the provision of cigarettes by family members and peers. Interestingly, the only perceived barrier to accessing cessation resources was the cost of nicotine replacement therapies. This indicates a need to disseminate information about the benefits to which status First Nations people are entitled from the First Nations and Inuit Health Branch, as the branch would cover the cost of nicotine replacement therapies. The teens expressed comfort in being able to discuss smoking with the health care providers within their communities.

The possibility of using nicotine replacement aids such as the patch and nicotine gum was rejected on the basis of cost. The First Nations and Inuit Health Branch covers the cost of nicotine replacement therapy. This does not seem to be common knowledge in the Aboriginal communities studied.

Within the health care system, health care providers could use stickers or vital sign stamps on medical charts as a reminder to make discussion of stopping smoking a routine part of each medical examination.

No strategy to support non-smoking can be successful without the involvement of the Aboriginal community members.

The Task Force on Community Prevention Services strongly recommends the implementation of cessation interventions from a health care system level (Centers for Disease Control and Prevention 1999). Specifically, it is recommended that provider reminders such as chart stickers and vital sign stamps be placed on patients medical charts in order to remind the provider to routinely discuss tobacco cessation. As the youth in this study are comfortable in speaking with their health care providers, this provider-driven intervention could be a valuable strategy. Multi-component patient telephone support is also strongly recommended. This involves providing smokers with cessation

counseling or assistance with attempts to quit smoking (Centers for Disease Control and Prevention 1999). It is unknown if this type of intervention would be effective because of the preference of many First Nations people for face-to-face contact and support.

For effective and comprehensive intervention strategies to emerge, the tobacco control programs should be designed in concert with Aboriginal community members. Recommendations for further study include a comparison between Aboriginal adolescents that live both on and off-reserve and between urban and rural populations as there is demographic and cultural diversity between these groups. The limitations of this study are consistent with the limitations of using focus group methodology and a qualitative research design in general. It is recommended that further studies be conducted in order to generalize findings to other populations of Aboriginal adolescents. As this is an explorative study, it would be valuable to examine some of the findings in greater detail. In particular, the influence of family and peers on smoking initiation and the influence of cultural tobacco use on recreational smoking rates deserves further attention. Additionally, cessation and prevention interventions grounded in the current best practice evidence must be systematically evaluated so that tobacco control experts can learn from the successes and challenges of various programs.

Further studies need to be done to compare the experiences of Aboriginal youth living on reserve, off reserve, in cities, and in small towns. It would be useful to know more about the influence of family and friends on starting smoking. The confusion of Aboriginal youth between cultural ceremonial use of tobacco and recreational smoking should also be explored in more depth.

Consistent evaluation of strategies will allow the development of more effective methods of assisting Aboriginal smokers to stop and preventing them from starting to smoke. It will also suggest strategies that can be widely used in Aboriginal communities

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Appendix 1: Focus Group Questions

Note: The following questions were used in all of the focus groups, although the prompts may have differed depending on the nature of the conversations that occurred. The prompts were designed based on the findings of other research studies and were used in attempt to further explore a theme that may have arisen. The researchers made an attempt to allow the conversation to flow as naturally as possible. The questions were grouped into broad areas of concern.

Why do Aboriginal Adolescents Smoke?

Question 1

- Why did you start smoking?

OR

- When you think back to your first smoking experience can you remember the reasons that influenced your decision to start?

Prompts used when the response was incomplete:

- Influences: family members, peers, other
- Environmental Factors: advertising and promotion
- Access to cigarettes

Strategies to Promote Smoking Cessation

Question 2

- What would encourage or influence you to quit smoking?

OR

- Have you ever considered quitting? Why or why not?

Prompts used when the response was incomplete:

- Health Consequences: long term (cancer) vs. short term (smells bad)
- Environmental factors: advertising and promotion
- Access to cigarettes/Cost of cigarettes

Question 3

- If you were in charge of putting together a campaign to help teens quit smoking what would you do?

Prompts used when the response was incomplete:

- Content of message

- Who should deliver the message
- Do culturally appropriate messages matter?

Question 4

- If you were considering quitting, what would you need to be able to succeed at it?

OR

- Can you think of some barriers that may make it difficult to quit smoking?

Strategies to Promote Smoking Prevention

Question 5

What are some ways that we could help teens from starting smoking in the first place?

Question 6

If we want teens to connect to it: what should smoking-prevention messages say?

Prompts used when the response was incomplete:

- Images used in the message
- Culturally appropriate content

Question 7

- Who would be most effective at delivering smoking-prevention messages to teens?

A Community Comment

Ron Sunshine
Treaty 8 Health Authoruty

The article addresses all the relevant issues on tobacco use and abuse among our youth.

The traditional elders still harvest tobacco using traditions passed on through the ages. This tobacco grows wild in the forest and is not contaminated by the poisons that are present in the tobacco we buy in the stores today. They only use it for ceremonial purposes. As an elder told me, this tobacco has a purpose, whether to heal or to make an offering in a ceremony. Today's tobacco, when not used for ceremonial purposes, has no purpose. Used strictly for recreation purposes it is meaningless.

I have met elders who have, on their own, recognized the effects of the modern day tobacco that is offered to them and its properties of addictive matters in the tobacco and have started to smoke because of this. They have since quit smoking, using their spiritual ways. There are others who are struggling to quit, because they have been smoking for a long time and the addiction is very powerful. One of the questions I posed to an elder is how do we address the traditional use of tobacco vs abuse? His advice was that I continue to glorify tobacco in the traditional sense and the value it represents when used properly in the way the elders have taught us. It should be used only in ceremonies, offerings, healings and approaching elders for help. This message needs to be retold to the youth. The tobacco use has evolved to a point where we have lost the true meaning of the value of tobacco in our every day lives and we justify our recreational use of tobacco as praying to the creator. The elders have a role in insuring that the youth today understand the true use of tobacco for First Nations peoples and the benefits it can play in their lives, instead of the harm it is doing to them from the poisons stemming from the tobacco use by smoking.

I work for the First Nations and Inuit tobacco strategy for the Alberta region. In my travels among the community there are steps being taken by the communities to address the health effects of tobacco. They have begun to implement no smoking in all public buildings. This addresses second hand smoke and also protects our children from breathing the smoke. Most of the communities are participating in the tobacco strategy and educating their community members about the harmful effects of tobacco smoking.

We are targeting our youth and pregnant mothers as priorities in our programming. We are creating partnerships with other tobacco programs in the province, we are sharing resources both human and material.

The best and most successful way of quitting smoking for First Nations seems to be cold turkey. This seems to be the most widely used method and others have tried to use the patch with little success. For some unknown reason, the patch does not agree with them in that it has side effects. Teens think they can quit any time they want, I have challenged them to quit for four hours and they failed the test each time. When presented with the facts they seem to want to quit but the addiction is there and they need to find the best way for them to quit. We can make suggestions and recommendations for cessation but in the end it's up to them.

It is in the end about choices, we can only give them the facts on tobacco and hope they make a choice to quit.