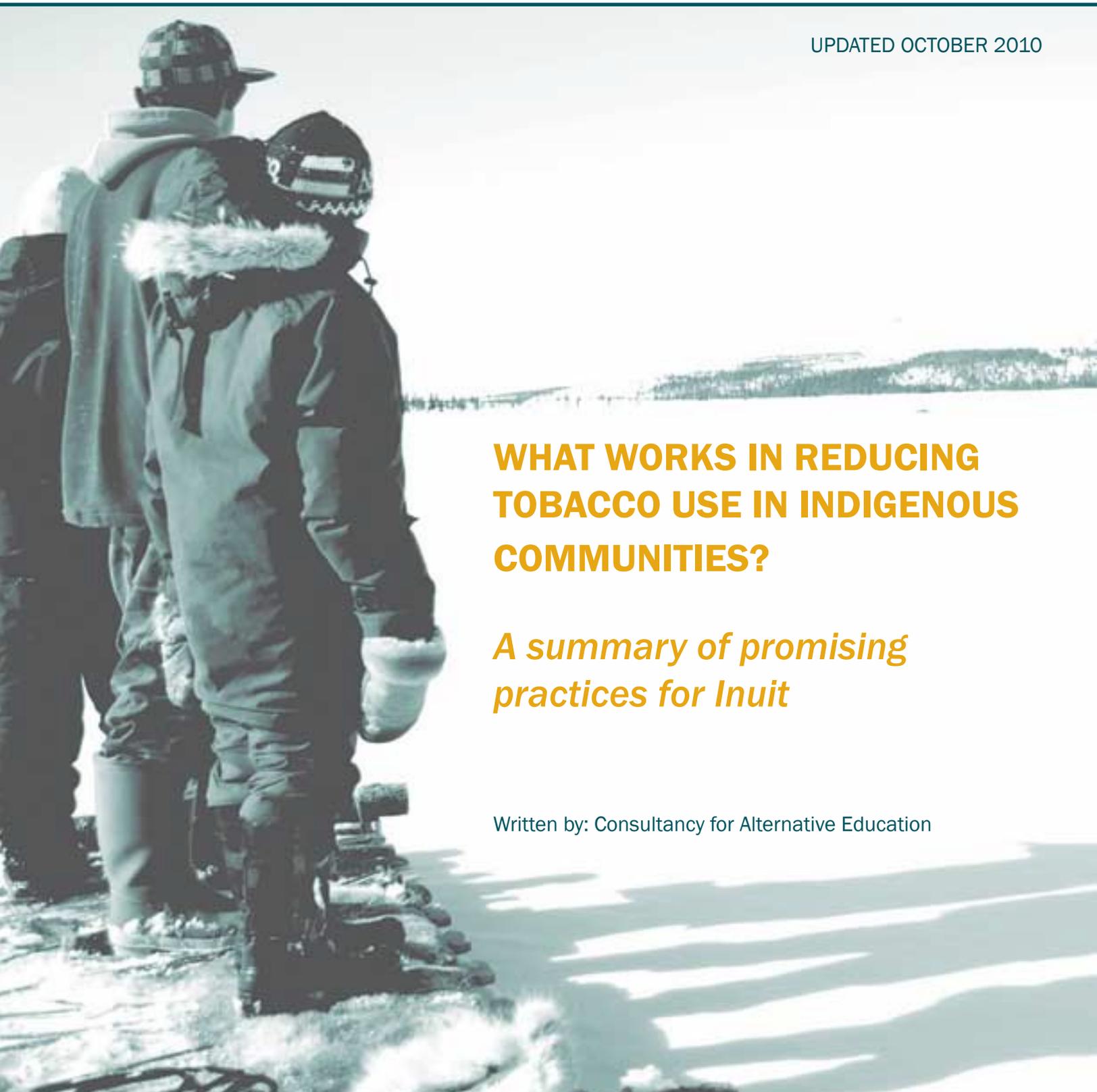




Inuit Tobacco-free Network

Tobacco reduction resources, research and events for health workers in Inuit communities

UPDATED OCTOBER 2010



WHAT WORKS IN REDUCING TOBACCO USE IN INDIGENOUS COMMUNITIES?

A summary of promising practices for Inuit

Written by: Consultancy for Alternative Education



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Inuit Tuttarvingat



National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
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WHAT WORKS IN REDUCING TOBACCO USE IN INDIGENOUS COMMUNITIES?

A summary of promising practices for Inuit

Scope of this document

This summary describes programs, services and activities that we have identified in a review of promising practices in tobacco reduction in Canada and internationally. In our opinion, these are the practices most relevant or feasible for Inuit communities. Not all the practices that we identified in our research could be included in this short document, and we may have missed a few good ones as well! However, this is a good beginning for our distance education course (March to May 2010) to help Inuit frontline health and community workers begin or renew their tobacco reduction efforts.

The bottom line

Almost all of the relevant practices that we describe in this summary are based on a similar body of knowledge, one that defines the scope of the problem, identifies research that is needed and suggests possible solutions. This general body of knowledge is widely accepted by tobacco reduction professionals worldwide. In other words, we did not find any one perfect approach or new “magic bullet” to help us.



Implementing promising practices

We do see that the most promising practices for Indigenous populations worldwide are ones that show a high degree of respect for and trust in the individuals and groups involved. Successful programs have leaders that relate well to the people they work with and use materials that are relevant and useful to them. People in Indigenous communities have a keen sense of the difference between “real” and superficial approaches. Therefore, the quality of the leader/facilitator and their level of sincerity have direct effects on the success of the program. So it’s not just a matter of using the practices below, but of being knowledgeable and sincere about what you do.

Resources

There are many good resources available that Inuit frontline health workers will find helpful. However, almost all of them still need an additional user’s guide or adaptation to make them ready to use with Inuit. The promising practices course will, to some extent, help with this. Where available, links to most of the resources we identify below are available on the Inuit Tobacco-free Network (ITN) Web site at:

www.InuitTobaccofree.ca.



Structure and support

In addition to providing relevant materials for tobacco reduction, the distance education course has a flexible structure that can fit in with the daily work of frontline health workers while supporting them in the topic they choose to learn more about.

Conclusion

Work on a summary like this is an ongoing process and there are always new ideas coming out, or ones that we have not heard about or could not include here. Please let us know if you think something else should be included by writing to: itn@naho.ca.

Promising practices relevant to Inuit

We have grouped the promising practices described below into these categories:

- A – Community-based practices
- B – Youth
- C – Support groups and support for individuals
- D – Reducing exposure to second-hand smoke
- E – Clinic-based practices
- F – Education and action for health workers
- G – Web-based resources, and
- H – National quit lines

Some activities fall into more than one group, but are listed only once. Practices are based in Canada, unless otherwise specified and ‘North’ refers to Inuit regions.

	PRACTICE	DESCRIPTION
A	Community-based practices	
1	Small grants for community projects to Community Health Representative (CHRs) or other types of community health workers, nurses, teachers, etc. to do community action projects, e.g. smoke-free dances and events; poster contests, etc. Undertaken in Nunavik (Northern Quebec) and Nunavut by the Department of Health and Social Services.	Amounts are usually between \$1,000 - \$2,000; in the NWT, the Health Promotion Fund allows grants of up to \$10,000. Requires project management skills to co-ordinate regional program.
2	Health and literacy projects to gather stories about the history of smoking from elders, quitting stories, smoking-related illness in the family, etc. Youth do interviews, edit, take photographs and publicize stories in a book or on radio. Carried out by Pauktuutit Inuit Women of Canada in Nunavik and in the Inuvialuit Settlement Region in the Northwest Territories (NWT) and by the Nunavik Regional Board of Health and Social Services.	Reaches various segments in the community. Low cost. Needs expertise to help with editing and publication of a book such as “Our Ancestors Never Smoked” (2006) or “How I Was Able to Quit Smoking” (in progress).



	PRACTICE	DESCRIPTION
3	Aniqsaattiarniq – Breathing Easy (school kit, community kit and tobacco recovery resource materials) from Pauktuutit Inuit Women of Canada. CHRs and others do tobacco education in the community using materials in the kits provided.	One of the major early projects for tobacco reduction in the North. Started in late 1990s by Pauktuutit Inuit Women of Canada and implemented widely at the time. Now discontinued, but materials are still used in communities.
4	Structured smoke-free challenges for the whole community: may involve both smokers and non-smokers making a commitment not to smoke for a specific time. Prizes for lucky winners. Encourages non-smokers – especially youth – not to start smoking, and motivates smokers to quit. Educates the community about the health problems of smoking.	Divided into adult and youth challenges, and sometimes into school and community challenges. Structuring different challenges targets each segment of the community for deeper involvement. Implemented in all regions of the North.
5	Community-based participatory research: long-term education and action projects with research and evaluation built-in to direct the work of the project. Initiatives come from the community. Individuals and groups involved strive to engage the whole community. The “Changing the Culture of Smoking” community-based participatory research is being implemented in the Inuvialuit Settlement Region.	Training and support for community co-ordinator and youth group/s. Research combined with education and action. Emphasis is less on research than helping people to gain control over their lives (in this case related to tobacco). Includes smoke-free challenges, workshops for youth, engaging different sections of the community: school, community council, clinic, etc.



	PRACTICE	DESCRIPTION
B	Youth	
1	BLAST conferences (Building Leadership for Action in Schools Today) have been implemented since 2002 in the NWT.	Junior high students (grades 7–9) attend a BLAST conference that focuses on tobacco prevention through leadership skills development. Students then plan a community action project to implement once they return home.



	PRACTICE	DESCRIPTION
2	Don't be a Butthead Campaign has been running in the NWT since 2004.	Targeted to youth aged 8–14, this program encourages youth to remain smoke-free. It provides hands on in-school presentations and social marketing elements that send the message that being smoke-free is the new norm. In 2009, 500 new and 1,600 previously registered youth made a promise not to smoke. All youth who register receive a free Butthead T-shirt or alternative incentive for that year.
3	Smoke screening has been running in the NWT, Nunavut and Yukon since 2004.	Over 4,000 school students (grades 6–12) view 12 tobacco ads from around the world, and vote on the most effective one. The ads encourage students to think and talk about tobacco use and the dangers of smoking. An iPod Nano is given to a lucky participant from each territory. The winning ad is aired on CBC North TV.
4	School competitions for students to produce cessation materials: posters, videos, etc. Students creatively involved in making a product, community involved in judging.	Simple to set up and low cost. Good for raising awareness.
5	Smoke-free challenge for students. Prizes drawn for successful participants who stay smoke-free for a given period. May include non-smokers as well: validates their choice to be smoke-free and encourages them not to start smoking later.	Widely implemented across Canada with varying degrees of participation according to the effort to promote and support the challenge.
6	Youth-to-youth training for tobacco education. Face-to-face workshop over four days for youth selected by schools or clinic to learn about problems of tobacco and how to do presentations to peers. Delivered by Pauktuutit Inuit Women of Canada, Nunavik and Nunavut Department of Health and Social Services and in the NWT.	Training in small groups using “Smoking Sucks” workbook. Emphasis on learning about issues and developing skills to explain to others.
7	Exposé: a youth-led, adult-guided smoke-free initiative in schools to create critical awareness of smoking and to expose cigarette companies. Administered by Ottawa Public Health.	A mass media contest is held for students to create print advertisements, video, radio advertisements, computer (digital) animation, articles for the exposé magazine.



	PRACTICE	DESCRIPTION
C	Support groups and support for individuals	
1	Aukati KaiPaipa: smoking cessation counselling for Maori by Maori. Quit coaches develop a program personalized to every individual smoker's needs. Delivered in Aotearoa/ New Zealand.	Coaches identify the client's readiness to quit, give out information. Reduction plan of two to four weeks. Coping skills provided to become smoke-free. Nicotine Replacement Therapy (NRT) patches and gum supplied. After eighth week, clients are able to stay smoke-free. Follow-ups every three months for one year, by phone or visiting clinics.
2	Talkin' Up Good Air: Australian Indigenous Tobacco Control Resource Kit to train tobacco educators.	Community development and smoking cessation, activities for one-on-one talks and hand-outs for group sessions.
3	Stop Smoking: A Cessation Resource for Those Who Work with Women. Comprised of a guide for group facilitators and handouts.	For smoking counsellors or group facilitators.
4	Active and Free – Take 5 Action Primer: physical activity as an alternative to smoking. Developed by the Canadian Association for the Advancement of Women and Sport.	For parents, coaches, and teachers to guide young women through adolescence and help them embrace a healthy lifestyle.
5	Sacred Smoke: eight-week group smoking cessation harm reduction program. Administered by Wabano Centre for Aboriginal Health, Ottawa, Ontario.	Guides individuals through the process and challenge of quitting smoking.
6	Helping Women Quit – A Guide for Non-Cessation Workers. Developed by the B.C. Ministry of Health.	Used in visits, Canadian Prenatal Nutrition Program (CPNP) groups, etc. "Little Quit Book" helps young and older women in quitting.
D	Reducing exposure to second-hand smoke	
1	Smoke-free homes surveys and signing up households to declare homes as smoke-free zones.	Implemented in NWT and Nunavik. Fact sheets about dangers of second-hand smoke and how to reduce it are distributed as well as smoke-free homes signs.
2	Blue Light Campaign to raise community awareness about second-hand smoke.	An outside or porch light bulb is replaced with a blue one to indicate a smoke-free home. Undertaken in Nunavik, Nunatsiavut (coastal Labrador) and Nunavut.



	PRACTICE	DESCRIPTION
3	STARSS program (Start Thinking about Reducing Second-hand Smoke) to engage mothers in protecting their children from second-hand smoke. Implemented through CPNP coordinators with prenatal community groups.	Supports women who are not ready to quit, keeps them engaged until they are. Gets mothers to reduce children's exposure to second-hand smoke, reduce own smoking, and helps them quit, if they choose to do so.
E	<i>Clinic-based practices</i>	
1	Nicotine replacement therapy service at clinic following testing for nicotine dependence.	Nicotine gum, patch, inhaler or medicine (usually prescribed by a nurse or doctor). Chart stickers applied. Patients need motivational support as well.
2	Individual counselling in clinic visits.	Smoking status as a vital sign. Ask, Advise, Assist Arrange Protocol. Simple intervention, takes place within structure of clinic services.
3	Motivational interviewing: skill-based counselling using structured questions focusing on the smoker instead of merely offering "advice".	Ideal for CHRs and other frontline health workers. Begins with asking permission to get patient's consent to discuss, for example, "Is this a good time to talk about your smoking?" "Would it be helpful to explore some ways to assist you in cutting down or quitting?" "Can we spend a couple of minutes going over how your smoking is affecting your other health concerns?"
4	Screen clients for smoking: assess nicotine dependence using a validated method. (Training for Primary Health Care workers in Australia.)	Client results are recorded using a suitable system. Client records are professionally and accurately maintained. Client confidentiality is maintained.



	PRACTICE	DESCRIPTION
F	Education and action for health workers	
1	Tobacco education by distance education for frontline health workers with a community action project. Participants choose topic(s) to study if choice is offered, assess own level of competence before and after, do reading and assignments with e-mail and telephone support and teleconferences. Community projects are implemented, such as prenatal education, classroom sessions for specific ages, or radio talks.	Accessible for all including hard-to-reach communities. Learning is reinforced by doing and reflecting on action. Empowers learners by combining theory and practice. Unfortunately not enough support from employers. Resources include “Taking the Lead for Change” kit with flip chart, “Quick Facts and Learning Activities” and “Healing from Smoking” books.
2	Smoking counsellor training by distance education and projects. Also in face-to-face workshops. Implemented in Nunavik, Nunavut and Nunatsiavut by Pauktuutit Inuit Women of Canada, National Indian and Inuit Community Health Representatives Organization (NIICHRO) and regional health authorities.	Difficult to sustain support groups over time because regular sessions after hours conflict with daily routines of health workers. Many requests reported for support groups. Needs trained, paid facilitators. Main resource is “Helping Smokers Heal” book.



G	Web-based resources	
1	Inuit Tobacco-free Network (ITN) Web site: www.InuitTobaccofree.ca	Accessible 24/7. Covers wide range of subjects in tobacco reduction with downloadable PDF documents, videos, news, and links. Some resources are available in dialects of the Inuit language and French.
2	Quit4Life – interactive and personalized four-week Web program for youth smoking cessation. Developed by Health Canada: www.quit4life.com/index_e.asp	Quit 4Life helps youth learn more about why they smoke, prepare for quitting, know what to expect when they quit, increase self-confidence to keep trying – even if they slip, and create and follow a step-by-step action plan to quit successfully.
3	Pregnet and the Pregnets Toolkit: www.pregnets.org	Information related to the negative consequences of smoking and environmental tobacco smoke for women.



	PRACTICE	DESCRIPTION
4	Smokers' Helpline Online – Canadian Cancer Society Web site: http://ccs.stopsmokingcentre.net	Interactive, web-based service offering tips, tools and support to help with quitting smoking.
5	Go Smoke-free – Health Canada's Web site: www.gosmokefree.ca	Information on health effects, second-hand smoke, trends in smoking, the tobacco industry, and advice for quitting. Links to recent articles on tobacco and Bob's quitting journal. Smokers can work through "On The Road To Quitting" on-line, or by ordering the booklet (no charge).

H	National quit lines	
1	Quit lines. Smokers call for counselling over the phone, with service advertised in print and on TV. Subsequent phone calls take smokers through series of steps to quit. Studies have shown that smokers who use a quit line to quit have twice the chance of staying quit.	Carried out in Maori communities. A national project has now started making quit lines accessible to Canadians in all provinces and territories. There is a special effort to include Inuit and First Nations smokers.

