

December 2011

Review of Tobacco Reduction Literature, Resources, and Promising Practices

for the Inuit Tobacco-free Network

Prepared by: Consultancy for Alternative Education

ᐃᓄᐱᑦ ᑭᑦᑕᐱᑦ
Inuit Tuttarvingat



National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᐃᓄᐱᑦ ᓄᓇᑦᑕᐱᑦ ᐱᓄᐱᑦ ᐱᓄᐱᑦ ᐱᓄᐱᑦ ᐱᓄᐱᑦ

Review of Tobacco Reduction Literature, Resources, and Promising Practices for the Inuit Tobacco-free Network

© Copyright 2011 National Aboriginal Health Organization

ISBN: 978-1-926543-59-8

Research and Writing: Consultancy for Alternative Education

Editing: Bill Callery and JN Redpath & Associates

OAAPH [now known as the National Aboriginal Health Organization (NAHO)] receives funding from Health Canada to assist it to undertake knowledge-based activities including education, research and dissemination of information to promote health issues affecting Aboriginal persons. However, the contents and conclusions of this report are solely that of the author and not attributable in whole or in part to Health Canada. The National Aboriginal Health Organization, an Aboriginal-designed and -controlled body, will influence and advance the health and well-being of Aboriginal Peoples by carrying out knowledge-based strategies.

This document should be cited as: Consultancy for Alternative Education. (2011). *Review of Tobacco Reduction Literature, Resources, and Promising Practices for the Inuit Tobacco-free Network*. Ottawa: National Aboriginal Health Organization.

For queries or copyright requests, please contact:

Inuit Tuttarvingat, National Aboriginal Health Organization

220 Laurier Ave. West, Suite 1200

Ottawa, Ontario K1P 5Z9

Tel: (613) 237-9462

Toll-free: 1-877-602-4445

Fax: (613) 237-8502

E-mail: inuit@naho.ca

Website: www.naho.ca/inuit

Table of Contents

Introduction	1
Part 1: Results of the Literature Review.....	2
Inuit-specific Materials.....	2
An overview of factors influencing the health of Canadian Inuit infants.....	2
Canadian Aboriginal Materials	4
Tobacco use among young North American Aboriginal athletes	4
Tobacco cessation pharmacotherapy use among First Nations persons residing within British Columbia.....	5
Aboriginal users of Canadian quitlines: An exploratory analysis	8
International Circumpolar Materials	8
New approaches to smoking prevention in the north	8
Antismoking activity in Novosibirsk.....	9
Determinants of smoking behaviour in random samples of Greenlandic and Danish women 20–39 years of age	10
International Indigenous Materials	11
New Zealand/Aotearoa.....	11
New Zealand smoking cessation guidelines.....	11
The effectiveness of television advertising campaigns on generating calls to a national Quitline by Māori.....	11
Maori women’s views on smoking cessation initiatives.....	12
Community inequality and smoking cessation in New Zealand, 1981–2006	12
Factors associated with smoking and the reasons for stopping in Maori and Europeans: A comparative study.....	13
Australia.....	14
Australian Respiratory Council	14
Smoking Cessation for Australian General Practice.....	14
Building Research Evidence to Address Aboriginal Tobacco Habits Effectively (BREATHE)	15
An evidence-based approach to planning tobacco interventions for Aboriginal people ...	15
Where there's smoke, there's fire: High prevalence of smoking among some sub-populations and recommendations for intervention.....	16
Socio-demographic factors associated with smoking and smoking cessation among 426,344 pregnant women in New South Wales, Australia	17
Tobacco and Aboriginal people in NSW.....	18
Indigenous women and smoking during pregnancy: Knowledge, cultural contexts and barriers to cessation	18
Evaluation of a multi-component community tobacco intervention in three remote Australian Aboriginal communities.....	19
The contribution of maternal smoking to preterm birth, small for gestational age and low birthweight among Aboriginal and non-Aboriginal births in South Australia.....	20
Aboriginal mothers, breastfeeding and smoking.....	21

Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence.....	22
Smoking in Aborigines and persons of European descent in southeastern Australia: Prevalence and associations with food habits, body fat distribution and other cardiovascular risk factors	22
USA Indigenous Materials	23
Effectiveness of a tobacco quitline in an indigenous population: A comparison between Alaska Native people and other first-time quitline callers who set a quit date.....	23
Tobacco erases 30 years of progress: Preliminary analysis of the effect of tobacco smoking on Alaska Native birth weight.....	23
Quit rates at one year follow-up of Alaska Native Medical Center Tobacco Cessation Program	24
USA Mainstream Materials	25
Overview – Best Practices in Tobacco Cessation Counselling.....	25
Clarian Tobacco Control Center	25
Best practices for smoking cessation in pregnancy: Do obstetrician/gynecologists use them in practice?.....	26
The best practices: Use of the guidelines by ten state tobacco control programs	27
Female adolescent smoking: A Delphi study on best prevention practices.....	28
Tobacco cessation in primary care: Maximizing intervention strategies	28
Canadian Mainstream Materials	29
Best practice in group-based smoking cessation: Results of a literature review applying effectiveness, plausibility, and practicality criteria.....	29
Effective practices for school-based tobacco use prevention.....	30
Tobacco control and nicotine addiction in Canada: Current trends, management and challenges	30
Registered Nurses’ Association of Ontario (RNAO)	31
Tobacco use cessation services provided by dentists and dental hygienists in Manitoba: Part 1. Influence of practitioner demographics and psychosocial factors.....	31
Cigarette smoking, stages of change, and major depression in the Canadian population.....	32
International Mainstream Materials	33
WHO Recommendations	33
Tobacco use among youth: A cross-country comparison.....	33
Smoking cessation: Evidence-based recommendations for the healthcare system	34

Part 2: Resource Guide.....36

1. Suggested Resources for the Community Resource Worker.....	36
Helping women quit – A guide for non-cessation workers.....	36
A stop smoking cessation resource for those who work with women	36
Talkin’ up good air: Australian indigenous tobacco control resource kit.....	37
Active and free – Take 5 action primer	37
Quit4Life.....	39
Supporting Youth Who Use Tobacco in the Ottawa Area through an Innovative, High School-based Triage Program.....	40
2. Suggested Resources for the Person Who Wants to Consider Quitting.....	41
Never Take a Puff	41
Couples and smoking: What you need to know when you are pregnant.....	41
Quit4Life Student Handbook.....	41
3. Other Useful Websites	42
Pregnets and the Pregnets Toolkit.....	42
Ontario Tobacco Research Unit – Tobacco Modules	42
Canadian Cancer Society’s Smokers’ Helpline Online	42
Health Canada’s website – Go Smoke-Free.....	42
Stop Smoking Centre.....	42
TreatTobacco.Net.....	43
American Legacy Foundation and New York State Smokers’ Quitline.....	43
EX: Relearn Life without Cigarettes: Mayo Clinic.....	43
smokefree.gov: National Cancer Institute (NCI) and Centers for Disease Control and Prevention (CDC).....	43

Part 3: Promising Practices from Inuit Regions and Organizations.....44**Appendix 1: MEDLINE Search Results49**

Search #1: Key words: smoking, tobacco, Inuit.....	49
Most Relevant	49
Less Relevant.....	49
Search #2: Key words: smoking, cessation, First Nations	51
Most Relevant	51
Less Relevant.....	51
Search #3: Key words: smoking, cessation, Canada.....	51
Most Relevant	51
Less Relevant.....	51

Introduction

In the spring/summer of 2010, Inuit Tuttarvingat of the National Aboriginal Health Organization, under its Inuit Tobacco-free Network project, coordinated a tobacco reduction, distance education training program for health and community workers in Inuit communities. A literature review and document search were conducted to ensure that the planning process for the program was fully informed by practices of possible relevance to Inuit – practices that were found to be promising with various populations in Canada and/or internationally.

This document consists of three parts and an appendix:

- **Part 1: Results of the Literature Review** contains abstracts and summaries of materials, organized according to region and population.
 - » Key points or messages that health workers in Inuit regions need to know and/or share with community members are highlighted in a **bold red font**.
 - » Questions/issues to consider (highlighted in a **bold italics purple font**) appear after some abstracts and summaries and are meant to stimulate critical thinking and motivate readers to take effective action to reduce tobacco use in their communities.

Information from original materials and published abstracts has been edited for style and ease of reading.

- **Part 2: Resource Guide** presents information on relevant tobacco reduction resources currently in use in mainstream Canada.*
- **Part 3: Promising Practices from Inuit Regions and Organizations** highlights some promising programs and resources being used in Inuit regions as of 2007.
- **Appendix 1: MEDLINE Search Results** displays the key words used for the document search and the most relevant search results.

In most cases, the title of the research report, article, or resource is hyperlinked, that is, if you are connected to the Internet and you double click on the title, you can go directly to the source of the material. However, sometimes these links break down, or the materials are moved. If that happens, you can try doing a Google search of the title to locate the material. Most local libraries also can bring in material through inter-library loans.

*Compiled by Janet Nevala, Nevala Consulting.

Part 1: Results of the Literature Review

Inuit-specific Materials

[An overview of factors influencing the health of Canadian Inuit infants](#)

Jenkins, A.L., Gyorkos, T.W., Culman, K.N., Ward, B.J., Pekeles, G.S., & Mills, E.L. (2003). *International Journal of Circumpolar Health*, 62(1), 17–39.

BACKGROUND: Inuit infants throughout the Arctic experience higher mortality and poorer health than their non-Inuit counterparts, and suffer disproportionately from bacterial and viral infections.

STUDY DESIGN: This review examines the health status of these infants, with a focus on Canadian Inuit communities and reference to other circumpolar regions, as appropriate. It is based on a Medline search (1965 to present), special analyses of the 1996 Canadian Census, and various national surveys and selected government reports and documents.

RESULTS: A wide range of inter-related factors affect the health of Inuit infants: their demographic, social, economic, and physical environment, as well as personal health practices and the availability of high quality, culturally appropriate health services. Some of these factors may influence the susceptibility of Inuit infants to infection. **Smoking is highly prevalent in Inuit communities, and its indisputable negative effects on health, including increased risk of respiratory tract infection in infants, represent an urgent public health challenge.**

CONCLUSION: Locally driven, focused and methodologically sound epidemiological research that addresses key gaps in knowledge could lead to more appropriate and effective preventive strategies to improve health in northern communities.

[Risk factors for hospitalization and infection in Canadian Inuit infants over the first year of life – A pilot study](#)

Jenkins, A.L., Gyorkos, T.W., Joseph, L., Culman, K.N., Ward, B.J., Pekeles, G.S., & Mills E.L. (2004). *International Journal of Circumpolar Health*, 63(1), 61–70.

(Note: The text below represents significant editing of the original abstract.)

OBJECTIVES: Inuit infants experience higher mortality and poorer health than other Canadian infants, and suffer disproportionately from bacterial and viral infections. A wide range of inter-related factors affect their health and susceptibility to infection. The objective of the study was to describe hospitalization and morbidity patterns in a cohort of 46 healthy Inuit infants from Iqaluit, Nunavut, over their first year of life.

STUDY DESIGN: Risk factors for hospitalization and infections were assessed using multiple linear regression.

RESULTS: **Eighty-five per cent of mothers reported smoking during pregnancy, and 94 per cent of infants were exposed to tobacco smoke in the home (p. 67). There was strong epidemiological evidence for an increased risk of respiratory infections in infants exposed to tobacco smoke. Infants experienced an average of four respiratory tract infections (RTIs) annually, which accounted for half of the hospitalizations in the cohort.** Some interesting trends were evident from the assessment of risk factors using multiple linear regression. Adoption was associated with adverse health effects in addition to those that would be expected due to lack of breastfeeding alone; among infants who were not breastfed, adopted infants had three more RTIs per year than non-adopted infants.

CONCLUSION: The results of this pilot study provide support for undertaking larger epidemiological studies in order to clarify the role of these risk factors, so that future preventive efforts can be informed and effective.

[Otitis media: Health and social consequences for Aboriginal youth in Canada's north](#)

Bowd, A.D. (2005). *International Journal of Circumpolar Health*, 64(1), 5–15.

OBJECTIVES: Otitis media is endemic among Inuit, First Nations, and Métis children in northern Canada, with **prevalence rates in some communities as high as 40 times that found in the urban South**. Hearing impairment, much of it attributable to chronic otitis media, is the most common health problem in parts of the Arctic, and conductive hearing loss among children may affect as many as two-thirds.

STUDY DESIGN AND METHODS: There is a need for systematic data based on consistent disease definitions and measures, and taking account of cross-cultural methodological issues and sampling.

RESULTS: Otitis media is most likely to develop in infancy. Susceptibility has been linked to immune defects and to a variety of environmental factors. Among the most significant are diet, the decline in initiation and maintenance of breastfeeding, and **exposure to cigarette smoke**. Hearing loss has been related to difficulties in language acquisition, and to subsequent issues with literacy and school achievement, including learning disabilities and attention deficits. The economic and social costs of otitis media are substantial.

CONCLUSION: Approaches to treatment and prevention have enjoyed limited success. Public health and medical practice need to be informed by the traditional knowledge and practices of Indigenous Peoples.

Questions/issues to consider:

1. *Do you think most parents in your community are aware of the link between exposure to cigarette smoke and otitis media in their children?*
2. *If not, how could you help educate them about the need to always smoke outside, etc.?*

Canadian Aboriginal Materials

Tobacco use among young North American Aboriginal athletes

Yakiwchuk, C.A., Stasiuk, H., Wiltshire, W., & Brothwell, D.J. (2005). *Journal of the Canadian Dental Association*, 71(6), 403.

Tobacco use remains a major cause of preventable illness and death in North America. Although reported smoking rates have decreased, they remain high among the young and among Aboriginal people. As part of an oral health promotion project, a convenience sample of 163 Aboriginal athletes participating in the 2002 North American Indigenous Games each of whom completed a self-administered questionnaire addressing tobacco use and knowledge of tobacco effects. The mean age of athletes was 20 years; most were male and Canadian citizens. Only 22 participants reported current smoking; past use of tobacco was more common, with 58 reporting a history of smoking. Although age was not associated with current smoking, older athletes were significantly more likely to have smoked. Twenty-three athletes reported ever using smokeless tobacco, with nine reporting current daily use. Athletes were knowledgeable about tobacco effects on oral health. **This study shows substantially lower tobacco use among this group of young Aboriginal athletes than the North American average. These findings suggest that participation in organized sports may be a protective factor against tobacco use in a population known to have high smoking rates.**

Questions/issues to consider:

1. *Were you surprised to learn that athletes have much lower smoking rates than other Aboriginal youth? Why/why not?*
2. *How might we use this information to help youth in our communities reduce their smoking rates?*

Tobacco cessation pharmacotherapy use among First Nations persons residing within British Columbia

Wardman, A.E., & Khan, N. (2004). *Nicotine & Tobacco Research*, 6(4), 689–692.

The rate of tobacco use is higher among First Nations Peoples than among other Canadians. Cessation pharmacotherapy agents reduce tobacco use, but the appropriateness and effectiveness of these agents among First Nations smokers are not entirely clear. Rates of tobacco cessation pharmacotherapy use among First Nations smokers are unknown; such information would be useful for program planners and would indicate appropriateness of use. To examine cessation pharmacotherapy use, we extracted claims for nicotine gum, nicotine patch, and bupropion SR (Zyban) from the Non-Insured Health Benefits pharmacy database for First Nations persons living within British Columbia during 2001. **A total of four per cent of First Nations claimants filled a prescription for at least one tobacco cessation pharmacotherapy agent; 62 per cent were female, and their mean age was 38 years. Most claims (61 per cent) were for bupropion, followed by nicotine patch (41 per cent), and nicotine gum (five per cent). A total of five per cent of claimants used both nicotine patch and bupropion, 0.8 per cent used nicotine gum and nicotine patch, and 0.5 per cent used nicotine gum and bupropion. Pharmacotherapy agents appear to be used less often by First Nations smokers than by other Canadian smokers for several possible reasons.** Additional research is needed related to First Nations populations and cessation pharmacotherapy use in terms of cultural appropriateness, barriers to use, and effectiveness.

Questions/issues to consider:

1. *What do you think the results would have been among Inuit smokers, in comparison to First Nations smokers? Why?*

Tobacco cessation drug therapy among Canada's Aboriginal people

Wardman, D., Quantz, D., Tootoosis, J., & Khan, N. (2007). *Nicotine & Tobacco Research*, 9(5), 607-611.

The smoking rate among Aboriginal people is more than double the rate of the rest of the Canadian population, and smoking is a major source of morbidity and mortality within this population. Tobacco cessation drug therapy use among Aboriginal smokers is very low. We administered a cross-sectional questionnaire to Aboriginal and non-Aboriginal smokers or recent ex-smokers in 12 First Nations communities in two Canadian provinces from September to December 2004. Participants were asked about smoking cessation advice and perceptions of three drug therapy agents. The overall response rate was 82 per cent (407 Aboriginal and 102 non-Aboriginal smokers or ex-smokers). **A substantial proportion reported tobacco cessation or reduction in the previous year (Aboriginal 46 per cent vs. non-Aboriginal 32 per cent).** Aboriginal participants were less likely to seek physician services and less willing to use nicotine

patch or bupropion (Zyban). Among First Nations participants, who receive a drug therapy subsidy, lack of awareness of the subsidy was associated with less willingness to use drug therapy; further, the requirement for a physician prescription was perceived as a barrier. Among all participants, utilization of physician services and receiving drug therapy advice from a physician was associated with willingness to use drug therapy. **In conclusion, many Aboriginal smokers are interested in and attempt cessation, but underutilization of physician services and low willingness to use drug therapy may explain their lower use of drug therapy. Physicians need to provide advice on drug therapy, and policy makers should eliminate the need for a physician prescription.** Future studies can explore cultural attitudes toward cessation drug therapy and physician services.

Smoking and caffeine and alcohol intake during pregnancy in a northern population: Effect on fetal growth

Godel, J.C., Pabst, H.F., Hodges, P.E., Johnson, K.E., Froese, G.J., & Joffres M.R. (1992). *Canadian Medical Association Journal*, 147(2), 181–188.

OBJECTIVES: To assess the prevalence of smoking and of caffeine and alcohol intake during pregnancy in a northern population and to determine the relation of these factors to baby's birth weight, length and head circumference.

DESIGN: Questionnaire survey and collection of maternal and newborn measurements.

SETTING: Ten communities in the Inuvik Zone, Northwest Territories.

PATIENTS: A total of 162 women (56 Inuit, 38 Indian, 37 white and 31 mixed race) who presented for prenatal care in their communities and gave birth in Inuvik between September 1987 and January 1990, and their newborns.

RESULTS: In all, **64 per cent (101/159) of the women smoked, 57 per cent (88/154) ingested more than 300 mg of caffeine daily, and 34 per cent (50/145) drank alcohol during their pregnancies. Smoking, caffeine intake, and binge drinking were most frequent among the Inuit and Indian mothers. Smoking was significantly associated with decreased birth weight and length. Alcohol intake, especially binge drinking, was significantly associated with decreased head circumference. Caffeine was not related to any of the outcomes.**

CONCLUSIONS: The marked prevalence of smoking and alcohol intake during pregnancy and their effects on newborns are public health concerns in the Northwest Territories and warrant intensive interventions.

Questions/issues to consider:

1. *This study was done about 20 years ago. Do you suppose the results would be very different if we did the study today? Why/why not?*

Prevalence and correlates of smoking during pregnancy: A comparison of Aboriginal and non-Aboriginal women in Manitoba

Heaman, M.I., & Chalmers, K. (2005). *Birth*, 32(4), 299–305.

(Note: The text below represents significant editing of the original abstract.)

BACKGROUND: Prenatal smoking rates vary substantially among racial and ethnic groups. Although prevalence of smoking among Aboriginal people in Canada is higher than in the general population, little is known about smoking rates during pregnancy among Aboriginal women or the characteristics of Aboriginal women more likely to smoke during pregnancy. The study purpose was to describe and compare the prevalence and correlates of smoking during pregnancy among Aboriginal and non-Aboriginal women giving birth in Manitoba.

METHODS: Data were obtained from interviews with 684 postpartum women who delivered a live infant in two tertiary hospitals in Manitoba. Statistical analyses were done.

RESULTS: **A significantly higher proportion of Aboriginal women (61 per cent) than non-Aboriginal women (26 per cent) smoked during pregnancy.** No correlates of smoking during pregnancy were specific to Aboriginal women. After controlling for other factors, significant correlates of smoking during pregnancy for the total sample included **inadequate prenatal care, low support from others, single marital status, illicit drug use, and Aboriginal ethnicity.**

CONCLUSIONS: The high prevalence of smoking during pregnancy, particularly among Aboriginal women, necessitates **coordinated efforts aimed at smoking prevention and cessation.**

Questions/issues to consider:

1. *This study found 61 per cent of pregnant Aboriginal women in Manitoba smoked. What is the percentage of smokers among pregnant women in your community? (Do you have statistics about this? If not, how could you find the answer?)*
2. *In the conclusion above, they say we need “coordinated efforts aimed at smoking prevention and cessation.” Do you agree? If so, what might such efforts look like?*

Aboriginal users of Canadian quitlines: An exploratory analysis

Hayward, L.M., Campbell, H.S., & Sutherland-Brown, C. (2007). *Tobacco Control*, 16, i60–i64.

(Note: The text below represents significant editing of the original abstract.)

RESULTS:

1. Concern about future health and current health problems were the most common reasons Aboriginal participants called the quit-lines.
2. Six months after intake, Aboriginals and non-Aboriginals had taken similar actions with **57 percent making a 24-hour quit attempt.**
3. **Quit rates were higher for Aboriginals than non-Aboriginals, particularly for men. (The six-month prolonged abstinence rate for Aboriginal men was 17 per cent compared with seven per cent for Aboriginal women, and 10 per cent and eight per cent for non-Aboriginal men and women, respectively.)**

CONCLUSIONS: This exploratory analysis showed that even without targeted promotion, Aboriginal smokers do call Canadian quit-lines, primarily for health-related reasons. We also showed that the quit-lines are effective at helping them to quit. As a population-focused intervention, quit-lines can reach a large proportion of smokers in a cost-efficient manner. In Aboriginal communities where smoking rates exceed 50 per cent and multiple health risks and chronic diseases already exist, eliminating non-ceremonial tobacco use must be a priority. Our results, although exploratory, suggest quit-lines can be an effective addition to Aboriginal tobacco cessation strategies.

Questions/issues to consider:

1. *Why are Aboriginal men so much more likely to stay quit than others?*
2. *Why are Aboriginal women having the hardest time of all to stay quit?*

International Circumpolar Materials

New approaches to smoking prevention in the north

Alekseeva, N.V., Molokov, A.L., & Astakhova, T.I. (1998). *International Journal of Circumpolar Health*, 57(Supplement 1), 489–492.

(Note: The text below represents significant editing of the original abstract.)

Morbidity (death) and mortality (illness) rates of non-communicable diseases are very high in Siberia (Russia). The prevalence of non-communicable diseases risk factors is also very high, smoking being one of the most widespread risk factors. Prevention and cessation of smoking may improve the health of the population. Within the framework of the WHO MONICA (Monitoring Cardiovascular Diseases) project, we have conducted three population surveys in Novosibirsk within a 10-year period (1984–1995) to show trends of cardiovascular diseases and their risk factors. We also conducted similar

surveys in some Siberian regions. New methods and approaches to disease prevention are needed.

As participants in the WHO CINDI program (Countrywide Integrated Program for Disease Prevention), we started our work to reduce and control the main non-communicable diseases risk factors. Smoking being widespread in Siberia, we started an anti-smoking campaign in Novosibirsk as participants in the international **“QUIT & WIN” campaign in 1994. In 1995 we arranged a similar contest at the local level in the city; and now in May 1996 we are again taking part in the QUIT & WIN campaign.**

Questions/issues to consider:

1. *Have you had any experience with “Quit & Win” campaigns? (Nunavik, Northwest Territories and the south Baffin region of Nunavut have all experimented with these to date.) If so, what is your impression of them? Is Quit & Win a successful intervention?*

Antismoking activity in Novosibirsk

Alexeeva, N.V., & Alexeev, O.L. (2001). *International Journal of Circumpolar Health*, 60(2), 300–304.

The prevalence of smoking is very high and growing in Siberia, Russia. Three population surveys carried out by the Institute of Internal Medicine within the framework of the MONICA project (WHO) during 1988–1995 revealed that **59 per cent of men and 11 per cent of women aged 25-64 are smokers**. The number of smokers among children is also growing: **21 per cent of girls and 40 per cent of boys aged 14-17 are smokers**. Tobacco product advertising is widespread in the city. Cheap cigarettes of bad quality are easily available for the population. The economic situation in the region makes it difficult for people to pay for specialized treatment. That is why new methods of smoking prevention should be found. **The main components of our work include: involving local decision-makers in the activity, educating the population, work with mass media, epidemiological studies, and international Quit & Win campaigns.**

Questions/issues to consider:

1. *Were you surprised to see the statistics for women and men in this part of the world?*
2. *Do you think the statistics will stay the same or change in the next 10 years? (Clue: Look at the smoking rates for children and youth.)*

Determinants of smoking behaviour in random samples of Greenlandic and Danish women 20-39 years of age

Osler, M., & Kjaer, S.K. (1996). *Arctic Medical Research*, 55(2), 62–68.

BACKGROUND: The prevalence of smoking among young women is of particular concern in most countries as it does not decline as in men. We studied smoking behaviour in Greenlandic and Danish women over a two-year period to provide information on the social and behavioural determinants of smoking in women.

METHODS: In 1986, samples of 800 women aged 20–39 years were drawn at random from Nuuk/Godthåb (Greenland) and Nykøbing Falster (Denmark). A total of 586 and 661 women were interviewed in Greenland and Denmark, respectively. In 1988, new random samples of 150 women were drawn from the same areas. Totally, 129 Greenlandic and 126 Danish women were included in this study. In 1987, a sample of 732 women aged 20–49 years from Copenhagen was randomly drawn from the computerized Central Population Register. Of these, 623 women completed a questionnaire.

RESULTS: **Smoking behaviour was almost the same among women in Nykøbing Falster and Copenhagen (54 per cent smoked), while a significantly higher percentage of smokers was observed among women in Greenland (88 per cent smoked).** Heavy smoking was most prevalent among Danish women and associated with early uptake of smoking. Among Danish women, smoking was associated with use of oral contraceptives, early age at first intercourse, and multiple sexual partners. In Greenland, smoking was associated with early sexual activity and multiple sexual partners. In an extended analysis of a subgroup of Danish women, smoking was also associated with low education and infrequent intake of vegetables. The study showed no increase in smoking behaviour in any age group over the two-year period between the two studies, neither in Nykøbing Falster nor in Nuuk.

CONCLUSION: The high prevalence of moderate smoking among women in Greenland suggests that broad anti-smoking initiatives are urgently needed. The high prevalence of heavy smoking and the link between smoking and low education among Danish women may indicate that a strategy focused on restricting smoking may be more effective than merely continuing an anti-smoking information dissemination strategy.

Questions/issues to consider:

- 1. The very high rate of smoking among women in Greenland (88 per cent) is quite shocking. However, note that this study was done over 20 years ago. It would be interesting to have more recent statistics.*

International Indigenous Materials

New Zealand/Aotearoa

[New Zealand smoking cessation guidelines](#)

McRobbie, H., Bullen, C., Glover, M., Whittaker, R., Wallace-Bell, M., Fraser, T., & New Zealand Guidelines Group (2008). *New Zealand Medical Journal*, 121(1276), 57–70.

AIMS: To summarize the key recommendations made in the 2007 New Zealand Smoking Cessation Guidelines.

METHODS: A comprehensive literature review of smoking cessation interventions was undertaken in November 2006. Recommendations were formulated from the findings of the literature review in line with the methods recommended by the New Zealand Guidelines Group.

RESULTS: The Guidelines have been structured around **a new memory aid (ABC), which incorporates and replaces the 5A's (ask, advise, assess, assist, arrange). ABC prompts healthcare professionals to ask about smoking status; give brief advice to all smokers to stop smoking; and provide evidence-based cessation support for those who wish to stop smoking.** Healthcare professionals should briefly advise all people who smoke to stop smoking, regardless of whether they say they are ready to stop smoking or not. They should then offer smoking cessation support, which includes both behavioural (e.g., telephone and face-to-face support) and pharmacological (e.g., nicotine replacement therapy, bupropion [Zyban], or varenicline) interventions. Recommendations were also formulated for priority populations of smokers: Māori, Pacific, pregnant women, and people with mental illness and other addictions.

CONCLUSIONS: These guidelines will assist healthcare professionals in providing evidence-based smoking cessation support to people who smoke. **To be effective, the ABC model needs to be integrated into routine practice.**

[The effectiveness of television advertising campaigns on generating calls to a national Quitline by Māori](#)

Wilson, N., Grigg, M., Graham, L., & Cameron, G. (2005). *Tobacco Control*, 14(4), 284–286.

OBJECTIVE: To examine the effectiveness of four mass media campaigns on calls to a national Quitline by Māori (the Indigenous People of New Zealand).

METHODS: Monthly Quitline call data and calls within one hour of a television commercial being shown were analysed for the 2002–2003 period.

CONCLUSIONS: These television advertising campaigns were effective and cost-effective in generating calls to a national Quitline by Māori. Health authorities should continue to explore the use of both "threat appeal" style media campaigns and culturally appropriate campaigns to support Quitline use by Indigenous Peoples.

[Maori women's views on smoking cessation initiatives](#)

Fernandez, C., & Wilson D. (2008). *Nursing Praxis in New Zealand*, 24(2), 27–40.

Smoking is particularly prevalent among Maori women over the age of 15 years and remains a concern despite anti-smoking campaigns. This raises questions about the effectiveness of current smoking cessation initiatives as mainstream tobacco control programs have not benefited Maori to the same extent as non-Maori. Limited research is available on the effectiveness of smoking cessation initiatives for Maori. In this descriptive qualitative study, five Maori women who had ceased smoking were interviewed about such initiatives and what was more likely to influence Maori women to quit. A focus group was used to discuss smoking cessation initiatives and the data were analyzed. Two themes were identified: (a) Transmission of *whanau* (immediate and extended family) values that includes the sub-categories of *whanau* experiences, being mothers, and role models; and (b) factors crucial in influencing change that includes the sub-categories of choices and exercising one's own will, a positive perception of self, and a Maori approach. The findings provide insight into Maori women's perspectives. These highlight the importance of *whanau* and supportive relationships, and can be used to inform strategies to assist Maori women in smoking cessation.

[Community inequality and smoking cessation in New Zealand, 1981–2006](#)

Barnett R., Pearce J., & Moon G. (2009). *Social Science & Medicine*, 68(5), 876–884.

(Note: The text below represents significant editing of the original abstract.)

The overall prevalence of smoking in New Zealand dropped from 32 per cent in 1981 to 24 per cent in 2006, but rates of smoking cessation have not been consistent among all social, demographic, and ethnic groups.

We find that smoking behaviour in New Zealand has become socially and ethnically more polarized over the past two decades, with greater levels of smoking cessation among higher socio-economic groups, and among New Zealanders of European origin. Variations in quit rates between Māori and European New Zealanders cannot be fully accounted for by ethnic differences in socio-economic status. Community inequality exerted a significant influence on Māori (but not European) smoking quit rates. The association with community inequality was particularly profound among women, and for particular age groups living in urban areas. These findings extend the international

evidence for a relationship between social inequality and health, and in particular smoking behaviour.

Our findings emphasize that, if future smoking cessation strategies are to be successful, attention has to shift from policies that focus solely on engineering individual behavioural change, to an inclusion of the role of environmental stressors such as community inequality.

Factors associated with smoking and the reasons for stopping in Maori and Europeans: A comparative study

Klemp, P., Robertson, M.C., Stansfield, S, Klemp J.A., & Harding, E. (1998). *New Zealand Medical Journal*, 111(1064), 148–501.

AIM: To compare the prevalence of smoking, factors associated with smoking, ex-smokers and their reasons for stopping in Maori and Europeans aged 10 years and older.

METHODS: Demographic and smoking data were obtained by personal interview using a standard questionnaire and assisted by Maori health carers. Report-back meetings were held.

RESULTS: The smoking status in 713 subjects (Maori: 53 per cent, Europeans: 48 per cent) was: **current smokers (Maori: 48 per cent, Europeans 20: per cent); never smoked (Maori: 28 per cent, Europeans: 48 per cent); ex-smokers (Maori: 24 per cent, Europeans: 33 per cent). Of Maori smokers, 66 per cent were women whereas of European smokers, 48 per cent were women. Significantly more Maori aged 10 to 29 years smoked than Europeans.** Nineteen per cent of smokers smoked less than five cigarette equivalents per day, 69 per cent smoked five to 20, and 12 per cent smoked more than 20 cigarettes per day. There was no gender difference in cigarette consumption. Being Maori, having a less skilled occupation, lower income, and alcohol consumption were significantly associated with current smoking. Reasons for giving up smoking were health (majority), awareness of risks (Europeans), financial (Maori men), pregnancy (Maori women), social unacceptability (European women), or advice of medical practitioner (minority).

CONCLUSIONS: Smoking remains a major problem in New Zealand, particularly in Maori. Stricter anti-tobacco measures than those that already exist, greater input from medical practitioners, and particularly the ongoing participation by Maori health carers should lead to a further decline in smoking.

Australia

Australian Respiratory Council

Prevention and cure of respiratory illness.

(Note: Summary description is provided below.)

In Australia, a national audit review of Indigenous tobacco control initiatives was done. **It recommends accredited tobacco control training for Aboriginal Health Workers... and improved access to nicotine replacement therapies (NRT).** (It is interesting to note that Australia has a Minister for Indigenous Health, Rural and Regional Health, and Regional Services Delivery. They also have a Centre for Remote Health, jointly based at Flinders University and Charles Darwin University.)

Questions/issues to consider:

1. *Should Canada introduce accredited tobacco control training for Inuit health workers?*
2. *Are nicotine replacement therapies easily accessible in your community? (If not, what can you do to improve access to them?)*
3. *Should Canada introduce a Minister of Remote/Indigenous Health?*

Smoking Cessation for Australian General Practice

(Note: This text represents an excerpt of results.)

What is already known:

- » Advice from family doctors about smoking cessation is effective.
- » It has the potential to reach large numbers of smokers.

What this study found:

- » **Introduction of smoking cessation guidelines into a sample of 14 practices was followed by a high rate of continuing use of the guidelines at three months.**
- » There was an increase in confidence in smoking cessation counselling skills.
- » Most useful aspects of the guidelines were:
 - **Allocating smokers to stage of readiness to change based on the Smokescreen Program.**
 - **Referral to quitline.**
 - **Identifying and advising smokers.**
 - **Providing information on pharmacotherapies [chemical aids to help quitting, including nicotine replacement therapies (NRT)].**

Questions/issues to consider:

1. *Is advice from community health representatives (CHRs) and other health and social service workers in Inuit communities likely to be as effective as advice from general practitioners/family doctors in the South?*
2. *Should we develop smoking cessation guidelines for all Inuit health centres?*

Building Research Evidence to Address Aboriginal Tobacco Habits Effectively (BREATHE)

(Note: Summary description is provided below.)

In New South Wales, Australia, an innovative tobacco control and smoking cessation program is being tested in a range of Aboriginal Community Controlled Health Service (ACCHS) settings involving **a specialist Tobacco Control Worker and a coordinated program of enhanced support.**

The project aims include:

- » **To increase the capacity of Aboriginal Community Controlled Health Services and their staff to deliver smoking cessation initiatives to Aboriginal people in New South Wales communities,** including through brief interventions, QUIT groups, and increased access to affordable nicotine replacement therapies.
- » **To implement and facilitate tobacco control activities in New South Wales Aboriginal communities.**
- » **To increase readiness to quit, number of quit attempts, and successful quit attempts among Aboriginal people in New South Wales communities.**

Questions/issues to consider:

1. *Do we need “specialist Tobacco Control Workers” in Inuit Nunangat?*
2. *Can we offer brief interventions, support groups, and increased access to nicotine replacement therapy (e.g., patch, gum, inhaler, lozenge)?*
3. *What will it take for health and other community workers to implement and facilitate effective tobacco control activities in Inuit communities? What would these activities look like? Who would they target?*
4. *How can we increase readiness to quit, number of quit attempts, and successful quit attempts among Inuit smokers?*

An evidence-based approach to planning tobacco interventions for Aboriginal people

Ivers, R.G. (2004). *Drug and Alcohol Review*, 23(1), 5–9.

(Note: The text below represents significant editing of the original abstract.)

Systematic reviews have shown that interventions, such as the delivery of cessation advice by health professionals and the use of nicotine replacement therapy, are effective at increasing cessation rates. However, little is known about whether such interventions are appropriate and effective for Aboriginal Australians. **Few studies included in systematic reviews were set in the developing world or in minority populations.**

This paper assessed systematic evidence reviews of brief interventions for smoking cessation and nicotine replacement therapy, in order to inform the planning of such

interventions for delivery to Aboriginal people. It was found that these two interventions were likely to be less effective when implemented in Aboriginal communities. The planned interventions were delivered in primary care and were of low intensity. Many contextual factors, such as the normalcy of tobacco use among Aboriginal people, the low socio-economic status of this population, and cultural issues, may have contributed to the less effective outcomes of the interventions delivered in this setting.

Further research is required to assess the effectiveness of tobacco interventions in this population, as the evidence from systematic reviews in other populations may not be directly transferable to Aboriginal people.

Where there's smoke, there's fire: High prevalence of smoking among some sub-populations and recommendations for intervention

Baker, A., Ivers, R.G., Bowman, J., Butler, T., Kay-Lambkin, F.J., Wye, P., ... Wodak, A. (2006). *Drug and Alcohol Review*, 25(1), 85–96.

(Note: The text below represents significant editing of the original abstract.)

BACKGROUND: In Australia, the prevalence of smoking is higher among certain sub-populations compared to the general population. These sub-populations include Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with mental and substance use disorders, and prisoners.

AIM: Describe the high prevalence of smoking among these particular sub-populations and harms associated with smoking, explore possible reasons for such high prevalence of smoking, review the evidence regarding the efficacy of existing smoking cessation interventions, and make recommendations for smoking interventions and further research among these groups.

RESULTS: **General population-based approaches to reducing smoking prevalence have been pursued for decades with great success and should be continued with further developments that aim specifically to affect Aboriginal and Torres Strait Islander people and some cultural groups.** However, increasing attention, more specific targeting, and flexible goals and interventions are also required for these and other distinct sub-populations with high smoking prevalence.

RECOMMENDATIONS: More funding and increased resources to examine the most appropriate education and treatment strategies to promote smoking cessation among people from Aboriginal and Torres Strait Islander backgrounds, and larger and better-designed studies evaluating smoking cessation/reduction interventions among distinct sub-groups.

[Socio-demographic factors associated with smoking and smoking cessation among 426,344 pregnant women in New South Wales, Australia](#)

Mohsin, M., & Bauman, A.E. (2005). *BMC Public Health*, 5(138).

BACKGROUND: This study explores the socio-demographic characteristics (e.g., age, educational level, income, marital status, etc.) of pregnant women who continue to smoke during pregnancy, and identifies the characteristics of the smokers who were likely to quit smoking during pregnancy.

METHODS: This was a secondary analysis of the New South Wales (NSW) Midwives Data Collection (MDC) 1999-2003, a surveillance system covering all births in New South Wales public and private hospitals, as well as home births. Statistical analyses were performed to explore the associations between socio-demographic characteristics and smoking behaviour during pregnancy.

RESULTS: Data from 426,344 pregnant women in New South Wales showed that **17 per cent continued to smoke during pregnancy. The smoking rate was higher among teenage mothers, those with an Aboriginal (Indigenous) background, and lower among more affluent and overseas-born mothers. This study also found that lack of prenatal care in the first trimester was strongly associated with increased risk of smoking during pregnancy. About four per cent of the women smokers reported they may quit smoking during their pregnancy.** Findings showed that mothers born overseas, of higher socio-economic status, first-time mothers and those who attended antenatal care early showed an increased likelihood of smoking cessation during pregnancy. Those who were heavy smokers were less likely to quit during pregnancy.

CONCLUSION: Although the prevalence of smoking during pregnancy has been declining, it remains a significant public health concern. Smoking cessation programs should target the population subgroups of women at highest risk of smoking and who are least likely to quit. Effective antismoking interventions could reduce the obstetric and peri-natal complications of smoking in pregnancy.

Questions/issues to consider:

- 1. The smoking rate during pregnancy was found to be 17 per cent. Do you know what the rate is in Inuit regions? (As high as 70 – 80 per cent.)*
- 2. How can we encourage pregnant women to present as early as possible for prenatal care? And how can we offer effective prenatal anti-smoking education, support, and interventions?*

Tobacco and Aboriginal people in NSW

Ivers, R.G. (2008). *NSW Public Health Bulletin*, 19(3-4), 65–67.

Tobacco use is a major cause of morbidity and mortality for Aboriginal people in New South Wales (NSW). Few interventions to reduce the harm resulting from tobacco use have been developed specifically for this population. However, **brief interventions for smoking cessation; pharmaco-therapies such as nicotine replacement therapy, bupropion and varenicline; quit groups; and interventions aimed at reducing smoking by pregnant women and hospital inpatients are likely to be effective. Broader population interventions such as anti-tobacco advertising, price rises for tobacco products, and prevention of sales to minors are also likely to be effective in reducing the harm resulting from tobacco use.**

Indigenous women and smoking during pregnancy: Knowledge, cultural contexts and barriers to cessation

Wood, L., France, K., Hunt, K., Eades, S., & Slack-Smith, L. (2008). *Social Science & Medicine*, 66(11), 2378–2389.

Despite active tobacco control efforts in Australia, smoking prevalence remains disproportionately high in pregnant indigenous women. This study investigated the place of smoking in pregnancy and attitudes towards smoking within the broader context of indigenous lives.

Focus groups and in-depth interviews were used to collect data from 40 women, and ten Aboriginal Health Workers in Perth, Western Australia. The research process and interpretation was assisted by working with an indigenous community reference group.

Results demonstrated that **smoking cessation – even in pregnancy – was not a priority for most women, given the considerable social and economic pressures that they face. Overwhelmingly, smoking was believed to reduce stress and to provide opportunities for relaxation. Pregnancy did not necessarily influence attitudes to cessation, though women’s understanding of the consequences of smoking during pregnancy was low. Reduction of cigarette intake – as opposed to cessation – during pregnancy was seen as an acceptable and positive behaviour change. The Aboriginal Health Workers saw their role to be primarily one of support and were conscious of the importance of maintaining positive relationships. As a result, they were often uncomfortable with raising the issue of smoking cessation with pregnant women.** The stories of indigenous women and Aboriginal Health Workers provided important insight into smoking during pregnancy and the context in which it occurs.

Questions/issues to consider:

1. *Do you think we would find similar results in a study of Inuit mothers-to-be?*
2. *Can you relate to the Aboriginal Health Workers in Australia who are uncomfortable with raising the issue of smoking cessation with pregnant women? How can we get past that hesitation?*
3. *What if we ourselves are still smokers? How does that affect our willingness to discuss smoking with our clients, pregnant or otherwise?*

Evaluation of a multi-component community tobacco intervention in three remote Australian Aboriginal communities

Ivers, R.G., Castro, A., Parfitt, D., Bailie, R.S., D'Abbs, P.H., & Richmond, R.L. (2006). *Australian and New Zealand Journal of Public Health*, 30(2), 132–136.

OBJECTIVES: To assess the effect of community tobacco interventions in Aboriginal communities.

METHODS: The study consisted of a pre- and post-study of the effect of a multi-component tobacco intervention conducted in six Aboriginal communities in the Northern Territory. The intervention included sports sponsorship, health promotion campaigns, training health professionals in the delivery of smoking cessation advice, school education about tobacco, and policy on smoke-free public places. The study was conducted in three intervention communities and three matched control communities. Surveys were used to measure changes in prevalence of tobacco use, changes in knowledge, and attitudes to cessation in intervention communities.

RESULTS: **Tobacco consumption decreased in one intervention community compared with the matched control community;** the trends of consumption in these communities were significantly different. Community samples in intervention communities included 920 participants. There was **no significant change in the prevalence of tobacco use, although knowledge of the health effects of tobacco and readiness to quit increased.**

CONCLUSIONS: Although it is difficult to demonstrate a reduction in tobacco consumption or in the prevalence of tobacco use as a result of multi-component community tobacco interventions delivered in Aboriginal communities, such interventions can increase awareness of the health effects of tobacco and increase reported readiness to cease tobacco use.

Questions/issues to consider:

1. *Were you surprised to learn that after such an intensive campaign in three communities, there were only decreases in tobacco consumption in one community? (Is it possible that more changes would come in the months and years after the interventions?)*

2. *Is increased awareness of the health effects of tobacco a sufficiently positive outcome to justify the costs and efforts of a major tobacco reduction campaign?*

[The contribution of maternal smoking to preterm birth, small for gestational age and low birthweight among Aboriginal and non-Aboriginal births in South Australia](#)

Chan, A., Keane, R.J., & Robinson, J.S. (2001). *Medical Journal of Australia*, 174(8), 389–393.

OBJECTIVES: To determine the contribution of maternal smoking to preterm birth (less than 37 weeks gestation), small for gestational age (birth-weight less than 10th percentile for gestational age) and low birth-weight (less than 2500 g) among Aboriginal and non-Aboriginal births in South Australia.

SETTING: The State of South Australia, population 1.5 million.

PARTICIPANTS: 36,059 women (of whom 851 were Aboriginal women) who gave birth in 1998–1999.

MAIN OUTCOME MEASURES: Relative risks and population-attributable risks of preterm birth, small for gestational age, and low birth-weight from smoking in the second half of pregnancy, by age and Aboriginality.

RESULTS: **Aboriginal women had a higher rate of smoking in pregnancy than non-Aboriginal women (58 per cent versus 24 per cent at the first prenatal visit)** and high rates for all age groups, while the rates decreased with age among non-Aboriginal women. Heavy smoking increased with age, and Aboriginal women were heavier smokers. **Women who smoked had elevated relative risks of preterm birth, small for gestational age, and low birthweight babies, and all these showed a dose-response relationship (i.e., the more a woman smokes, the more serious the consequences).** Among Aboriginal (versus non-Aboriginal) births, risks were significantly higher for small for gestational age (48 per cent versus 21 per cent, and 59 per cent for births to Aboriginal teenagers), low birth-weight (35 per cent versus 23 per cent) and preterm birth (20 per cent versus 11 per cent).

CONCLUSIONS: Health promotion programs, with a focus on smoking cessation and reducing uptake of smoking, need to be implemented in an appropriate cultural context, especially among young Aboriginal women. Such a program is being developed in South Australia.

Aboriginal mothers, breastfeeding and smoking

Gilchrist, D., Woods, B., Binns, C.W., Scott, J.A., Gracey, M., & Smith, H. (2004). *Australian and New Zealand Journal of Public Health*, 28(3), 225–228.

OBJECTIVE: To document the smoking practices of Aboriginal mothers living in Perth, Australia during pregnancy and during the subsequent year while feeding their infants.

METHOD: A group of mothers was followed from the time of delivery for 12 months to obtain details of infant feeding practices. A total of 455 mothers delivered between May 2000 and July 2001, and 425 (93 per cent) completed the baseline questionnaire.

RESULTS: Prior to and during pregnancy, **67 per cent of the mothers smoked regularly.** While the rate appeared to decline slightly with the length of breastfeeding, the trend was not significant. **The rate of smoking of Aboriginal mothers was significantly greater than for an earlier study of non-Aboriginal mothers in Perth, where the rate was 28 per cent. Among Aboriginal women, there was no difference in the percentage of smokers and non-smokers who initiated breastfeeding.** While fewer women who smoked were still breastfeeding at 24 weeks postpartum, compared with non-smokers (58 per cent versus 64 per cent), this difference was not significant.

CONCLUSIONS: The percentage of women smoking in this study is consistent with rates reported in the 2001 National Drug Strategy Household Survey. **In other studies, smoking is associated with lower rates of breastfeeding initiation and duration, but this was not the case in the Aboriginal mothers.**

IMPLICATIONS: Although the high prevalence of smoking identified in this study did not appear to adversely affect breastfeeding, smoking during and after pregnancy does contribute to increased rates of low birth-weight and other health problems in early childhood. **Targeted prenatal smoking cessation programs** are needed for Aboriginal mothers.

Questions/issues to consider:

- 1. What great news that smoking mothers breastfed at similar rates as non-smoking mothers.*
- 2. What might “targeted prenatal smoking cessation programs” for Aboriginal mothers look like in your community?*

[Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence](#)

Wakefield, M.A., Durkin, S., Spittal, M.J., Siahpush, M., Scollo, M., Simpson, & Hill, D. (2008). *American Journal of Public Health*, 98(8), 1443–1450.

OBJECTIVES: To assess the impact of several tobacco control policies and televised antismoking advertising on adult smoking prevalence.

METHODS: We used a population survey in which smoking prevalence was measured each month from 1995 through 2006. Time-series analysis assessed the effect on smoking prevalence of televised antismoking advertising (with gross audience rating points [GRPs] per month), cigarette costliness, monthly sales of nicotine replacement therapy (NRT) and bupropion, and smoke-free restaurant laws.

RESULTS: Increases in cigarette costliness and exposure to tobacco control media campaigns significantly reduced smoking prevalence. We found a 0.3-percentage-point reduction in smoking prevalence by either exposing the population to televised antismoking ads an average of almost four times per month (390 gross audience rating points) or by increasing the costliness of a pack of cigarettes by 0.03 per cent of gross average weekly earnings. Monthly sales of nicotine replacement therapy and bupropion, exposure to nicotine replacement therapy advertising, and smoke-free restaurant laws had no detectable impact on smoking prevalence.

CONCLUSIONS: **Increases in the real price of cigarettes and tobacco control mass media campaigns broadcast at sufficient exposure levels and at regular intervals are critical for reducing population smoking prevalence.**

[Smoking in Aborigines and persons of European descent in southeastern Australia: Prevalence and associations with food habits, body fat distribution and other cardiovascular risk factors](#)

Guest, C.S., O'Dea, K., Carlin, J.B., & Larkins, R.G. (1992). *Australian and New Zealand Journal of Public Health*, 16(4), 397–402.

As part of a population-base study of risk factors for heart disease, we aimed to establish the prevalence of smoking and to identify associations between smoking and other risk factors in Australian Aborigines (n = 306) and persons of European descent (n = 553) in two country towns. Smoking prevalence was first analysed as a dichotomy (current smokers compared with non-smokers), and according to three levels of exposure (less than 10, 10–20 and more than 20 cigarettes per day), and two levels of non-exposure (never and former smoker). Other behavioural, biochemical, and physical variables were included. **Of the Aborigines, 64 per cent were current cigarette**

smokers, compared with 23 per cent of non-Aborigines. For persons aged 13 to 54 years, using the five categories of exposure, smoking in Aborigines again far exceeded that in non-Aborigines in all age groups and in both sexes. In non-Aborigine females, the highest prevalence was in the youngest group (56 per cent of those aged 13 to 17 years). Food habit was associated with smoking. Subjects who ate meat without trimming the fat were more likely to smoke. In Australian country towns, Aborigines and all young women need smoking cessation programs. The nutritional status of smokers requires further study.

USA Indigenous Materials

[Effectiveness of a tobacco quitline in an indigenous population: A comparison between Alaska Native people and other first-time quitline callers who set a quit date](#)

Boles, M., Rohde, K., He, H., Maher, J.E., Stark, M.J., Fenaughty, A., & O'Connor, T. (2009). *International Journal of Circumpolar Health*, 68(2), 170–181.

(Note: The text below represents significant editing of the original abstract.)

This study compared the cessation rates of Alaska Native smokers who used a quitline with non-Alaska Native people. **The quit rate among Alaska Native survey participants at the three-month follow-up was 22 per cent, compared to 41 per cent for non-Alaska Native survey participants. Eighty-three percent were somewhat/very satisfied overall with the quitline program compared to 90 per cent for non-Alaska Native participants.**

CONCLUSIONS: Although the quitline was less effective for Alaska Native callers than other quitline callers, Alaska Native peoples' quit rates and satisfaction were still quite good. Despite this, more effort should be made to address specific Alaska Native values and social and cultural barriers to quitting tobacco.

[Tobacco erases 30 years of progress: Preliminary analysis of the effect of tobacco smoking on Alaska Native birth weight](#)

Murphy, N.J., Butler, S.W., Petersen, K.M., Heart, V., & Murphy, C.M. (1996). *Alaska Medicine*, 38(1), 31–33.

OBJECTIVE: Investigate the relationship between tobacco and/or alcohol use and Alaska Native birth-weight.

METHODS: Data on weight, tobacco smoking, and alcohol use among Alaska Natives were abstracted from 1989–91 Indian Health Service records based on birth certificates.

RESULTS: Birth certificate data were available for 9,175 live births. Single live births were analyzed for 8,994 Alaska Natives. **In women with no tobacco smoking, the mean birth-weight of their infants was 3,571 g; one to five cigarettes per day 3,429 g; six to 10 cigarettes per day 3,332 g; and more than 10 cigarettes per day 3,260 g. Infants of Alaska Natives who reported no alcohol and no tobacco use had a mean birth-weight of 3,579 g; alcohol use but no tobacco use 3,452 g; no alcohol but tobacco use 3,388 g; and both alcohol and tobacco use 3,281 g.**

CONCLUSIONS: The mean birth-weight of infants born to Alaska Native women with the highest use of tobacco was reduced by over 300 g compared to non-smoking Alaska Native women. Mean infant birth-weight of tobacco smoking Yup'ik women in 1989–1991 was reduced by over 400 g, comparable to weights reported in the 1960s.

Quit rates at one year follow-up of Alaska Native Medical Center Tobacco Cessation Program

Hensel, M.R., Cavanagh, T., Lanier, A.P., Gleason, T., Bouwens, B., Tanttila, H., ... Hayes, J.C. (1995). *Alaska Medicine*, 37(2), 43–47.

The prevalence of tobacco use in the Alaska Native population is unusually high, as high as 50 per cent in both adult men and women. In June of 1992, the Alaska Native Medical Center and the Alaska Area Native Health Service began a tobacco cessation program using behavioural modification classes and nicotine patches. Patients were subsequently followed at three-month intervals for a year to assess smoking status. To date, 193 people have completed the program with at least three months having elapsed since completion of classes. **The quit rates at three, six, nine, and twelve months were 31 per cent, 30 per cent, 24 per cent and 21 per cent respectively. The long-term quit rates for this tobacco cessation program are comparable to the rates of other studies that have included both behavioural modification and nicotine patches.**

Questions/issues to consider:

- 1. Do you think a structured smoking cessation program like this one would work in your community? Why/why not?*

USA Mainstream Materials

Overview – Best Practices in Tobacco Cessation Counselling

[Clarian Tobacco Control Center](#)

(Note: Summary description is provided below.)

Pharmacological Interventions

When nicotine is taken into the body, it changes brain neurochemistry and leads to addiction. The recognition that addiction to nicotine is a “brain disease” has led to important insights regarding potential behavioural and pharmacological (drug treatments) interventions. Randomized controlled trials conducted in primary care practices show that a clinician’s advice to stop smoking increases smoking cessation rates by about 30 per cent.

Nicotine replacement therapy (NRT) and the antidepressant, sustained-release bupropion (Zyban), when used with behavioural interventions in the motivated smoker, produce one-year abstinence rates that are approximately two to three times the rates in control subjects. Absolute quit rates have been measured from 15 per cent to more than 60 per cent depending on the unique characteristics of the smoker. Typical smoking cessation rates are 40–60 per cent at the end of drug treatment and 25–30 per cent at one year. Overall, **state-of-the-art-smoking cessation interventions are among the most cost-effective of all preventive health activities, but they are grossly under-utilized.** Through education of health professionals, new quality improvement initiatives, and insurance and reimbursement reforms, it is likely that some of the barriers to implementation of state-of-the-art smoking cessation, including pharmacotherapy, will be decreased. With more than a billion smokers in the world, most of whom want to quit, pharmaceutical companies are actively researching a variety of new agents that will improve smoking cessation rates, decrease relapse rates, and perhaps even prevent initial experimentation and addiction among adolescents and teens.

Special Populations: Young Adults

In 2002, the prevalence of smoking (26.7 per cent) among high school seniors in the U.S. was the lowest ever measured in the University of Michigan “Monitoring the Future” study. No decrease, unfortunately, was found in that same study among middle school students. In Indiana, youth smoking rates are higher than the national norms, but recent state-wide tobacco control efforts have led to sizable reductions in high school smoking rates (26 per cent decrease) and middle school rates (12 per cent decrease). Adolescent and teen smoking represents an enormous potential source of addicted adult smokers. **Recent research indicates that adolescents may become addicted within days to weeks of even occasional use of tobacco. On average, it takes 18 years before the smoker, who was addicted as an adolescent, quits.** Ninety per cent of adult nicotine-dependent tobacco users become regular addicted users during their teenage years, yet

we have little information regarding the optimal management of adolescent or teen smokers and smokeless tobacco users. It is recommended, however, that behavioural interventions and pharmaco-therapies that are used for adults be adapted to the developmental age of the adolescent or teen. Data suggests that quit rates among youth treated with traditional cessation strategies are lower than for adult populations. New and innovative smoking cessation strategies are needed for this special population, and all efforts must be made to prevent youth experimentation and initiation of tobacco use; thus recalling the validity of the old saying that an ounce of prevention is worth a pound of cure.

Special Populations: Pregnant Women

In 2004, more than 580,000 women in Indiana were smokers and **more than 20 per cent of them were pregnant**, thus making Indiana's rate of maternal tobacco use one of the highest in the nation. Smoking is detrimental to a woman's reproductive health as well as to her fetus. Women who smoke have increased risks for delay in conception and for primary and secondary infertility, they enter natural menopause at a younger average age, and some experience heightened adverse menopausal symptoms. Smoking and exposure to second-hand smoke is highly toxic to the embryo, fetus, and newborn, and to the mother as well; the adverse effects increase in proportion to the concentrations and length of exposure. Smoking cessation and elimination of exposure to second-hand smoke greatly diminish the increased rates of disease and death related to tobacco use before, during, and after pregnancy. Research is needed to identify more effective treatment strategies to prevent the high rate of smoking relapse after pregnancy. Cessation programs that incorporate the *DHHS Public Health Clinical Practice Guideline: Treating Tobacco Use and Dependence* are effective before, during, and after pregnancy and should be used whenever possible to reduce the risk of tobacco-induced injury to the mother and fetus.

Best practices for smoking cessation in pregnancy: Do obstetrician/gynecologists use them in practice?

Jordan, T.R., Dake, J.R., & Price, J.H. (2006). *Journal of Women's Health (Larchmt)*, 15(4), 400–441.

(Note: The text below represents significant editing of the original abstract.)

OBJECTIVE: To assess Ohio obstetrician/gynecologists' perceptions and use of the 5As method of smoking cessation (ask, advise, assess, assist, and arrange) with pregnant patients who smoke.

METHODS: A three-wave mailing procedure was used with a state-wide random sample of obstetrician/gynecologists who responded to a questionnaire.

RESULTS: Regarding the 5As method of smoking cessation, **almost all (98 per cent) asked their pregnant patients about smoking, but fewer respondents engaged in**

advising (66 per cent), assessing (42 per cent), assisting (29 per cent), and arranging for follow-up visits or referrals (6 per cent). A majority believed that two cessation activities would result in smoking cessation in pregnant smokers: explaining the dangers of smoking (65 per cent) and referring pregnant smokers to smoking cessation programs (57 per cent). However, 26 per cent of physicians reported that they were “slightly confident” or “not confident at all” in their ability to refer pregnant smokers to such programs, and six per cent of physicians reported always providing smoking cessation referrals. **A significant proportion of respondents believed that prenatal smoking would not cause severe effects for the unborn child but would likely lead to moderate (46 per cent) or minor (three per cent) health effects.**

CONCLUSION: Sixty-two per cent of obstetrician/gynecologists believed smoking cessation advice would be of significant value. Physicians with higher levels of efficacy expectations reported significantly greater use of the 5As.

The best practices: Use of the guidelines by ten state tobacco control programs

Mueller, N.B., Luke, D.A., Herbers, S.H., & Montgomery, T.P. (2006). *American Journal of Preventive Medicine*, 31(4), 300–306.

(Note: The text below represents significant editing of the original abstract.)

BACKGROUND: **The Best Practices for Comprehensive Tobacco Control Programs by the Centers for Disease Control and Prevention was the first national resource to define the nine required components of a comprehensive state tobacco control program.** This evaluation examined how states used the guidelines in their program planning, and identifies strengths and weaknesses of the guidelines.

METHODS: Data were gathered during 2002–2003. The typical number of participants interviewed was 17, representing an average of 15 agencies per state.

RESULTS: Lead agencies and advisory agencies were the most familiar with the guidelines, while other state agencies were less aware of the guidelines. Three states modified the guidelines to develop more tailored frameworks. Major strengths of the guidelines included providing a basic program framework and state-specific funding recommendations. The guidelines did not address implementation strategies or tobacco-related disparities, and had not been updated with current evidence-based research.

CONCLUSIONS: **The guidelines are important recommendations for state tobacco control programs. To continue to be useful to states, the guidelines need to be updated to address implementation and tobacco disparities, and include additional evidence-based examples.**

Female adolescent smoking: A Delphi study on best prevention practices

Davis, S., Piercy, F., Meszaros, P.S., Huebner, A., Shettler, L., & Matheson, J. (2004). *Journal of Drug Education*, 34(3), 295–311.

The researchers asked 14 knowledgeable substance abuse professionals what they believe are the most appropriate smoking prevention practices for female adolescents. **(This is known as the Delphi research method.)** While there was some agreement with the emerging literature, particularly on weight control issues and parental involvement, there was also endorsement of items that appear to be equally relevant for both males and females. While the experts generally acknowledged differential risk factors for females, and the need for prevention programming around these risk factors, **more research on gender specific programming is needed** before prevention experts are ready to agree on clear and specific practices for adolescent females.

Questions/issues to consider:

1. *Do you think research using the Delphi method would be useful in Inuit regions? (Why/why not?)*

Tobacco cessation in primary care: Maximizing intervention strategies

Anczak, J.D., & Nogler, R.A. (2003). *Clinical Medicine & Research*, 1(3), 201–216.
(Note: The concluding paragraph below is from the full article, not the abstract.)

The negative effects of tobacco use are well known by both patients and clinicians. However, that knowledge does not presently translate effectively into patients quitting. **A concerted, office-wide effort that includes office nursing and receptionist staff must be made to identify, educate and treat patients who use tobacco. Proven, brief, repetitive, directed interventions tailored to the needs of patients and their behavioural stage, can increase successful cessation attempts. Pharmacotherapy is available to help patients struggling with nicotine addiction and dependence,** and to give them tools to move through the behavioural stages. All healthcare providers are obliged to use these proven techniques to advocate for the patient's better health. Ultimately, system-wide changes are needed to fully achieve the goals of Healthy People 2010. Benefits stand to be gained not only by the tobacco user, but also non-users, health insurers, healthcare organizations, and society as a whole. The clinician must play a front-line role. If tobacco cessation is not made a priority with every patient, who else will intervene for smokers?

Canadian Mainstream Materials

[Best practice in group-based smoking cessation: Results of a literature review applying effectiveness, plausibility, and practicality criteria](#)

Manske, S., Miller, S., Moyer, C., Phaneuf, M.R., & Cameron, R. (2004). *American Journal of Health Promotion*, 18(6), 409–423.

(Note: The text below represents significant editing of the original abstract.)

OBJECTIVE: Apply a “best practices” model to evidence regarding group smoking cessation to inform organizational decisions about adopting such programs. The best practices model attempts to integrate rigorous review of evidence with context and practical considerations important to organizations contemplating adoption.

DATA SOURCES: First, we identified effective practices by systematic literature review with two reviewers.

DATA EXTRACTION: Two independent raters assessed study quality (90 per cent agreement). *Effective* practices consistently exhibited a statistically significant effect. *Plausible (positive)* practices showed consistency across three types of evidence.

DATA SYNTHESIS: **Two practices were rated effective: 1) behavioural intervention and 2) nicotine replacement therapy. Five practices received positive ratings: 1) components of behavioural skills, 2) information about smoking, 3) self-monitoring, 4) social support, and 5) four or more cessation counselling sessions of 60 to 90 minutes each.**

CONCLUSIONS: There is no research evidence to guide health care workers who want to offer smoking cessation programs regarding participants, providers, or settings. Reviews to influence practice must consider science and practice (context) to facilitate adoption of best practices.

Questions/issues to consider:

- 1. What is a “behavioural intervention”?*
- 2. What is “nicotine replacement therapy”?*
- 3. This review recommends four or more cessation counselling sessions of 60 to 90 minutes each, but it does not specify whether individual or group counselling is more effective. In your experience, which method do you think would be more effective in your community? Or would you offer both, to ensure that smokers have access to whichever method they prefer?*

Effective practices for school-based tobacco use prevention

Dobbins, M., DeCorby, K., Manske, S., & Goldblatt, E. (2007). *Preventive Medicine*, 46(4), 289–297.

(Note: The text below represents significant editing of the original abstract.)

BACKGROUND: Research evidence addressing effectiveness of tobacco use prevention interventions has accumulated since the 1970s. Systematic reviews from 1985–2006 were considered, building on previous syntheses and spanning tobacco control and prevention efforts to date. Practitioners' experience was drawn upon to supplement research evidence.

METHODS: A systematic, comprehensive approach was used to synthesize published literature evaluating the effectiveness of school-based tobacco use prevention interventions. Reviews were screened for relevance and assessed for methodological quality using pre-tested, standardized tools. The best available evidence was extracted and integrated with experiential evidence from individual interview and focus group results from practitioners involved in tobacco use prevention programming.

RESULTS: Considerable consensus among the three evidence sources indicates that school-based tobacco use prevention interventions are effective in reducing smoking prevalence, reducing smoking initiation, and intended smoking intentions in the short term. **There is adequate evidence from over three decades of research and years of experience to recommend ongoing implementation of school-based tobacco use prevention interventions.**

Questions/issues to consider:

- 1. If researches were to do a similar study in your community, do you think their findings would be similar or different? Why?*
- 2. How could you help to implement and sustain effective school-based tobacco education in your community?*

Tobacco control and nicotine addiction in Canada: Current trends, management and challenges

McIvor, A. (2009). *Canadian Respiratory Journal*, 16(1), 21–26.

(Note: The text below represents significant editing of the original abstract.)

Despite a significant decrease in tobacco use over the past four decades, cigarette smoking remains the leading preventable cause of death and disease in Canada. Nicotine addiction, unequal access to available support programs, and gaps in continuity of health care are recognized as the main barriers to smoking cessation. To overcome these obstacles and to reach the Federal Tobacco Control Strategy goal of reducing smoking prevalence in Canada **from 19 per cent to 12 per cent by 2011**, several Canadian health care organizations developed extensive sets of recommendations. **Improved access to affordable pharmaco-therapies and behavioural counselling,**

better training of health care professionals, and the addition of systemic cessation measures appear to be the key components in all of the proposed recommendations.

Registered Nurses' Association of Ontario (RNAO)

(Note: Summary description is provided below.)

They recommend that all health workers do a minimal or brief intervention on smoking cessation with all clients using the 4As approach:

1. *Ask* about smoking status.
2. *Advise* how important it is to quit.
3. *Assist* by providing brief cessation advice.
4. *Arrange* follow-up or referral.

(Note: As seen above, other groups have since added a fifth A: Assess.)

Resources from RNAO:

- » [Integrating smoking cessation into daily nursing practice](#)
- » [Smoking cessation champions network](#)

Tobacco use cessation services provided by dentists and dental hygienists in Manitoba: Part 1. Influence of practitioner demographics and psychosocial factors

Brothwell, D.J., & Gelskey, S.C. (2008). *Journal of the Canadian Dental Association*, 74(10), 905.

OBJECTIVE: Despite high rates of tobacco use, overwhelming evidence of detrimental effects on oral health, smokers' desire to stop using tobacco and the availability of effective **brief intervention counselling (BIC)** strategies, the delivery of cessation services by dental practitioners is, at best, inconsistent. The purpose of our study was to assess brief intervention counselling practice patterns among dentists and dental hygienists in Manitoba and to determine whether demographic or psychosocial factors influence its delivery.

METHODS: A pre-piloted survey was mailed to all licensed dentists (547) and registered dental hygienists (566) in the province.

RESULTS: In all, 514 oral health practitioners responded for a 46 per cent response rate. **Most oral health practitioners in Manitoba are not providing consistent brief intervention counselling; however, 55 per cent (279/508) of survey respondents do advise smokers to quit. Women clinicians are more likely to ask, assess, and assist patients and tend to advise against smoking more frequently than men; younger practitioners are more likely to ask and assess readiness to quit smoking than older**

practitioners; dental hygienists are more likely to provide assistance to quit than dentists. Assisting is the service least frequently provided by practitioners. The barriers to providing brief intervention counselling are different for male and female practitioners and for dentists and dental hygienists; practitioners with more psychosocial barriers provide brief intervention counselling less frequently than those reporting fewer barriers. **Only 37 per cent (188/510) of practitioners report feeling adequately prepared to assist smokers to quit.**

Cigarette smoking, stages of change, and major depression in the Canadian population

Khaled, S.M., Bulloch, A., Exner, D.V., & Patten, S.B. (2009). *Canadian Journal of Psychiatry*, 54(3), 204–208.

OBJECTIVE: To describe the 12-month prevalence of major depression in relation to smoking status in the Canadian general population.

METHOD: Data from Public Use Microdata File of the Canadian Community Health Survey: Health and Well-Being were used. The Composite International Diagnostic Interview – Short Form (CIDI-SF) for major depression was used to assess depressive disorder status. The survey also included a smoking module. There were 49,249 respondents assessed, of whom 10,236 were administered the smoking module.

RESULT: The prevalence of major depression was highest in current smokers, followed by ever smokers, former smokers, and was lowest in the never smokers. For quitting, the prevalence of major depression was highest among people who tried to quit, followed by those who considered quitting, those who quit in the past year, and lowest among those who maintained their smoking cessation status for longer than one year. The prevalence of depression among those with a high nicotine dependence level, as assessed by the Fagerström Tolerance Questionnaire, was about twice that of people with a low nicotine dependence level.

CONCLUSION: **The strikingly high prevalence of major depression among current smokers who are young, trying to quit, and with high nicotine dependence levels in the general population indicates that further longitudinal exploration of this topic is urgently needed.**

International Mainstream Materials

WHO Recommendations

Tobacco Free Initiative – Policy recommendations for smoking cessation and treatment of tobacco dependence

(Note: Summary description is provided below.)

The WHO-recommended framework includes a mix of three main strategies:

- a. A **public health approach** that seeks to change the social climate and promote a supportive environment for quitting.
- b. A **health systems approach** to promote and integrate clinical best practices (behavioural and pharmacological) to help smokers increase their chance of quitting.
- c. A **surveillance, research, and information approach** that promotes the exchange of information and knowledge.

Questions/issues to consider:

1. *How can you as a community-based worker in an Inuit community help to “promote a supportive environment for quitting”?*
2. *How can you integrate “clinical best practices” to help smokers increase their chance of quitting?*

Tobacco use among youth: A cross-country comparison

Global Youth Tobacco Survey Collaborative Group (2002). *Tobacco Control*, 11(3), 252–270.

OBJECTIVE: The Global Youth Tobacco Survey (GYTS) is a worldwide collaborative surveillance initiative that includes governments and non-governmental organizations under the leadership of the World Health Organization/Tobacco Free Initiative (WHO/TFI) and the US Centers for Disease Control and Prevention/Office on Smoking and Health (CDC/OSH). The Global Youth Tobacco Survey was developed to strengthen the capacity of countries to design, implement, and evaluate tobacco control and prevention programs.

METHODS: The Global Youth Tobacco Survey employs a standard methodology where self-administered questionnaires, consisting of a set of core questions, are completed by a representative school-based sample of students primarily between the ages of 13–15 years.

RESULTS: Data were obtained from 75 sites in 43 countries. Current use of any tobacco product ranges from 38 per cent to three per cent, with high rates of oral tobacco use in certain regions. Current cigarette smoking ranges from 40 per cent to less than one per

cent, with **nearly 25 per cent of students who smoke having smoked their first cigarette before the age of 10 years. The majority of current smokers want to stop smoking and have already tried to quit, although very few students who currently smoke have ever attended a cessation program.** Exposure to advertising is high (75 per cent of students had seen pro-tobacco ads), and exposure to environmental tobacco smoke is very high in all countries. **Only about half of the students reported that they had been taught in school about the dangers of smoking during the year preceding the survey.**

CONCLUSIONS: Global youth tobacco use is already widespread throughout the world, but there is great variation among nations. Valid and reliable data on the extent of youth tobacco use are essential to plan and evaluate tobacco use prevention programs. The Global Youth Tobacco Survey has proven the feasibility of an inexpensive, standardized, worldwide surveillance system for youth tobacco use. It will be expanded to the majority of countries in the next few years, and can serve as a baseline for monitoring and evaluating global and national tobacco control efforts.

Smoking cessation: Evidence-based recommendations for the healthcare system

Raw, M., McNeill, A., & West, R. (1999). *British Medical Journal*, 318, 182–185.

(Note: These recommendations relate to the National Health Service [NHS] in the United Kingdom. A summary of points relevant to Inuit Nunangat is provided here.)

Recommendations for the primary care team and for all health professionals:

- » **Assess the smoking status of patients at every opportunity; advise all smokers to stop; assist those interested in doing so; offer follow up; and refer to specialist cessation service if necessary.**
- » **Recommend to smokers who want to stop to use nicotine replacement therapy (NRT) and provide accurate information and advice about it.**

Recommendations for smoking cessation specialists:

- » **Intensive smoking cessation support should, where possible, be conducted in groups, include coping skills training and social support, should offer roughly five sessions of one hour over one month, and have follow up.**
- » **Intensive smoking cessation support should include the offer of or encouragement to use nicotine replacement therapy, and provide clear advice and instruction on how to use it.**

Recommendations for nicotine replacement therapy:

- » **Smokers should be encouraged to use NRT as a cessation aid. It is effective and safe if used correctly.**
- » **Consideration should be given to ways of increasing the availability of NRT to low-income smokers, including at a reduced cost or free of charge.**

Recommendations for other populations and topics:

- » **Pregnant smokers should be given firm and clear advice to stop smoking throughout pregnancy, and given assistance when it is requested.**
- » **Cessation interventions shown to be effective with adults should be considered for use with young people, with the content modified as necessary.**
- » **All clinics should introduce systems to maintain up-to-date records of the smoking status of all patients in their (paper or electronic) notes. Smoking status should be regarded as a vital sign (i.e., temperature, pulse, blood pressure, etc.).**
- » **Ensure that all health care premises and their immediate surroundings are smoke-free.**

Part 2: Resource Guide

1. Suggested Resources for the Community Resource Worker

[Helping women quit – A guide for non-cessation workers](#)

EVALUATION: *Helping Women Quit* is a guide developed by the BC Ministry of Health, which has a strong smoking cessation initiative for pregnant smokers. This resource is based on an extensive literature search and needs assessment of front-line workers. The resource was focus tested and piloted with clients through the Health Authorities and through the Canadian Pre-Natal Nutrition Program. It is in high demand through BC's Quit Now program.

DESCRIPTION: This guide is developed for those who work with women but may not have a background in tobacco cessation counselling. A booklet entitled *Little Quit Book* is included to help women with their quit-smoking experience.

HOW TO USE: Use as part of existing work contacts and visits to help pregnant women, young mothers, and other quit-smoking programs.

MORE INFORMATION AT:

www.health.gov.bc.ca/tobacco/cessation.html

[A stop smoking cessation resource for those who work with women](#)

DESCRIPTION/EVALUATION: This resource and handouts are based on the literature around the key elements of group smoking cessation. In the early 1990s, the resource was developed by a Community Health Centre based in Ottawa for the Canadian Public Health Association (CPHA). It was tested as a group smoking cessation resource and was implemented with many groups across Ottawa with much success. The resource was used to facilitate two-day smoking cessation training workshops for public health nurses in 1994–1998 by the Program Training and Consultation Centre. In 2006, it was revised by the Canadian Public Health Association based on current smoking cessation literature.

HOW TO USE: It is designed as a guide for group facilitators and contains information and materials for those who work with women trying to quit smoking. Originally published in 1996 and revised in 2006. A manual is available and a series of handouts for group sessions.

MORE INFORMATION AT:

<http://cpha.ca/en/activities/stopsmoking.aspx>

Talkin' up good air: Australian Indigenous tobacco control resource kit

DESCRIPTION: This resource kit will help you become a community leader in the area of tobacco control and raise the priority of tobacco in your community. There is a section of handouts on smoking cessation by Quit Victoria. All of the activities and reference materials are found on a CD-ROM and can be ordered on-line. The manual can be copied, however it is a very large file.

HOW TO USE: Use this resource to plan your tobacco initiative. The manual has a section on community development. Part I has background information on smoking cessation, and Part II has activities to use for one-on-one talks on smoking cessation and hand-outs for group sessions on smoking cessation.

Active and free – Take 5 action primer

EVALUATION: This resource is based on a full literature review, and no special community evaluation was done. This is considered a community strategy initiative that a Community Health Representative could take on. Recent evidence suggests that physical activity ought to be an integral part of tobacco cessation interventions and programs. Various studies report significant differences in tobacco abstinence between groups of physically active and inactive subjects, including significant differences at a 12-month follow-up.

DESCRIPTION: The Canadian Association for the Advancement of Women and Sport (CAAWS) *Active and Free* and the accompanying *Take 5 Action Primer* are designed to promote physical activity as a viable alternative to smoking. This resource provides parents, coaches, and teachers with timely and tailored information to assist them as they guide young women through adolescence and help them embrace a healthy lifestyle. *Active and Free*, along with the *Take 5 Action Primer*, reflects CAAWS' increasing efforts to assert the rights of young women to optimal health and quality of life through equity, physical activity, and sport.

MORE INFORMATION AT: www.caaws.ca

[Start thinking about reducing second-hand smoke \(STARSS\)](#)

EVALUATION: This program was developed by Wendy Reynolds from Action on Women’s Addictions – Research & Education (AWARE), which has a twenty-year history of developing innovative, women-centred, community strategies in the field of addictions. In 2006–2007, with funding from the national office of Tobacco Control Programme of Health Canada, there was a national rollout of Start Thinking about Reducing Second-hand Smoke within the Community Action Program for Children and Canada Prenatal Nutrition Program sites across Canada. Training and adaptation of the resource was accomplished. The program had been comprehensively evaluated during its development within Community Action Program for Children sites in Ontario and was found to be very effective as an intervention to engage low-income women with children in protecting their children from second-hand smoke.

The Ontario evaluation noted that the program:

- » Was well accepted and used by participants.
- » Led to significant, positive attitudinal and behavioural changes with respect to women exposing their children to second-hand smoke.
- » Had a dramatic positive impact on the smoking behaviour of the participants.

The full evaluation report is available upon request.

DESCRIPTION: This resource supports the needs of one of the highest risk groups of smokers, that is, low-income mothers and their children. Start Thinking about Reducing Second-hand Smoke (STARSS) is based on harm reduction and best practice principles that helps moms reduce their children’s exposure to second-hand smoke, helps moms reduce their own smoking if they choose to do so, and helps moms quit smoking if they choose to do so.

Note: The harm reduction message may be a difficult one for allied health service providers (specifically, those in public health) who are tasked with promoting smoke-free lifestyles. The STARSS message should be seen as an intervention message, not a general public health message. It is a way to continue to provide support to women who just are not ready to quit smoking. This is a way to “keep the conversation going” after asking women if they smoke. That is, if a woman says she does smoke but isn’t ready to quit, we cannot simply abandon her. We need to find ways to engage and keep her interested.

The resource includes a section on how to use the STARRS program in a community, tips on being an effective leader, how to engage moms and how to use the hand-outs like “How to Help Your Mom be a Star”.

HOW TO USE: Use this resource with small groups of women.

Quit4Life

EVALUATION: In 2003–2004, Health Canada piloted and evaluated the revised Quit4Life group program in partnership with five organizations at five sites across the country.

The evaluation report addressed:

- » Program effectiveness and program satisfaction.
- » Implementation of Quit4Life as a group format.
- » Suggested improvements.

Facilitators provided input into program implementation and evaluation. Youth provided input into program implementation and evaluation. Data were available from 328 participants from 40 programs (30 in English and 10 in French) in the five Quit4Life pilot sites across Canada. Surveyed facilitators were very satisfied with the Quit4Life Facilitators' Guide (4.41 on average on a five-point scale where 5=very satisfied; 1=not at all satisfied). They were most satisfied with the overall level of information and content (4.52) and least satisfied with the handouts (4.25). Youth who participated in the programs were able to cut their cigarette consumption in half. Immediately after the program, they were smoking fewer cigarettes daily than the Canadian average for this age group of smokers. The 11 per cent quit rate was higher than the Canadian average of five per cent for short-term quitters. This number also should be interpreted in light of the higher number of possibly more addicted youth at program start. For a full evaluation summary, see the [Better Practices Tool Kit](#).

DESCRIPTION: Quit4Life is a youth smoking cessation initiative. The program includes a facilitator guide, youth handbook, and an interactive website supported by Health Canada. Quit4Life aims to help youth:

- » Learn more about why they smoke.
- » Prepare for quitting.
- » Know what to expect when they quit.
- » Increase self-confidence to keep trying to quit – even if they slip.
- » Create and follow a step-by-step action plan to quit successfully.

Sacred smoke

EVALUATION: This eight-week group smoking cessation harm reduction program was adapted by Wabano in 2003–2004 from an eight-week smoking cessation program currently offered by Ottawa Public Health called Accessible Chances for Everyone to Stop Smoking Program (ACCESS). Wabano adapted the program based on input and advice from local community elders. In 2004–2005 and 2005–2006, Cancer Care Ontario provided financial support to Wabano to evaluate the effectiveness of the program. Program results, recommendations for improving the program and suggested promising practices were identified in the May 2005 evaluation report. Although funding support

was no longer provided at the end of the pilot phase of the project, the program continues to be offered to clients in fall and winter sessions at Wabano.

DESCRIPTION: Each module incorporates the Seven Grandfather Teachings of bravery, honesty, respect, humility, love, wisdom, and truth. The teachings are used to help guide individuals through the process and challenge of quitting smoking. As identified in the literature, cessation programs need to be culturally appropriate to ensure relevance.

MORE INFORMATION AT:

www.wabano.com/index.php?option=com_content&view=article&id=29&Itemid=20

[Supporting youth who use tobacco in the Ottawa area through an innovative, high school-based triage program](#)

NOTE: Search www.ptcc-cfc.on.ca in the Resource section to download the PDF file. You must sign up to become member of PTCC website to download the many resources.

EVALUATION: The smokers' section of this program can be used as part of a larger comprehensive quit smoking plan, such as Exposé, which includes such programs as minimal-contact intervention training for teachers, smoking cessation groups, Quit and Win Contests, individual counselling, and web and telephone support. Through smokers' section students are provided with information on support for smoking cessation that best meets their self-identified needs. Preliminary evaluation has been completed on smokers' section. A more comprehensive program evaluation is currently being developed for smokers' section by Ottawa Public Health.

Note: [Exposé](#) is a youth-led, adult-guided smoke-free cutting-edge initiative of Ottawa Public Health. It targets youth in Ottawa high schools and in the community. Exposé is supported by all four local school boards, Health Canada, the Smoke-Free Ontario Strategy, and the Ottawa 67s.

DESCRIPTION: This resource presents a "detailed description" of smokers' section, and an innovative educational workshop for youth who use tobacco products. It details the practical experiences from the implementation of the workshop which took place in Ottawa, Ontario. The document aims to support community members who plan on implementing smokers' section elsewhere. It provides students with a forum to discuss tobacco issues that they face at school. Smokers' section makes use of the informal social networks that develop in the outdoor "smoking area" to encourage discussion and facilitate learning.

[If you want to help a smoker quit: One step at a time](#)

DESCRIPTION: This brochure has been developed for people who want to help someone quit smoking. It briefly outlines tips on what to do and offers an understanding of the quit process. Two other booklets in the series – *For Smokers Who Don't Want to Quit*, and *For Smokers Who Want to Quit* – are for smokers and are excellent resources for understanding the key elements of the quitting process.

2. Suggested Resources for the Person Who Wants to Consider Quitting

[Never take another puff](#)

DESCRIPTION: Joel Spitzer has been a leading authority in the development and implementation of smoking cessation and prevention programs for over 30 years. Far from just following and teaching the commonly held beliefs of the day, he has been a visionary who recognized early on that nicotine was an addiction while the rest of the medical and scientific community contended it was simply a habit. His unique insight allowed him to develop and implement nicotine prevention and intervention strategies that were decades ahead of their time.

Participants in his clinics have success in quitting at rates that far exceed the national average for such programs.

[Couples and smoking: What you need to know when you are pregnant](#)

DESCRIPTION: Developed by the British Columbia Centre of Excellence for Women's Health, this is a self-help booklet for pregnant women who smoke. It shows how women's routines, habits, and ways of interacting in relationships influence smoking. Understanding how smoking is influenced by others and everyday routines is an important first step in changing smoking behaviours.

HOW TO USE: As the hard-copy resource is only available in BC, you can download the PDF and print off one-pagers as handouts or discussion tools.

[Quit4Life student handbook](#)

DESCRIPTION: The Quit4Life handbook will guide you through the four steps in the program to help you learn how you can quit, the benefits of quitting, how much

smoking is costing you, how to get ready to quit, what to expect when you quit, and how to stay smoke-free once you get there.

3. Other Useful Websites

[Pregnets and the Pregnets toolkit](#)

DESCRIPTION: The Pregnets website gives information on the negative consequences of smoking and environmental tobacco smoke on pregnant women. The *Pregnets Toolkit* includes a review of existing resources and summarizes key issues around pregnancy and cessation programming. Simple tools are included to help deliver the messages.

[Ontario Tobacco Research Unit – Tobacco modules](#)

DESCRIPTION: The Ontario Tobacco Research Unit has developed a series of course modules entitled *Tobacco and Public Health: From Theory to Practice*. The course is designed for people who work in the field of tobacco control.

[Canadian Cancer Society’s smokers’ helpline online](#)

DESCRIPTION: An interactive, web-based service available 24 hours a day, seven days a week that offers tips, tools, and support to help with quitting smoking.

[Health Canada’s website – Go smoke-free](#)

DESCRIPTION: Contains information on the health effects of smoking, second-hand smoke, trends in smoking, the tobacco industry, and advice for quitting. There are links to recent news articles on tobacco and the fictional resource *Bob’s Quitting Journal*. Smokers can work through *On the Road to Quitting* on-line, or by ordering the booklet (no charge).

[Stop smoking centre](#)

DESCRIPTION: Focuses on helping smokers quit. It contains links to support groups, web-buddies, success stories, and public pledges. It also has an online quitting program, charting a smoker’s road to success, and an online nicotine dependence test.

[Treattobacco.net](#)

DESCRIPTION: This website provides evidence-based data and practical support for the treatment of tobacco dependence. It is aimed at health professionals, researchers, policy makers, and regulators around the world. All information on the site is reviewed by a panel of experts. Practice guidelines, downloadable slide shows, and reports are available in a variety of languages.

[American Legacy Foundation and New York State smokers' quitline](#)

DESCRIPTION: This resource offers call- or click-to-quit services, information, and tools to help with quitting, and the 'Breathe' personal on-line quit coach. The 'downloads' section includes a variety of free and 'by order' materials for smokers, health-care professionals, and educators.

[EX: Relearn life without cigarettes: Mayo Clinic](#)

DESCRIPTION: This website was founded by a coalition of American states, health agencies, and non-profit organizations dedicated to helping people quit smoking. The EX Plan is a free personalized quit smoking program based on the experiences of ex-smokers as well as the latest scientific research from the Mayo Clinic.

[smokefree.gov: National Cancer Institute \(NCI\) and Centers for Disease Control and Prevention \(CDC\)](#)

DESCRIPTION: Created by the Tobacco Control Research Branch of the National Cancer Institute in the U.S., this website contains information and professional assistance to support quitters, including a step-by-step quit smoking guide, information about a wide range of topics related to smoking and quitting, an interactive U.S. map highlighting smoking by state, and quit-lines.

Part 3: Promising Practices from Inuit Regions and Organizations

This checklist was developed in 2007 for Inuit Tapiriit Kanatami. A star (★) appears where a program/resource was either used in or developed by a particular region/organization. A question mark (?) appears where regional staff members were unable to confirm details. Some initiatives could be placed under two or more headings (e.g., “Don’t be a butthead” could be either a “Regional Initiative” or a “Youth Program”), however to avoid duplication, each initiative is listed only once.

The regions and organizations abbreviated below are: Inuvialuit Settlement Region, Nunatsiavut (N’ats’vut), Nunavik, Nunavut (N’vut), Pauktuutit Inuit Women of Canada (Paukt), National Indian & Inuit Community Health Representatives Organization (NIICHO), and National Aboriginal Health Organization (NAHO).

Project/Resource/Program	Inuvialuit	N’ats’vut	Nunavik	N’vut	Paukt	NIICHO	NAHO
Development / use of Inuit-specific resources / materials							
<i>Aniqsaattiarniq</i> – Breathing Easy School Kit	★	★	★	★	★		★
<i>Aniqsaattiarniq</i> – Breathing Easy Community Kit	★	★	★	★	★		★
<i>Aniqsaattiarniq</i> – Breathing Easy Tobacco Recovery Resource materials	★	★	★	★	★		★
Healing from Smoking (book and DVD)	★	★	★	★	★		★
Helping Smokers Heal (book and DVD)		★	★	★	★		★
Helping Your Patients Heal from Smoking (HYPHfS) (booklet for health professionals)			★				★
Smoking Sucks: Kick Butt! (book and DVD)	★	★	★	★	★		
Our Ancestors Never Smoked (book and poster)	★	★	★	★	★		
Facilitators’ Guide for Our Ancestors Never Smoked (book and flipchart)	★	★	★	★	★		

Project/Resource/Program	Inuvialuit	N'ats'vut	Nunavik	N'vut	Paukt	NIICHRO	NAHO
Taking the Lead for Change: Empowering Inuit Communities to Control Tobacco (book and flipchart)		★	★			★	
Role model posters	★	★	★	?			
Other types of posters	★	★	★	★	★		
Various promotional items (e.g., bracelets, key chains, fridge magnets, t-shirts, caps, etc.)	★	★	★	★	?	★	
Smoke-free homes signs	★	★	★	?	★		
Tobacco reduction newsletter			★		★		
Distribution of key non-Inuit educational resources							
Smoking: Truth or Dare (DVDs, etc.)	★	★	★	★	★	★	
Models, pigs' lungs, games, etc.	★	★	★	★	★		
Regional campaigns							
Quit-to-Win Challenge / Quit-and-Win	★		★				
Blue Light Campaign: Smoke-free Homes		★	★				
Community consultations		★	★				
Role models do community tours		★					
Training initiatives							
Breathing Easy workshops	★	★	★	★	★		
Tobacco educators (Our Ancestors Never Smoked, Taking the Lead for Change)	★	★	★	★	★	★	
Smoking counsellors (Adults)		★	★	★	★		
Refresher course for Smoking Counsellors			★				
Health professionals (Helping Your Patients Heal from			★				

Project/Resource/Program	Inuvialuit	N'ats'vut	Nunavik	N'vut	Paukt	NIICHO	NAHO
Smoking (HYPHIS)							
Experimented with distance education	★	★	★	★	★	★	
Youth initiatives							
Youth as tobacco advocates (Smoking Sucks)	★			★	★		
Youth smoking counsellors (NECHI Institute)			★				
Trained youth as co-trainers			★				
Minister's Youth Action on Tobacco Team (MYATT)				★			
Building Leadership for Action in Schools Today (BLAST) conferences	★						
Don't Be a Butthead	★						
National Inuit Youth Council (NIYC) Youth Summit	★	★	★	★			
Smoke Screeners	★			★			
Target pregnant women / new parents							
Born a Non-smoker (t-shirts, bibs)		★		★			
Poster / flyer / radio PSA campaign			★				
Posters	★	★	★	★	★		
School-based							
Quit-to-Win School Challenge			★				
Tobacco Road Show		★					
Presentations in schools	★	★	★	★	★	★	
Educational materials for schools	★			★			
School surveys re smoking rates	★		★	★			

Project/Resource/Program	Inuvialuit	N'ats'vut	Nunavik	N'vut	Paukt	NIICHRO	NAHO
Poster contests	*	*	*	*	*	*	
Mass media							
Billboards		*					
Posters	*	*	*	*	*		
Radio PSAs	*		*				
TV PSAs	*	*	*	*	*		
Radio shows	*	*	*	*	*	*	
Look Who's Quit (PSAs)	*						
Elders							
Our Ancestors Never Smoked (interview Elders)	*		*		*		
Elder advisor/expert	*			*			
Support for community projects							
Community Grants Application Form & funding	*		*	*			
Legislation / bylaws, etc.							
Provincial/Territorial legislation	*	*	*	*			
Restrictions on vending machines	*						
No power-walls	*			*			
No sales to minors	*	*	*	*			
Smoke-free workplaces	*	*	*	*			
Research / evaluation							
Project evaluations		?	*	?	*		

Project/Resource/Program	Inuvialuit	N'ats'vut	Nunavik	N'vut	Paukt	NIICHO	NAHO
Smoke-free Homes (surveys)	★		★				
Evaluation of Quit-to-Win Challenge / Quit-and-Win Challenges	★		★				
Community-based research project (Canadian Tobacco Control Research Initiative)	★					★	
Seed grant to develop skills of Aboriginal tobacco researchers (Canadian Tobacco Control Research Initiative Interdisciplinary Capacity Enhancement)	★					★	
Developed proposal to study pregnant women							★
Other surveys	★	★					
Urban							
Concern re: urban Inuit					★	★	★
Other							
Cessation kits at pharmacies		★					
Make nicotine replacement therapies (NRT) easily accessible through Health Canada's First Nations and Inuit Health Branch (FNIHB)	★	?	?	★			

Appendix 1: MEDLINE Search Results

Search #1: Key words: smoking, tobacco, Inuit

Most Relevant

Boles, M., Rohde, K., He, H., Maher, J.E., Stark, M.J., Fenaughty, A., & O'Connor, T. (2009). [Effectiveness of a tobacco quitline in an indigenous population: a comparison between Alaska Native people and other first-time quitline callers who set a quit date.](#) *International Journal of Circumpolar Health*, 68(2), 170–181.

Godel, J.C., Pabst, H.F., Hodges, P.E., Johnson, K.E., Froese, G.J., & Joffres, M.R. (1992). [Smoking and caffeine and alcohol intake during pregnancy in a northern population: effect on fetal growth.](#) *Canadian Medical Association Journal*, 147(2), 181–188.

Hammond, M., Rennie, C., & Dickson, J. (2007). [Distance education for Inuit smoking counsellors in Canada: A case report.](#) *International Journal of Circumpolar Health*, 66(4), 284–286.

Hensel, M.R., Cavanagh, T., Lanier, A.P., Gleason, T., Bouwens, B., Tanttila, H., ... Hayes, J.C. (1995). [Quit rates at one year follow-up of Alaska Native Medical Center Tobacco Cessation Program.](#) *Alaska Medicine*, 37(2), 43–47.

Kelly, J., Lanier, A., Santos, M., Healey, S., Louchini, R., Friborg, J. ... Ng, C. (2008). [Cancer among the circumpolar Inuit, 1989-2003. II. Patterns and trends.](#) Circumpolar Inuit Cancer Review Working Group. *International Journal of Circumpolar Health*, 67(5), 408–420.

Nicholson, J.D. (1990). [Welcome address: Circumpolar Conference on Tobacco and Health.](#) *Arctic Medical Research*, 49(Supplement 2), 13–16.

Wardman, A.E., & Khan, N. (2004). [Tobacco cessation pharmacotherapy use among First Nations persons residing within British Columbia.](#) *Nicotine & Tobacco Research*, 6(4), 689–692.

Less Relevant

Acton, K., & Bullock, A. (2009). [Smoking in American Indian and Alaska native people with diabetes revisited.](#) *American Journal of Public Health*, 99(1), 4.

- Angstman, S., Patten, C.A., Renner, C.C., Simon, A., Thomas, J.L., Hurt, R.D., ... Offord, K.P. (2007). [Tobacco and other substance use among Alaska Native youth in western Alaska](#). *American Journal of Health Behavior*, 31(3), 249–260.
- Bliss, A., Cobb, N., Solomon, T., Cravatt, K., Jim, M.A., Marshall, L., & Campbell, J. (2008). [Lung cancer incidence among American Indians and Alaska Natives in the United States, 1999–2004](#). *Cancer*, 113(Supplement 5), 1168–1178.
- Centers for Disease Control (CDC). (1998). [Tobacco use among U.S. racial/ethnic minority groups – African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, Hispanics. A report of the Surgeon General](#). Executive summary. *Morbidity and Mortality Weekly Report (MMWR)*, 47(RR-18), 1–16.
- Centers for Disease Control (CDC). (1992). [Cigarette smoking among American Indians and Alaskan Natives – Behavioral Risk Factor Surveillance System, 1987–1991](#). *Morbidity and Mortality Weekly Report (MMWR)*, 41(45), 861–863.
- Grey, R. (1998). [History of tobacco and the Inuit](#). *International Journal of Circumpolar Health*, 57(Supplement 1), 13–14.
- Lanier, A.P., Bulkow, L.R., Novotny, T.E., Giovino, G.A., & Davis, R.M. (1990). [Tobacco use and its consequences in northern populations](#). *Arctic Medical Research*, 49(Supplement 2), 17–22.
- Millar, W.J. (1990). [Smoking prevalence in the Canadian Arctic](#). *Arctic Medical Research*, 49(Supplement 2), 23–28.
- Murphy, N.J., Butler, S.W., Petersen, K.M., Heart, V., & Murphy, C.M. (1996). [Tobacco erases 30 years of progress: preliminary analysis of the effect of tobacco smoking on Alaska Native birth weight](#). *Alaska Medicine*, 38(1), 31–33.
- Renner, C.C., Patten, C.A., Day, G.E., Enoch, C.C., Schroeder, D.R., Offord, K.P., ... Gill, L. (2005). [Tobacco use during pregnancy among Alaska Natives in western Alaska](#). *Alaska Medicine*, 47(1), 12–16.
- Rigdon, R.H. (1969). [Cigarette smoking and lung cancer: a consideration of this relationship](#). *Southern Medical Journal*, 62(2), 232–235.
- Willsie, S.K., & Foreman, M.G. (2006). [Disparities in lung cancer: focus on Asian Americans and Pacific Islanders, American Indians and Alaska Natives, and Hispanics and Latinos](#). *Clinics in Chest Medicine*, 27(3), 441–452.

Yakiwchuk, C.A., Stasiuk, H., Wiltshire, W., & Brothwell, D.J. (2005). [Tobacco use among young North American aboriginal athletes](#). *Journal of the Canadian Dental Association*, 71(6), 403.

Search #2: Key words: smoking, cessation, First Nations

Most Relevant

Wardman, A.E., & Khan, N. (2004). [Tobacco cessation pharmacotherapy use among First Nations persons residing within British Columbia](#). *Nicotine & Tobacco Research*, 6(4), 689–692.

Less Relevant

Global Youth Tobacco Survey Collaborative Group. (2002). [Tobacco use among youth: a cross-country comparison](#). *Tobacco Control*, 11(3), 252–270.

Warren, C.W., Jones, N.R., Peruga, A., Chauvin, J., Baptiste, J.P., Costa de Silva, V., ... Centers for Disease Control and Prevention (CDC). (2008). [Global youth tobacco surveillance, 2000–2007](#). *Morbidity and Mortality Weekly Report (MMWR) Surveillance Summaries*, 57(1), 1–28.

Search #3: Key words: smoking, cessation, Canada

Most Relevant

Mclvor, A. (2009). [Tobacco control and nicotine addiction in Canada: current trends, management and challenges](#). *Canadian Respiratory Journal*, 16(1), 21–26.

Less Relevant

Brothwell, D.J., & Gelskey, S.C. (2008). [Tobacco use cessation services provided by dentists and dental hygienists in Manitoba: Part 1. Influence of practitioner demographics and psychosocial factors](#). *Journal of the Canadian Dental Association*, 74(10), 905.