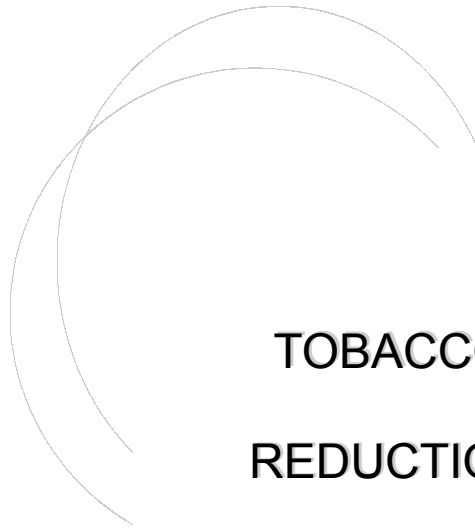
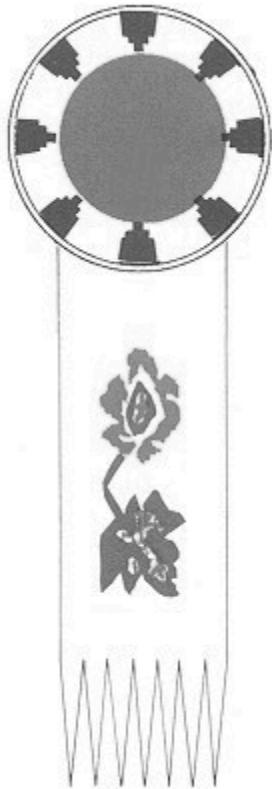


Native Women's Association of Canada



TOBACCO REDUCTION STRATEGY

~ July 1995 ~



Funded by: Health Canada

An NWAC Report

Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

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Native Women's Association of Canada
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1. Sacred use of Tobacco

Since time began, tobacco has been regarded as the grandfather of the medicine plants given to us by the Creator. It was used in the original way to communicate with the Creator in the smoking of the pipe and as a means of purification when entering the sweat lodge. In prayer, it cleanses our minds so that we can pray with a good mind and a good heart, when our thoughts must project the best of intentions. There is great significance in the care of tobacco, including the hand which you hold it in when you are making a prayer offering and the location where it is placed.

The pipe was a way of life, the breath of life. In our Grandfather's teachings, the sacred gift of tobacco cannot be abused and must be used only for good. The tobacco smoke is not to be inhaled when being used in the sacred pipe.

The gifts also given to the people were cedar, sage and sweet grass to be used in ceremonies for purification, cleansing and healing. These gifts are also used as teas, seasoning and even as decoration. You can only burn tobacco. It carries a single power.

Our people have drifted away from the heart centre and the understanding of the sacred gifts has been lost. Today, children start smoking cigarettes at an earlier age each year. This has become a way of life, past down to the children and deemed as acceptable. Young mothers and pregnant mothers must take care and be with their children, they have special gifts to lead us through these hard times. Tobacco is being used solely for monetary gain and we need people to point out these negative aspects.

We must take better care of tobacco, promote our understanding of tobacco. Once you hear how sacred the tobacco is, the impact will affect everyone, and in different ways. We must convey this message. It can be used for positive things. It is the choice of the people how they use tobacco. We cannot judge people based on their choice.

A significant change is coming. It is the responsibility of the women to care for mother earth, and the growers and caregivers of tobacco must also be there to give understanding. The answers are with her.

Excerpts taken in discussion with Spiritual Women Leaders:

*Sara Smith, Ohsweken Ontario
Liza Moshers, St. Charles, Ontario
Corinne Nabigon and Josephine Mandamin, Thunder Bay.*

2. Introduction

The Native Women's Association of Canada is the national organization that represents the concerns of all Aboriginal Women in Canada and works towards improving the socio-economic, political and health status of Aboriginal women and their families. Each of the four regions has one representative from each provincial and territorial organization, as well as, a youth and an Elder which make up the National Board of Directors. Each region is represented according to the medicine wheel: the East, the West, the North and the South. The Southern Region is composed of Manitoba, Ontario and Quebec.

The Native Women's Association of Canada has historically focused upon the issues of health matters, more recently, in the area of family healing and well, social reform and the development of an Aboriginal health policy with Health Canada.

The Southern Region initiated discussions in July of last year and determined that its members would participate in a pilot project under the Tobacco Reduction Strategy. A needs assessment survey would be conducted as the first part of a two-phased project regarding the use of tobacco in Aboriginal communities, and especially how the use affected the women and their families. The purpose of the needs assessment would be to provide the background information to formulate the second phase of the project, which would be used to develop an action plan to effectively reduce tobacco use in Aboriginal communities.

The funding was received in May of this year, and the project team began the first phase, which concluded in July of 1995.

3. Methodology

a) Methodology of the Needs Assessment

The topic of smoking and tobacco reduction is, we believe, a rather sensitive one among any group of smokers. It was therefore important to approach these issues with delicacy and attempt, with care, to ascertain from the Native women in our sample some of their thoughts and feelings about smoking and quitting and their needs in terms of tobacco reduction/cessation programs and services.

The methodology used in the Tobacco Reduction Strategy Needs Assessment was two pronged. First, the researchers were asked to meet with women in their communities to organize and facilitate **'sharing circles'** - which were open discussion circles. These sharing circles permitted the women to reflect upon and share their experience of tobacco use, why they smoke, their attempts at quitting, smoking as a community health issue, smoking as an issue of particular importance for young pregnant and breast-feeding women and the types of family and community support which might help them in their attempt to quit or reduce their tobacco consumption. These sharing circles served a dual purpose: calling attention to tobacco consumption as a personal and community health issue and getting a qualitative sense of Native women's needs and desires for smoking cessation programming and services.

Second, the researchers were asked to administer a **questionnaire**, which was designed to provide more specific and quantitative information on individual women's patterns of tobacco consumption, perceptions on obstacles to quitting and remaining smoke-free, desires for tobacco reduction/cessation programs and services and other key questions. The questionnaire was designed in three sections: **Section A** was to be answered by all respondents and provide basic socio-economic data on women interviewed, **Section B** target's current smokers and asks them about past and present patterns of tobacco use, current needs and hopes for support and assistance for tobacco cessation/reduction, and their opinions on smoking and related issues. Section C targets women who consider themselves to be ex-smokers and asks them similar questions to Section B. Though there are several different questions asked, permitting us to benefit from their quitting experience and past smoking behaviour (see Appendix A and B for copies of the questionnaire in English and French).

b) Limitations of the Data

Unfortunately, due to limitations of time and budget, our sample is rather small (209 women surveyed, as indicated above). This means that the responses we have received reflect the opinions and self-reported behaviours of the women surveyed. We cannot with any certainty, make generalizations about all Native women in Canada. However, we feel that the information provided by the women encountered does provide a good basis for formulating programmes and services designed to help Native women in other provinces as well.

Furthermore, not all of the questionnaires were administered in person by the researchers. In a few cases it is uncertain whether the respondent understood the meaning of the question - rendering their answer unreliable. As part of this analysis we will discuss only questions for which we feel we have reliable data.

Finally we have distinguished, in our questionnaire data, between those who 'currently smokers' and those who are 'ex-smokers'. We recognize that this distinction is a little artificial, since almost all of our current smokers have at one time tried to quit (see text below) and there is no guarantee that any of our ex-smokers might not resume smoking at some time in the future. In reality, the relationship is much more fluid and we can only say in hindsight who is truly an ex-smoker. Our intention was merely to gain knowledge from those women who had gone through the quitting process and not to exclude this experience from our research by studying only those who are smoking at the time.

4. Analysis of the Questionnaire

a) Analysis of the Tobacco Reduction Strategy Questionnaire

The questionnaire prepared as part of the Tobacco Reduction Needs Assessment was quite extensive. It permitted the research team to gather a large amount of information on tobacco use and related issues on Native women in the three provinces involved in the study. Here we will review the information provided by the questionnaire. This information will guide and inform about the formulation of the action plan for phase II of the Tobacco Reduction Project. Our review will include references to the lettered sections in Manitoba and women in Quebec smoking the most (see graph 1) on page 17. Any national level programming for tobacco cessation among native women should take into consideration such regional variation.

b) Trying to Quit

One of the most important findings - perhaps the most important - is that the women in our sample expressed an interest in quitting. Without this basic motivation, it would clearly be difficult to pursue with further recommendations for tobacco reduction/cessation programming. According to our survey data, an overwhelming number (82%) of the women surveyed who are currently smokers said they had tried to quit at least once, and 60% had tried to quit two or more times (question B.24). Half of the women smokers surveyed said that quitting is currently a high priority (question B.21), however, 76% of the women surveyed saw smoking as a community health priority (question B.20 and C.15). Many of the women surveyed commented that even if quitting is not a current health priority of theirs, there is a deep concern about their children's smoking habits, and those of their husbands, parents and friends (see graph 2 on page 17).

Furthermore, sixty-percent of respondents felt that they would have benefited from some kind of assistance or support in their efforts to quit and remain smoke-free (question B.26, 27 and C.06). When asked what types of assistance might be most useful, the women's top choices were: personal therapy, sharing experiences with others who have quit (AA-style sharing circles), support from family and friends and information/stop-smoking messages directed at their husband or boyfriend (see graph 3 on page 18). Seventy-two percent of ex-smokers said that they received no help of any kind to quit (question C.05). The vast majority had no one to turn to for help, but a few (20%) said they relied on family members, God, or their own will-power (question C.28).

Finally, 53% of smokers and 72% of ex-smokers said that they would be interested in participating in programs or activities designed to help young people and other women in their communities to quit smoking (questions B.66 and C.16).

Hence, we can conclude that there is truly a need and support among the women surveyed for programmes and services designed to assist young people and women to quit smoking.

It can also be concluded that, based on the stand preference of the women surveyed, a national level strategy for tobacco cessation/reduction among Native women could combine elements of professional and personalized support. For example, consultations with a social worker or psychologist tobacco cessation 'sharing circles' or materials and information designed to inform involve and increase husbands/boyfriends and family support of these women in their attempt to quit smoking.

c) The Social Context of Native Women's Smoking Behaviour

The vast majority of the women who have helped us with this research told us that they started smoking as a result of peer pressure at a very young age (question B.07 and C.11). Seventy-eight percent of the women had started smoking by the age 16 or younger, with an average starting age of 15 years (question B.06 and C.10). Sixty-five percent said they started smoking because of peer pressure; only a few cited other reasons such family pressures (7%), weight control (2%) or the influence of advertising (6%).

Such findings leads us to conclude that it would be extremely beneficial if smoking prevention measures were targeted toward children and young adolescents in the Aboriginal community. If peer pressure to begin smoking can be counter-balanced by educational materials and no-smoking messages at an early age, young Native women may stand a better chance of remaining lifetime non-smokers.

Another important feature of smoking among Native women is that it happens in a context of high tobacco consumption within families, at work and at social events and gatherings. Half of the women surveyed said that they have children who smoke (question A.21). The women reported smoking with their friends, husbands or boyfriends, at work, at parties and when alone (question B.09 to B.14). This means that it may be difficult for women who are seeking to give up smoking, to escape the temptation when they are surrounded by other smokers in a non-supportive environment. We feel that in order for Native women to reduce their tobacco, consumption they need the proper programming and promotion that is directed toward sensitizing their families and communities concerning the cost of tobacco consumption and the benefits of tobacco cessation.

Most the women (63%) expressed some discomfort or guilt about smoking around children and in public places around others who do not smoke (question B.15). However, the women also stated that there were positive aspects related to their smoking: such as feelings of relaxation and enhanced stress management (B.16). About 55% of the women surveyed said their smoking was related to high levels of stress, anxiety, boredom and ultimately to addiction (question B .17).

What clearly emerges from both an analysis of questionnaire and of the sharing circles is the link made by the women between their smoking behaviour and other life stresses. As within our sample there is an elevated number of single mothers, so too in Aboriginal communities in general. Many Native women and mothers suffer the burden of high levels of poverty, unemployment, domestic violence and worries for their children's well being. Hence, any national level tobacco cessation program for Native women must acknowledge and approach in a holistic manner the connection between tobacco consumption and high levels of stress related to their social and economic conditions of life.

d) Family, Pregnancy and Breastfeeding

There is clearly an awareness, among the women surveyed, that smoking during pregnancy and while breastfeeding is far from ideal. The main reason for quitting smoking, given by ex-smokers, was related to pregnancy and child-rearing (questions C.04 and C.36). Furthermore, among smokers who offered a response, nearly all (90%) said they either reduced their cigarette consumption or quit altogether during pregnancy (question B.53 - see graph 4 on page 18), mainly out of fear of harming the fetus (question B.23).

Furthermore, of those who offered a response, 67% of smokers and 72% of ex-smokers said they would have appreciated some kind of help quitting and remaining smoke-free when they were pregnant (questions B.58 and C.41), and this mainly in the form of personal therapy, support from family and friends or support from a doctor or nurse (questions B.59 and C.42). Of the current smokers who quit smoking during pregnancy 25% resumed within the first month after giving birth, 56% resumed between one and six months after giving birth and 19% resumed between seven and twenty-four months after giving birth (question B.56).

When asked if they felt that smoking might influence a women's decision to breastfeed her baby or not (question B.60 and C.43) 56% of ex-smokers and 52% of smokers said yes; they referred to the fact that smoking close to the baby might harm it, or harmful elements might get in the milk. The women indicated that a smoking mother would be less likely to breastfeed, or alternatively, a mother wanting to breastfeed should not smoke (question B.61 and C.44).

It seems apparent from the responses we have received that pregnancy is a key time to intervene when attempting to help women quit smoking. Any national level tobacco reduction/cessation strategy designed to help Native women should involve concrete measures, which provide intensive help and support to pregnant women. Such support should combine elements such as: counselling by medical professionals and psychologists/social workers, and sensitization of family and friends to the crucial importance to the mother and child of becoming smoke-free. It is also clear that this intensive help and support should be continued well past the time of giving birth, since it is in the months immediately after birth that most women resume smoking. Such intensive support, we believe, may result in the added advantage of more Native children receiving the benefits of breastfeeding, since there seems to be a negative link between breastfeeding and the continuation of smoking.

Finally, 63% of ex-smokers said that they had considered trying to establish a smoke-free environment in their home (question C.47) and 41% of ex-smokers said they had succeeded in establishing a smoke-free environment in their home (question C.46). On the contrary, only about 35% of current smokers had ever considered trying to establish a smoke-free environment in their home. This, we feel, is an important finding. It is only in quitting that women can truly begin to consider and realize the possibility of reducing the health dangers in themselves and their families by eliminating the routine and habitual smoking of cigarettes. This is the ideal situation for women. Their male partners and their children, and any national tobacco reduction/cessation strategy for Native women should have as its one of its goals - to improve the health and well-being of the Native family, as a whole, through the elimination of routine or habitual cigarettes smoking (see 'Linguistic and Cultural Issues' below).

e) Knowledge about the Harmful Effects of Smoking

The women interviewed, as we have shown, were concerned and sensitive to the issues concerning smoking during pregnancy and lactation. Most also appear to be knowledgeable about the most common health consequences of smoking. However, the women were not aware of all specific health consequences of smoking, either for themselves or for their children (questions B.18, 19 and C.13, 14.). For example very few smokers or ex-smokers thought there was a link between tobacco use and cervical cancer, bladder cancer or allergies. Similarly, most of the women were not aware of the relationship between exposure to second hand tobacco smoke and children's likelihood of experiencing sudden infant death syndrome, childhood allergies, cough, colds and ear infections (see Graph 5 on page 19 and 6 on page 19).

But perhaps more significant is the substantial difference between smokers and ex-smokers in terms of their knowledge about the harmful health effects of smoking. Ex-smokers showed themselves to be significantly more knowledgeable about every health hazard listed, both for themselves and for their children (see graph 5 on page 19 and 6 on page 19). It is logical to assume that adequate knowledge of the health hazards of tobacco consumption might significantly reduce levels of cigarette smoking among Native women. Thus, we feel that any national level strategy to reduce tobacco consumption among Native women should include a strong public education component. This would increase women's awareness of the relationship between cigarette consumption, second-hand smoke and all related medical conditions particularly those affecting children.

f) Linguistic and Cultural Issues

A crucial part of this research has been to identify ways of developing a tobacco reduction/cessation strategy for Native women. One which respects and strengthens First People's cultural heritage, rather than undermining it. One important place to begin this process is with the recognition that much of the available information on smoking cessation, the withdrawal process and stop-smoking messages are targeted at non-Native, English or French speaking members of Canadian society. There is clearly a

need and demand among the women surveyed for approaches, materials, messages and services which correspond to their linguistic and cultural reality. Approximately half the women in our sample indicated that they would like to receive materials and services on smoking cessation and prevention in their Native languages (questions B.39,41,43, and C.23,25 and 27).

The women surveyed also recognized the importance of special publicity and messages which would specifically speak to Aboriginal children, adolescents and women: they suggested the use of Native musicians, actors and athletes as spokes people in stop-smoking advertisements and stop-smoking publicity that promotes First People's spiritual and cultural values. They also suggested the involvement of community elders and leaders, in spreading the stop-smoking message.

Of course, any national level tobacco reduction/cessation strategy which specifically targets Native women must recognize and respect the important role which the burning of tobacco leaves plays in the spiritual and ceremonial life of many of Canada's First Peoples. Thirty-two percent of the women surveyed told us that they burn other substances such as corn leaves, sage and cedar (B.35 and C.19). However, most of the women also clearly disassociate their routine consumption of tobacco, in the form of cigarettes, from their Native spiritual practices: for them the two are quite separate and distinct. For example, only 5% of the women who are currently smokers said that smoking provides them with a sense of spiritual well-being (B.16), and 60% of the women said that they did not feel that their tobacco consumption has a special meaning for them as part of the First People's cultural and spiritual life.

Hence, we feel that any national level tobacco reduction/cessation strategy designed to help Native women must include a strong component of First People's cultural and spiritual awareness. Community elders must be identified and called upon to help us understand and appreciate the deeper significance of the burning of tobacco and other substance (corn leaves, sage, cedar) in our ceremonies. They must also help us articulate the difference between such ceremonial use and the routine habitual smoking of cigarettes which arises from simple addiction.

5. Sharing Circles

a) Quebec

Although we have information from women in twelve Native communities across Quebec, 'sharing circles' or discussion groups were held in only eight communities; two urban communities of Montreal and Quebec, and rural communities of Wendake, Restigouche, Maria, Betsiamites, Odanak and Wolinak.

In all of these communities, smoking was of concern to many women both for their own health and of their children and families. Some women did not perceive it as problematic. Many consider smoking a rather small problem, in contrast to the larger social and economic difficulties they face. The sharing circles permitted us to discuss with the women their patterns of tobacco use, but also raised other community issues of even greater concern to them; those of juvenile delinquency, drug and alcohol abuse, school drop-outs, physical and emotional abuse in the home, unemployment, vandalism, prostitution and suicide. These problems are among the more pressing and constant concerns of the Native women with whom we spoke.

In Montreal, the women we encountered in the sharing circle told us that stress played a large role in their patterns of, tobacco consumption. They suggested the alternative stress management techniques and coping strategies would perhaps help them to reduce their dependency on cigarettes. However, a holistic approach to tobacco reduction among Native women requires more serious intervention; varied social and economic problems that they and their communities face on a daily basis must be addressed if their stress and life difficulties are to be managed effectively.

b) Manitoba

The Indigenous Women's Collective of Manitoba conducted sharing circles in five communities, two of those circles were in urban centre's, one circle was held in Brandon and the other in Winnipeg. Three circles were held in the rural communities of, The Pas, Little Saskatchewan and Woodridge.

The women at these sharing circles spoke about the need for more information on tobacco usage and its health effects. They also needed more insight on the traditional use of tobacco. The women expressed the need for information sharing through workshops. It was felt that Aboriginal women could deliver these workshops at the community level with some assistance from the provincial organization. It was felt that because Aboriginal women were the backbone of Aboriginal societies, they are the ones who do service work within their communities and because of their concern for children's and families health that they should be given the opportunity to deliver these workshops and services. However, they would need an information package and some delivery models. For example, how to run sharing circles or support groups.

Smoking is seen as a huge health problem, especially with concerning youth. However, the women felt that many other issues were seen as more important like survival issues, such as, healing from sexual, physical and emotional abuse and getting out from the cycle of poverty. In light of these pressing issues, women asked for a tobacco reduction package that would be holistic in its approach.

c) Ontario

The final outcome of the Sharing Circle discussions revealed that the highest percentage of people smoking tobacco regularly had people who smoked in their families, primarily parents. Most women were not informed about the health dangers when they began smoking. They only became aware of the hazards after the habit was established. Thus, the majority of the participants had either quit or planned to quit. Women who had quit for a year or more, did so due to their physician's orders or because an immediate family member had died from smoking related illness. It is concluded that very few adults stopped smoking unless they believed their immediate health was endangered. The influence of publicity directed at the elimination of tobacco use appeared to have a moderate effect overall upon adult smoking. Participants were most likely to be aware of the association with lung cancer, heart and breathing problems such as asthma; however, few knew about its association with other types of health problems such as, childhood allergies, bladder, and cervical cancers. In general, most of the participants felt that smoking was a major health concern in their communities and, all had tried to quit at least once.

Amongst the young women who were interviewed, most were influenced to start smoking by siblings or friends and did not feel that it was necessary for them to quit at the present time. In the few women that had stopped smoking during pregnancy, they had stopped for the sake of the unborn child. Few women offered ideas on how to stop smoking other than going to Elders for advice and support services from native instructional materials. It appeared that for most women self-control was the only way in which they had stopped smoking for any period to time.

The main reasons why the young people smoked were peer and family pressure, boredom and to handle stress in their lives. Very few women associated the use of tobacco with cultural ceremonies. Thus, there is a need to teach Aboriginal young people about the sacred use of tobacco. The adults appeared to have more knowledge of this aspect, however, it appears that more opportunity to develop that awareness amongst the whole of the population is necessary to have a substantive reduction in smoking tobacco.

In the Grandmother's circle, most women felt strongly that it was important for everyone to learn and recognize the sacredness of tobacco in the ceremonies within the cultures of all the tribes. In some tribes, sage and sweetgrass are used; however amongst the Ojibway people, tobacco is predominantly used for ceremonies.

The Grandmothers felt that once the understanding through the teachings were provided, that our people would begin to develop a healthy respect for tobacco, and that this would lead to a reduction in non-traditional use of tobacco. It is suggested that Elders be brought into the classrooms to talk about tobacco. Materials should be developed to teach the culture's ceremonial use of tobacco, including the adult population, especially young pregnant mothers. Teachings should focus on the traditional aspects of tobacco using the family approach. Parents must also play a more positive role in these teachings.

In summary, the participants in the interview process were comfortable in answering the questionnaire: however, there were comments about the length and repetitiveness of some of the questions. The participation rate was not as high as expected and this was due to the short period of time that was provided to the interviewers to complete the process. Although, in the province of Ontario, where distance of the chosen sites was a factor, all of the communities were visited and the cooperation of the local women and projects was appreciated.

6. Conclusion

The research we have conducted leads us to conclude that there is truly a need and considerable support - not only passive support but active support as well - among the women surveyed, for programmes and services designed to assist young people and women to quit smoking.

It can also be concluded that, based on the stated preference of the women surveyed, a national level strategy for tobacco cessation/reduction among Native women should combine elements of professional, personalized support and consultation (as with a social worker or psychologist), tobacco cessation 'sharing circle'. There is also a need for materials and information designed to inform, involve and increase husbands/boyfriends and family support of women, in their attempt to quit smoking.

The data we have gathered, as part of this needs assessment, may point to important regional variations in patterns of tobacco consumption and other regional variations.

To be successful, any national level strategy designed to help Native women quit smoking must consider their daily reality. Our findings lead us to conclude that it is essential for smoking prevention measures to be targeted at children and young adolescents in the Aboriginal community. If peer pressure to begin smoking can be counter-balanced by educational materials and no-smoking messages at an early age, young Native women may stand a better chance remaining lifetime non-smokers.

Many Native women are surrounded by smokers and lack the support needed to finally quit. Their efforts to reduce their tobacco consumption would benefit from programming and promotion directed at sensitizing their families and communities about the cost of tobacco consumption and the benefits of tobacco cessation.

Any national level tobacco cessation program for Native women must acknowledge and approach, in a holistic manner, the connection between tobacco consumption and high levels of stress related to the social and economic conditions of life. It must help women in the communities deal with the root causes of their stress and anxiety; to help them address their economic and unemployment problems, to address issues of family violence, alcohol and drug abuse.

The program must also focus on stress-management alternatives. Most of the women respondents associated their smoking with stress management or coping with life difficulties. If this is the case, any national level action plan must offer concrete and practical stress management alternatives.

Any national tobacco reduction/cessation strategy for Native women should have as one of its goals - to improve the health and well being of the Native family as a whole, and particularly of children. This can be accomplished through the elimination of routine or habitual cigarette smoking.

It should involve concrete measures which provide intensive help and support to pregnant women. Such support should combine such elements as counselling by medical professionals and psychologist/social workers, and sensitization of family and friends to the crucial importance to mother and child to stop smoking. It is also clear that this intensive help and support should be continued past the time of giving birth, which is when most women resume smoking.

It should also include a strong education component aimed at increasing women's awareness of the relationship between cigarette consumption, second-hand smoke and all related medical conditions - particularly those affecting children.

There is clearly a need and demand among the women surveyed for approaches, material, messages and services which correspond to their linguistic and cultural reality. Any national level strategy should include materials and messages designed specifically to reach Aboriginal women, in their Native language, whenever possible.

It must include a strong component of **First People's** cultural and spiritual awareness. Community elders must be identified and called upon to help us understand and appreciate the deeper significance of the burning of tobacco and the other substances (corn leaves, sage, cedar) in our ceremonies. Elders should play a major role in providing traditional teachings of tobacco use, especially in the educational system and local community controlled projects to reduce tobacco use. They must help us articulate the difference between such ceremonial use and the routine or habitual smoking of cigarettes which arises out of simple addictions.

7. Program Recommendations from Consultations

a) Preamble

During the course of the consultations, many concrete recommendations for action were made. An attempt has been made to capture and present these recommendations as "suggested ways" within a goal approach, in order to give a clear picture of the issues involved, and to aid in strategic planning by Aboriginal women's organizations throughout Canada.

One overall health goal and five program goals are presented below, followed by concrete ways to achieve each of the goals.

A goal approach is commonly used approach in health planning. Goals can serve as guidelines by which needs can be matched with available resources and other planning factors, to generate priorities for program development.

b) Overall Goal

To maximize the health (spiritual, physical, emotional and psychological) of First Nations, Inuit and Métis women. To create balanced, healthy and supportive communities for their members in accordance with their traditions and priorities.

c) Recommended

GOAL 1 - Community-based approach and participatory process

Aboriginal women as community members must actively participate in the planning of culturally appropriate smoking reduction programs which meet community needs and complement existing community health services. The uniqueness of individual Aboriginal communities must be acknowledged and respected in program planning, development and delivery. The school system, health care centres and caregiving projects presently in communities should be included in plans.

GOAL 2 - Develop human resources

Aboriginal women must be trained adequately to deal with the complexity of smoking reduction problems experienced in many Aboriginal communities. Aids and instructional materials should be developed by Aboriginal peoples.

GOAL 3 - Child and family wellness

Programs should focus on child and family wellness to foster self-respect and emphasize the positive self and group identity of Aboriginal peoples. Families must heal and regain their traditional strengths, and recognize that strong healthy families produce healthy children and that the prevention of smoking related health problems takes place at an early age.

GOAL 4 - Pregnant and breast-feeding women

Pregnant and breast-feeding mothers should have access to the most appropriate care and related services including adequate support services for themselves and their family members.

GOAL 5 - Public education on health related to tobacco consumption

To ensure a comprehensive, well-coordinated response on tobacco reduction, a tobacco program model must be developed that can be used by community teams in the delivery of culturally based tobacco reduction programs and services.