

June 26, 2012



## Six Nations Health Services & McMaster University

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### TOBACCO THINK TANK 2012:

### Our Vision

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The high rate of smoking on the Six Nations Reserve is a complex issue that must be addressed.

**But there is no simple solution.**

At the Six Nations Community Hall on June 26, 2012, a panel of individuals came together for the purpose of building that solution.

# It's time for ACTION against the high smoking rates

## **Introduction:**

The Tobacco Think Tank was held on June 26<sup>th</sup>, 2012 on the Six Nations Reserve, in Brant County, Ontario, approximately 30km South of Hamilton, Ontario. Experts and community members were convened by Ruby Miller, Director of Health Services and Dr. Sonia Anand, a McMaster researcher who has worked with the Six Nations peoples since 1997. Their collective concern regarding the widespread use of tobacco on the Reserve and the impact of this on the community's health prompted them to call experts together. The goal of the Tobacco Think Tank was to **generate recommendations for change** which could then be promoted and implemented in the community with an overall objective to help reduce tobacco use among Six Nations adults and youth.

## **Agenda:**

Start

***MODERATOR: Ruby Miller***

Welcome and Introduction for the day

Matt Jamieson on  
behalf of Council

Six Nations Tobacco Use: Insights from SHARE-AP Research

Ruby Miller &  
Dr. Sonia Anand

Traditional Speaker: Role of Tobacco in Aboriginal Culture  
Tobacco Toxins and Effective Treatments  
Helping Families Reduce Smoking

Sadie Buck  
Dr. Andrew Pipe  
Dr. Karen Hill

***MODERATOR: Dr. Patrick Magloire***

Economic policies designed to reduce smoking  
Local Tobacco Control Strategies  
Tobacco Policies and Legislative Change  
Moving Forward: Developing Principals for Action  
Adjourn

Dr. Philip DeCicca  
Penny Hill  
Mr. Mike Perley  
All, Discussion



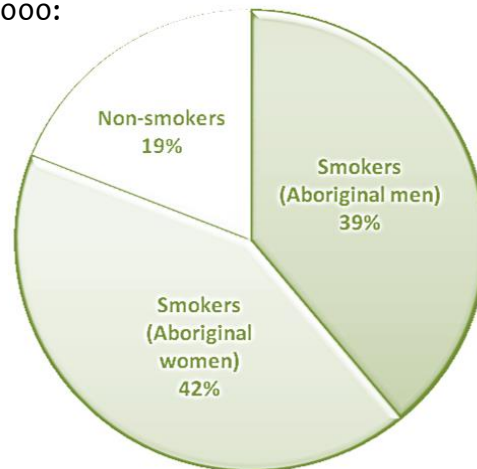
### **Executive Summary:**

An array of concerns around tobacco use and control interconnect with Aboriginal tobacco issues. Thus, there is a great need for Aboriginal communities to gain a sense of understanding of these pressing public health issues and for mainstream Canadians to be aware of the sacred and spiritual role of tobacco in Aboriginal communities as well as the economic benefits that commercial tobacco has in easing the high rates of poverty and unemployment. On the other hand, the use of tobacco contributes to ravaging consequences for those who are unable to escape its addictive properties. These factors conflict and interact with each other to generate and increase in complexity over time. However, we hope that a constructive dialogue among interested groups can pave the way to develop concrete, sustainable solutions. Below is a list of challenges and possible solutions that arose during the Think Tank discussions:

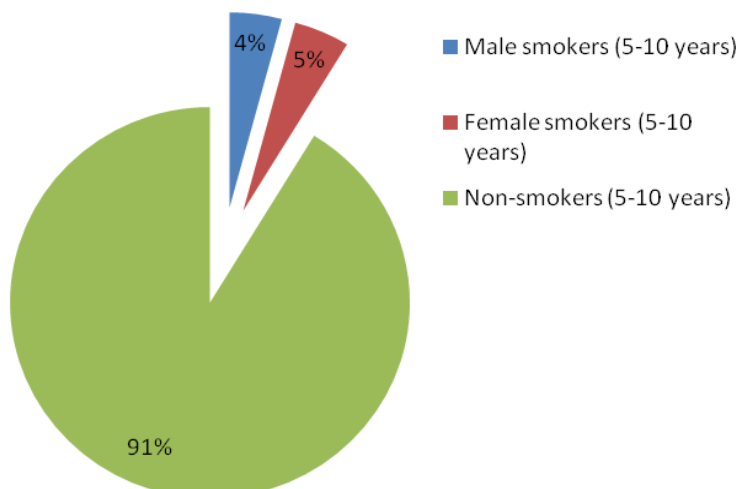
### **The challenges:**

- Smoking is highly addictive
- The proportion of Aboriginal smokers (men and women) is significantly higher compared to non-Aboriginal peoples

→ **SHARE-AP<sup>1</sup>**, a random cross-sectional study showed the prevalence of current and former tobacco use in 2000:



→ The **SHARE-AP ACTION<sup>2</sup>** study showed that the rates of smoking amongst children/youth (aged 5-10) is also high:



→ Cigarette smoking is one of the primary reasons for higher mortality and lower life expectancy amongst the Six Nations population

→ There is a high rate of maternal smoking on the Six Nations Reserve

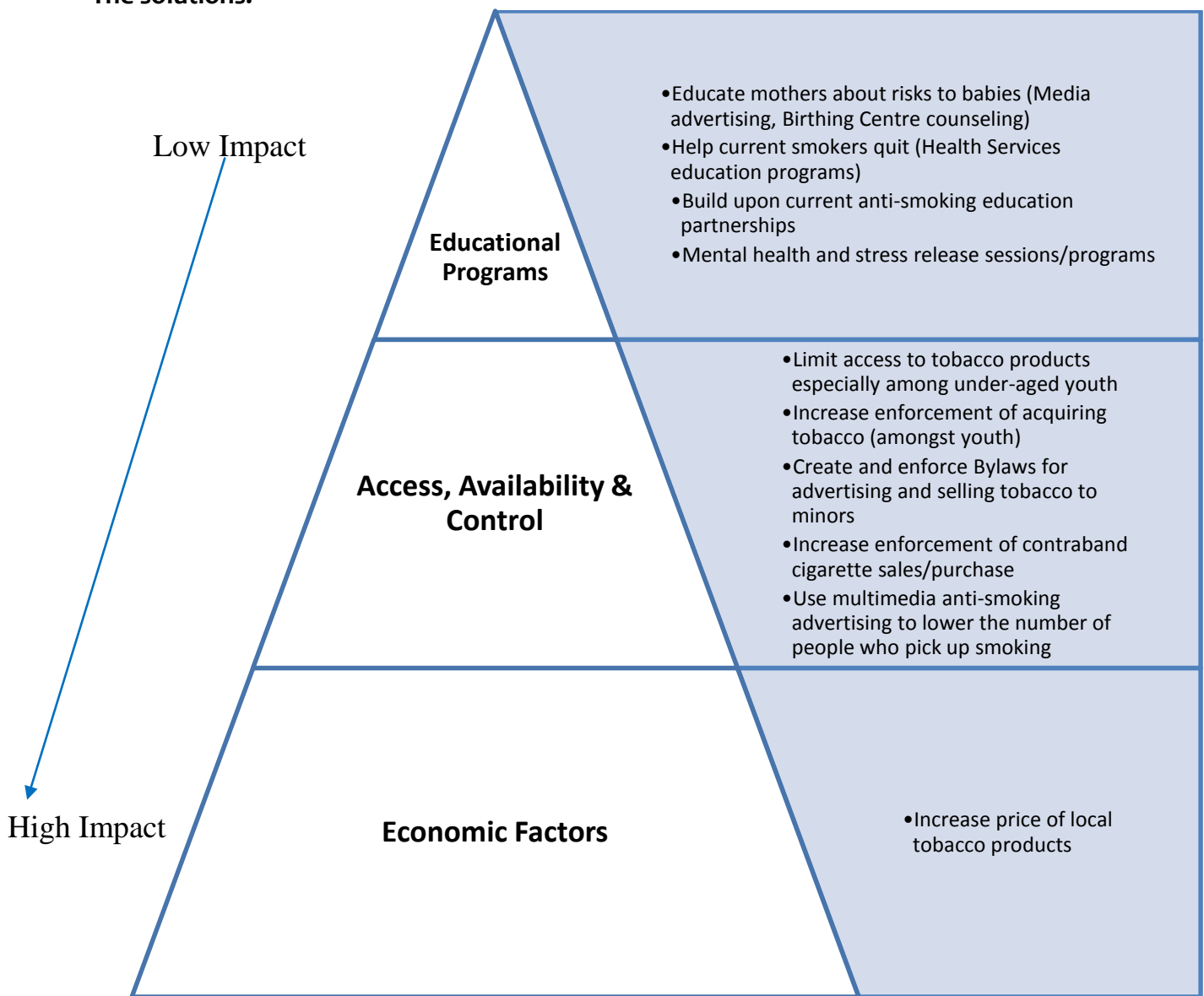
A chart review of the Six Nations Birthing Center showed that between 2005 and 2010: **Maternal smoking rate during pregnancy = 35%**

→ Tobacco is widely advertised and easily accessible on the Reserve

For example, 87% said it was easy for adults to buy tobacco for teenagers

There are 116 places (101 smoke shops and 15 convenience stores) on Six Nations where cigarettes can be purchased

**The solutions:**



## Introduction

The Tobacco Think Tank, a symposium composed of eight speakers with different educational and service backgrounds was an attempt at opening the discussion on the high smoking rates on the Six Nations reserve. Of the speakers, four were local Six Nations people and four were guest speakers from McMaster University, the University of Ottawa, and the Ontario Campaign on the Action on Tobacco. The Think Tank was convened and concluded by Ruby Miller, the director of Six Nations Health Services.

After a compelling introduction by Matt Jamieson, the Six Nations economic development director, a common misconception about smoking was outlined by the panel: it is routine to try to quit **5-7 times before actually being successful**. Moreover, many physicians have not received proper training on addiction counseling and thus experience challenges when dealing with patients who are trying to gain advice on tobacco cessation.

These facts alone suggest that we need to be more supportive of those who are trying to leave behind this addictive habit. As a community, we must be aware of the challenges and act accordingly when we address the complex issue of tobacco cessation, as it is an issue that is of multilevel concern – it is an individual and societal problem with a solid economic and cultural backbone.

Integrating the information presented by each of the speakers is one of the best methods for devising an effective solution.

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## Dr. Sonia Anand



Dr. Sonia Anand has 15 years of experience working with Six Nations communities. **Her first project, SHARE-AP began in 1998 with a goal of understanding the burden of cardiovascular disease and diabetes amongst the Six Nations peoples.** Out of this study came the “Six points for Six Nations”, a list of six criteria that should be followed to avoid the high risks for cardiovascular disease and diabetes.

Anand says that Aboriginal people have a high prevalence myocardial infarction (heart attack), diabetes, and cancer. One of the reasons behind this could be the high smoking rates. Specifically, 39% of Aboriginal men smoke compared to 20% of non-Aboriginal Canadians; 42% of Aboriginal women smoke compared to 13% of non-Aboriginal women.

Even more disheartening are the high rates of smoking among Aboriginal children/youth and pregnant women. Just to illustrate, 4.2% of males and 4.5% of females between the ages of five and ten are currently smoking and 35% of pregnant women are currently smoking (compared to 15.8% in the non-Aboriginal cohort)<sup>1</sup>. It is suggested that one of the primary reasons that

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smoking rates are so high is because tobacco and tobacco products are widely available and accessible (eg: 87% said it was easy for adults to buy tobacco for teenagers).

Anand stresses that despite these grave realities, there are many potential solutions and recommendations that can be applied to help mitigate the high rates of smoking on the Six Nations reserve:

**1) Potential Solutions:**

- Limit access to tobacco products
- Educate mothers about the risks that tobacco has on their unborn babies
- Increase enforcement of acquiring tobacco (amongst youth)
- Lower the number of people who pick up smoking
- Help people quit if they have already started

**2) Additional Recommendations:**

- Adopt a minimum age for the sale of cigarettes
- Encourage dialogue to help change attitudes toward the acceptability of recreational tobacco use
- Discourage smoking in the workplace, restaurants, recreational facilities, bingo halls, casinos.
- Place own surcharge on tobacco to increase the price to match off-reserve prices
- Develop a system and tobacco laws within the community to enforce those laws with consequences well defined
- Cigarettes and other tobacco products should remain behind counters and out of sight in all stores
- Encourage community members to establish smoke-free homes
- Nicotine replacements such as the 'patch' and nicotine-free tablets such as bupropion should be encouraged as part of a formal smoke cessation program
- Physicians and health care workers should use the opportunity afforded by clinic visits to explore smoking and tobacco use habits & introduce smoking-cessation strategies

[S. Anand's Conference Talk Video](#)

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**Sadie Buck**

Tobacco is understood as a very sacred plant by Aboriginal peoples across Canada. However, **Ceremonial (burning) tobacco and manufactured tobacco are very different from each other**; in fact, they are virtually incomparable. Not only do they have different smells, tastes, looks, and feel, their overall purpose is also very different. Buck informs us that the primary reason for burning ceremonial tobacco is to **carry our thoughts and words to the Creator**—what we think about while we burn tobacco is believed to be translated as a message to the



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Creator. With sorrow, she proposes that certain values such as these have been lost in context. Buck also discusses the relationship between tobacco and health, suggesting that one of the major health effects of burning tobacco is the risk for developing asthma. Referencing several personal anecdotes, Buck advises that many people who engage in the burning of ceremonial tobacco often develop asthma at some point in their lives. She believes this can be partially attributed to certain values that are held in high regard within Aboriginal culture can sometimes lead to selfless behaviours. These unselfish acts may contribute to illness. For example, if someone needs your help, you must make way to help them—if they ask you to burn tobacco with them, you must help. This is very important to remember when we consider solutions and programs to reduce tobacco use on the reserve. How we go about bettering this critical situation has a lot to do with staying in tune with core Aboriginal values and belief systems.

### [S. Buck's Conference Talk Video](#)

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#### Dr. Karen Hill



**“Being a physician is something that is stolen from the traditional knowledge keepers”**

Dr. Karen Hill argues that Westernized modes of thinking and Western solutions may not work for the Six Nations peoples. She believes that we must engage in a different way, that we must erase what we currently know and start over.

What is truly lacking is **LEADERSHIP** –this does not mean a leader with a title or a leader with some kind of special status. It means someone who is willing to go above and beyond and teach others along with sustaining the attitude of personal growth.

The sad truth is that most people smoke about 2 cigarettes per day but still have trouble quitting. But it is not always just about the facts or even about the physical act of smoking. It is imperative that we consider the **real reasons** why people resort to smoking.

Hill believes that people smoke due to stress, due to the **“grief layered upon grief, layered upon grief”**. Thus, she believes that smoking is a band-aid solution for a much more complex situation.

Instead of explicitly focussing on reducing tobacco use, we should be focusing on solutions that get to the root of the problem of why people smoke to begin with. She argues that the solution lies in building relationships, links, and stronger familial networks. It is about taking positive steps (eg: bringing family members to one’s own doctor’s visit) and focusing on opportunities that bring us closer together. **A smoking program can’t take the place of PEOPLE. PEOPLE are**

**medicine.** Thus, we have to re-teach human relationships and maintain cultural continuity when planning solutions.

[K. Hill's Conference Talk Video](#)

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### **Dr. Andrew Pipe**

**Cigarettes are designed to ensure that nicotine addiction is maintained**—it is a kind of enslavement. In fact, Pipe suggests that 3-4 days of smoking is enough to form the neural connections that are necessary for addiction. Thus, it is not surprising that **the most addictive material of all is NICOTINE.** Not only can nicotine get into the brainstem in 4-6 seconds, it also gets broken down quickly, leaving the smoker with what can feel like an undying desire to smoke another one.



Pipe goes on to discuss that the desire to smoke comes from nicotine's ability to stimulate dopamine release. Because dopamine is responsible for triggering reward-driven learning, it becomes very difficult to quit an activity like cigarette smoking.

Pipe explains that **different people have different rates of nicotine metabolism.** For example, pregnant women and women on birth control pills break-down nicotine at high rates. Babies born to mothers who smoked during pregnancy are also more likely to become addicted to nicotine.

Hundreds of millions of dollars are spent on getting nicotine into the system as quickly and pleurably as possible. Shockingly, this occurs despite that there are lots of carcinogenic chemicals and tumour-accelerating substances in cigarettes. Pipe describes that there are also non-cancerous symptoms that are associated with cigarette smoking. These include hardening of arteries and difficulties with blood flow (eg: to the legs).

**Second-hand smoke is EVEN MORE TOXIC.** This is because it burns at a lower temperature, leading to lower combustion and thus releasing more chemicals. In addition, due to higher lung surface area, **children are more affected than adults by second-hand smoke.** Pipe argues that offering help (showing that you understand that it is difficult to quit smoking) is more valuable than anti-smoking posters, ads, magnets, and flyers. **This assistance must be genuine and NON-JUDGEMENTAL.**

People always wonder how we can change the smoker's behaviour, how can we make an impact on smokers' lives and help them leave behind their addictive, unhealthy habit? **Pipe has a very simple answer: we must change our own.**

[A. Pipe's Conference Talk Video](#)

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## Dr. Phil DeCicca



**Public policy affects the health choices that we make**, especially around activities like smoking. However, research also shows that people who have been smoking for a long period of time are not very sensitive to changes in cigarette prices. This means that one of the most effective ways to contribute to smoking cessation initiatives is to target programs toward young people (15-16 years). **These solutions do not have to be complex and elaborate—sometimes the simplest ideas are more effective.** Thus, DeCicca suggests that a potential motion could be to set aside a portion of tobacco revenue toward a financial incentive to keep young people from

picking up smoking.

Because it is much harder to change behaviour using incentives in older adults, for this particular age group there should be a focus on reducing the number of cigarettes smoked per day (eg: help the patient go from 15 cigarettes per day to 4-5 per day). The method behind this is a form of **harm reduction**—if we can't get older adults to QUIT, we need to reduce the number of cigarettes smoked.

The above two suggestions are economically and practically sound—characteristics that are vital to a successful tobacco cessation initiative.

### [P. DeCicca's Conference Talk Video](#)

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## Penny Hill

A few decades ago, everybody on the reserve smoked. Now there are more non-smokers, which Hill considers **a step in the right direction**. Despite the improvement, we continue to be plagued by a high on-reserve smoking rate and easy access to these cigarettes (there are 101 smoke shops and 15 convenience stores on Six Nations where cigarettes can be purchased). In addition, chewing tobacco is surprising common amongst youth, which is something that is rarer among non-Aboriginal populations.



Hill explains that there is an array of attitudes of why people smoke. These attitudes also contain a **sense of misunderstanding about the harms of tobacco**. For example, many people believe that smoking cannot be truly bad for you if they have seen heavy long-term smokers continue to be active and energetic throughout their senior years.

**These realities call for a culturally-appropriate solution.**

However, in order to be truly successful, there is a need to conduct another detailed research project to gain a basis for **current on-reserve smoking statistics**. We need to have a concrete set of numbers that describe exactly what we are aiming to tackle.

**Hill believes that the solution lies in focusing on our strengths and building upon the partnerships that have already been built.** We need to devise more innovative ways to approach smoking cessation and there should be a conscious effort to develop more clinics (eg: using the Family Health Team). The reason for developing fresh, new solutions is because the high risk smokers are the ones who ARE NOT showing up to the current tobacco cessation programs. **This needs to be changed.**

### [P. Hill's Conference Talk Video](#)

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#### **Michael Perley**



The Ontario Campaign for Action on Tobacco (OCAT) does not focus a great deal on smoking cessation. Perley suggests that this is primarily because these types of efforts are the hardest way to prevent the damage. Instead, he considers **smoking more of an environmental problem**—the pesticides used in tobacco growth are picked up in the cigarette, contributing to negative health effects (not only for the smoker, but also for the farmers).

Tobacco is meant to kill when used precisely as it is intended. Thus, the industry knows the ill-effects of what it is doing, but continues to partake. Tobacco companies depend on people under 20 (“new recruits”) to start smoking. In fact, **people often start smoking before they even know what addiction is.**

Perley outlines the current tobacco control policies in Ontario, cessation strategies, and contraband control:

#### **1) Current policies:**

- 75% of packets have 1-800 # on the cigarette packet (Smoker's Helpline)
- No retail sales to minors
- Smoke-free restaurants and schools
- No sales from drug stores or vending machines
- Vast majority of advertising and promotion is banned

#### **2) Cessation strategies:**

- “Appeal” of smoking in movies and ads should be changed
- Tobacco taxes in Ontario are the lowest among all provinces in the country and thus should be increased
- Hospital cessation initiatives
- Nicotine replacement therapy

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- Prescription medication free to ODB recipients
- Pharmacists paid to counsel patients
- Workplace cessation pilot programs

### 3) Contraband control:

- Increased fines
- Police being able to ticket those found with smaller amounts of contraband
- Impoundment of vehicles used to transport contraband
- Vehicles stopped and searched if reasonable (for raw leaf tobacco)
- Stronger registration system

Perley says that in the past, the 'Smoke Free Ontario' campaign was particularly successful. The main goal of this project was to get smokers to think about the effect that their smoking had on the people around them (eg: showcasing stories of people with emphysema from second-hand smoke). He says that looking at a situation through a different lens can sometimes help smokers evaluate their actions differently.

Along with the several changes that are on the horizon (eg: a ban on Hookah, more smoke-free outdoor spaces, and more control on retail distribution) Perley believes that a combination of solutions will be most successful. **We have to take a multi-pronged approach, to this multi-pronged problem.**

[M. Perley's Conference Talk Video](#)

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### Conclusion



Ruby Miller concluded the discussions by reminding us that the issue of tobacco use is **not only a financial concern but is also deeply rooted in Aboriginal culture and income generation**. Thus, when solutions are considered for these types of issues, they must be met with **sensitivity**.

Overall, the threads of important suggestions that filled the Six Nations Community Hall on June 26, 2012 were sewn together into a tapestry of solutions that can help reduce the high smoking rates on the reserve.

**We can begin by addressing the following potential ideas that aim to improve tobacco/stress education programs (low impact, but important), limit access/availability & control, and economic factors (high impact and important):**

**Educational Programs:**

- Educate mothers about risks to babies (Media advertising, Birthing Centre counseling)
- Help current smokers quit (Health Services education programs)
- Build upon current anti-smoking education partnerships
- Mental health and stress relief sessions/programs

**Access, Availability & Control:**

- Limit access to tobacco products especially among under-aged youth
- Increase enforcement of acquiring tobacco (amongst youth)
- Create and enforce Bylaws regarding advertising and selling tobacco to minors
- Increase enforcement of contraband cigarette sales/purchase
- Use multimedia anti-smoking advertising to lower the number of people who pick up smoking

**Economic Factors:**

- Increase price of tobacco products
- Increase the price of Rollies to increase competition between products

**The primary way to relay the aforementioned goals is to organize a task force of dedicated individuals. This tobacco task force will help disseminate knowledge, create action steps to address access, availability, control, and pricing, and work with Six Nations community members to formulate new ideas and solutions.**

**With some hard work and determination, we can help mitigate the high smoking rates on the Six Nations Reserve.**

**Let's move forward with sincerity, sensitivity, and an honest desire to help.**

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<sup>1</sup> Anand S, Yusuf S, Jacobs R, Davis D, Gerstein H, Lonn E, Yi Q. Risk factors, atherosclerosis, and cardiovascular disease among Aboriginal People in Canada: The Study of Health Assessment and Risk Evaluation in Aboriginal Peoples (SHARE-AP) Lancet 2001 Oct 6;358(9288):1147-53.

<sup>2</sup> Anand SS, Davis AD, Ahmed R, Jacobs R, Xie C, Hill A, Sowden J, Atkinson S, Blimkie C, Brouwers M, Morrison K, de Koning L, Gerstein H, Yusuf S; SHARE-AP ACTION Investigators. A family-based intervention to promote healthy lifestyles in an aboriginal community in Canada. Can J Public Health. 2007 Nov-Dec; 98(6):447-52.