



Building and Sustaining Partnerships

**A Resource Guide to Address
Non-Traditional Tobacco Use**

**Prepared for First Nations and
Inuit Health Branch, Health Canada**

OCTOBER 2003

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PART 1

Overview of the Resource

Introduction:

Building and Sustaining Partnerships

The purpose of this resource is to better understand tobacco misuse, to examine the ways to build and create partnerships, and to look at oneself in the process. Each person has a unique range of knowledge, experience and skills that will affect the way that partnerships will be created. As such, each person must be aware of his or her strengths in order to support and build these partnerships.

This resource contains a number of methods and information sources for developing partnerships. Creating an effective partnership is both a skill and an art that can be learned. As every issue is unique, the partnership-builders must be aware of their own strengths as well as the times when they need to find other resources to support them.

This manual discusses building and sustaining partnerships. The term partnership could be interchanged with terms such as a coalition, a network, a group or a team. While each term has a slightly different meaning, each refers to some sort of relationship where individuals and organizations work together towards a common goal. For the purpose of this manual, then, the term partnership is used.

Objectives of the Resource

This resource will help you:

1. Identify what components make up a comprehensive tobacco strategy
2. Understand your experiences in partnerships and what made them successful
3. Explore the development of partnerships, including:
 - a. Reviewing the reasons for creating a partnership
 - b. Exploring ways to get individuals and groups involved in a partnership
 - c. Defining the purpose and goals of a partnership
 - d. Identifying what activities that a partnership could pursue
 - e. Determining how the partnership will function
4. Identify how to create and maintain a successful partnership
5. Identify useful resources

Example Outline of the Resource

If you were to review this resource as part of training, the following outline may be a useful guide to help the instructor.

Overview	Type of activity	Time
<ul style="list-style-type: none"> • Introductions, if necessary • Housekeeping details • Review objectives • Overview course manual 	<i>Presentation and discussion</i>	10 minutes
<ul style="list-style-type: none"> • Traditional & non-traditional use of tobacco 	<i>Presentation</i>	20 minutes
<ul style="list-style-type: none"> • Comprehensive tobacco strategy: what is it? 	<i>Presentation and discussion</i>	20 minutes
<ul style="list-style-type: none"> • Reflection on experiences within partnerships 	<i>Individual activity; worksheet</i>	40 minutes
Overview of: <ul style="list-style-type: none"> • What is a partnership? • Why create one? • What does a partnership do? 	<i>Presentation and discussion</i>	20 minutes
<ul style="list-style-type: none"> • Review objectives and confirm getting-together time after break 	<i>Presentation</i>	10 minutes
BREAK		
<ul style="list-style-type: none"> • Review previous material • How does this information apply to First Nations communities? 	<i>Group discussion</i>	10 minutes
Overview of: <ul style="list-style-type: none"> • What exists within a community? • How can individuals and groups get involved? • What factors to consider when creating a partnership or group? • What activities could a partnership be involved in within their community? • What factors promote success? 	<i>Presentation and discussion</i>	100 minutes
BREAK		
<ul style="list-style-type: none"> • Things to evaluate • Review appendices 	<i>Group discussion</i>	10 minutes
<ul style="list-style-type: none"> • Closing remarks 	<i>Presentation</i>	5 minutes



PART 2

Traditional and Non-Traditional Use of Tobacco

What is our traditional use of tobacco?

Tobacco has been used in Aboriginal communities for thousands of years before contact with Europeans and the rise of recreational smoking. Tobacco was grown and cultivated with other natural herbs such as sweet grass and lavender.

Not all Aboriginal populations across Canada use tobacco as a traditional, sacred part of their culture. This is because of the differences in culture, climate and geography. Plant products such as willow bark, sweet-grass, cedar and sage were smoked in pipes and used instead of tobacco by some nations.

There are two varieties of tobacco:

- Nicotiana rustica or Indian Tobacco – traditional
- Nicotiana tabacum or commercial tobacco – non-traditional

Traditional tobacco was cultivated separately from other crops.

- burnt over the fire
- thrown on water
- left on the ground
- smoked in a pipe either by an individual or passed around a circle of people
- chewed

Generally, traditional tobacco or the above substitutes were an important component of Native cultures in two main aspects:

Ceremonial

- communicating with the spirits (smoke)
- thanking the Creator
- praying for a good harvest or better fish catch
- rites of passage ceremonies (birth, weddings, funerals)
- sealing the peace with enemies (peace pipe)

Medicinal

- To treat earaches and snakebites
- To purify the mind and heal the body

Some Nations have a “pipe carrier”, a special medicine person who uses tobacco the traditional way to communicate with the Creator.

Today, traditional tobacco is still regarded as sacred by most Aboriginal groups and retains its spiritual and, in some cases, medicinal value. However, because tobacco has been a vital part of Aboriginal culture for so long, its traditional use is sometimes given as a justification for smoking or chewing commercial tobacco. Such confusion can hinder efforts to reduce the consumption and deal with the harmful effects of non-traditional tobacco use.

Using traditional tobacco is part of the Aboriginal heritage – Addiction and disease brought on by abuse of non-traditional tobacco is a post contact legacy.

Reference: The Non-Traditional Use of Tobacco in First Nations and Inuit Communities by National Indian and Inuit Community Health Representatives Organization

Tobacco Misuse in Aboriginal Populations

Three national surveys documenting Aboriginal tobacco misuse were conducted between 1991 and 2001. While these surveys document different results, they all concur that smoking rates in Aboriginal populations are unacceptably high, and are often double the rates found in the non-Aboriginal population.

Highlights from these surveys are summarized below:

The Aboriginal Peoples Survey (APS) was conducted in 1991 by Statistics Canada and repeated in 2001 (although the results for 2001 are not yet available). The survey included 341 of 600 First Nations Communities, covering all provinces and territories.

- 57% of Aboriginal adults are current smokers. Daily smoking rates within the Aboriginal community are double the current smokers in the general Canadian population.
- Smoking prevalence is higher among the Aboriginal population for every age group compared to the Canadian Population. Smoking rates are highest among young adults aged 20-24 at 65% and 25 – 44 at 61%, while over half of Aboriginal teenagers are smokers at 54%.
- Smoking rates among Aboriginal adults tended to decrease with increasing education levels. Those with less than a grade nine education are almost twice as likely to smoke as university graduates (57% vs. 29%).
- Among Aboriginal adults, Inuit people have the highest smoking rates at 72%, while 57% of Metis are current smokers and 56% of First Nations people are current smokers.

The First Nations and Inuit Regional Health Survey (FNIRHS) was conducted in 1997 by Health Canada. This survey collected data from First Nations people living on reserves and Labrador Inuit communities.

- 62% of First Nations and Inuit populations are smokers.
- 78% of Aboriginal adults reported misusing tobacco at some point in their lives.
- The smoking prevalence for First Nations and Inuit people are double that of the general Canadian population in many age groups.

- Smoking rates are highest among young adults aged 20-24 at 72%.
- Smoking rates decreased as education levels increased, but the smoking rate of 53% in the highest education group is still almost double the general Canadian population smoking rate.
- 57% of First Nations and Inuit indicated that smoking occurred in their homes.

Canadian Community Health Survey (CCCH) was conducted in 2001 by Health Canada. Aboriginals were surveyed in the Territories or outside of First Nations and Inuit communities.

- 51.4% of Canada's off-reserve Aboriginal population are current smokers, almost double that of the general Canadian population.
- The smoking rates of off-reserve Aboriginal people are significantly higher than those of the non-Aboriginal population in both urban and rural areas.

Health Canada also commissioned Ipsos Reid to survey 800 Aboriginal people in 2002 and Aboriginal smoking rates and trends have been surveyed in the North West Territories in 1999 and in British Columbia in 1997.

Contact your local Community Health Representative or local health official to determine if local data on smoking behaviors has been collected in your community.

Conclusion: Regardless of which survey is looked at, the issue of tobacco misuse is a significant health issue for Aboriginal and First Nations people.

Source: Balancing Act, Aboriginal Adult Tobacco Cessation Strategies: Implications for social Marketing, Prepared for: Nizam Siddiqui, Health Canada, 2002



PART 3

Understanding Tobacco Control

Comprehensive tobacco strategy – What is it?

A comprehensive tobacco strategy is a combination of legal, economic and social activities that, when combined, work together to make it harder for children and youth to start smoking and easier for adults to quit. There is no one activity that will address the problem of tobacco misuse. It requires a multi-pronged and sustained approach, with a mix of numerous activities in order to reduce tobacco use among any community. The evidence indicates that strategies or approaches use a mix of:

- 1. Prevention activities*
- 2. Promotion activities*
- 3. Cessation activities*
- 4. Exposing tactics of the tobacco industry
(also known as denormalization)*

What does the First Nations and Inuit Tobacco Control Strategy say about tobacco control?

The strategy is a First Nations and Inuit initiative, which is intended to: influence behaviours and attitudes related to smoking, especially among youth; help build the capacity of communities to address the health issues around tobacco use; and improve retailer compliance on sales to youth on reserves through increased education.

http://www.hc-sc.gc.ca/english/media/releases/2001/2001_62ebk1.htm

First Nations and Inuit Tobacco Control Strategy Program Objectives

There are five specific objectives that the First Nations and Inuit Tobacco Control Strategy is expecting to achieve, as follows:

1. To build capacity within the First Nations and Inuit communities to develop and deliver comprehensive, culturally sensitive and effective tobacco control programs at a pace acceptable to those communities.
2. To promote the health of First Nations and Inuit people by decreasing the prevalence of tobacco smoking and smokeless tobacco use among all age groups, but in particular among youth and pregnant women.
3. To decrease the uptake of smoking among youth.
4. To decrease the impacts of environmental tobacco smoke on the health of First Nations and Inuit.
5. To engage the leadership of First Nations and Inuit in learning about, voicing opinions and supporting tobacco control strategies.

Reference: First Nations and Inuit Tobacco Control Strategy Program Framework, January 2002, p. 3.

What does the federal government say about their Tobacco Control Strategy?

The Tobacco Control Strategy builds upon the activities and directions of recent years through four mutually reinforcing components: protection, prevention, cessation and harm reduction.

Protection:

- Compliance with Health Canada legislation is a priority, particularly to ensure that the more than 60,000 tobacco retailers in Canada don't sell to youth.
- As it has in the past with initiatives such as the new tobacco health warning messages, research will provide evidence and support for all programs and any new regulations.
- Expertise will be provided to municipalities and others to assist in the adoption of non-smoking rules and by-laws.
- The Government of Canada will continue to defend the Tobacco Act and Government's position in tobacco-related litigation.

Prevention:

- Prevention very much focuses on youth. Resources and activities will be developed to engage them in developing effective programs and strategies for their peers.
- Health Canada will provide health policy assistance to the Department of Finance in developing effective tax strategies. Taxation is an important element of tobacco control, as it has clearly been shown to reduce consumption, particularly among youth.
- The strategy calls for building upon existing web-based and printed resources to inform health care professionals, teachers and others working with youth.
- Partnerships are critical to the implementation of an integrated program. The Government of Canada will work with the provinces, territories and Non-Government Organizations to build on existing networks, and to enhance the ability of communities to act on this issue.

Cessation:

- In the area of cessation, steps will be taken to address the need for national standards, including clinical practice guidelines and tools that engage health professionals in the promotion of smoking cessation.
- The strategy aims to enhance public access to programs, resources and information on best practices.

Harm Reduction:

- Despite the best efforts to reduce smoking among Canadians, there are some who will continue to smoke. Health Canada will continue to exercise its responsibility to regulate products in such a way as to reduce the risk from tobacco use.

Reference: http://www.hc-sc.gc.ca/english/media/releases/2001/tobaccotax_2001ebk.htm

What does the Framework Convention on Tobacco Control have to say?

The Framework Convention on Tobacco Control (FCTC) is a global treaty, newly ratified by governments around the world, through the World Health Assembly (WHA). The FCTC will address trans-national and trans-border dimensions of tobacco control, such as global advertising, smuggling and trade. It will also serve to strengthen national tobacco legislation and control programs. The FCTC could help turn the tide against the tobacco industry by weakening its political power and helping to end its reckless behavior through regulation and legislation.

The FCTC acknowledges the high level of smoking among indigenous peoples, and expresses its concerns as follows: “the Parties to this convention are deeply concerned about the high levels of smoking and other forms of tobacco consumption by indigenous peoples.” The treaty is guided by the principle of ensuring the “need to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programs that are socially and culturally appropriate to their needs and perspectives.”

Source: <http://www.who.int/gb/ctc/PDF/inb6/einb65.pdf>

Things to Consider Before Getting Started

What is a partnership?

Everyone has a different idea of what a partnership is, and it is therefore important to develop some common understandings and expectations.

For the purposes of this resource, a partnership is a coming together of concerned individuals and organizations to address an issue within a community. Successful partnerships will identify common interests, create and implement a project, and ultimately achieve positive results to improve the quality of life in a community.



Personal experiences with partnerships

In order to better understand how partnerships work, it is useful to reflect on your own personal experiences and what you liked and disliked. These experiences will help shape the way that you interact with others as you develop partnerships.

What are some of the groups that you have been part of?

What was the experience like?

What activities did the group do?

How were you involved? What role did you play?

What do you remember most about the group?

What would have made it better?

In your opinion, was the group successful? Why?

What do you think contributed to the success or lack of success of the group?

Why start a partnership?

When an issue is identified in a community, a partnership may be an effective method of addressing the issue and mobilizing people.

Establishing a partnership might be needed when:

- An issue requires the community to get involved
- The cause is just and is in the community interest
- There is support for the cause among many community residents
- When there are powerful adversaries that have huge and unlimited resources, such as the tobacco manufacturers
- When the resources are limited

Source: Coalition québécoise pour le contrôle du tabac

What can a partnership do?

Partnerships focus energies on an issue within a community. For example, a community that is concerned about young mothers and their children being exposed to second-hand smoke may get together to remove ashtrays and smoking from a bingo hall.

Things a partnership can do:

- Bring together like-minded individuals to foster cooperation in addressing community issues and problems
- Raise awareness and increase community knowledge regarding a specific project
- Raise funds to implement a project
- Provide information and advice to decision-makers in the community
- Advocate for changes to community and governmental policies and regulations
- Increase volunteer and professional involvement in community activities
- Increase access to prevention and support services for individuals and groups
- Offer opportunities for skill and competency development to partnership members
- Build skills in the community at large to effectively support ongoing change

What are the benefits of starting a partnership?

- Partnerships reflect the support that exists within the community for the issue
- Partnerships legitimize the cause and gives political weight to issues
- Partnerships can help create a larger “voice” that can help you achieve what could not be done alone
- Partnerships help build the skills of individuals within a community
- Partnerships build a greater base for influencing and affecting decision-makers
- Partnerships offer the opportunity for leaders to develop and initiate actions that may otherwise not have been initiated
- Partnerships offer opportunities to use limited resources more effectively and efficiently
- Partnerships foster cooperation and goodwill between organizations that may compete for money and volunteers
- Partnerships provide a common front and minimizes contradictions among the member organizations
- Partnerships provide a way to coordinate and share information in the community
- Partnerships get recognized by broader audiences and generate greater credibility and visibility for the issues they are trying to address



**Let's Get Started –
Forming the
Partnership**

Why are you starting a partnership?

Before starting the process of getting individuals to join a partnership, it is first important to clearly identify why this partnership is necessary and what the overall purpose of the partnership will be.

Here are some things to consider:

- Clearly define the problem or issue that the partnership will address, including the scope and causes of the problem
- Describe who is affected by the problem, and previous attempts, if any, to solve the problem
- Identify the consequences if the problem is not addressed
- Identify why a partnership is necessary to solve this problem
- Describe what you hope to accomplish with the partnership
- How do you plan to accomplish this desired outcome



Review what resources exist in your community – community mapping

Why undertake community mapping?

Looking at what resources exist within communities, also known as community mapping, will help your partnership collect information from which to make better decisions about future directions. Mapping helps partners learn about their community, and helps provide the information to set priorities for your community project. There are many ways to conduct a review of what types of resources and opportunities exist within a community. It can be as simple as talking to individuals within the community and determining what should be done. It may include distributing surveys, conducting literature reviews, and convening focus groups. Regardless of what is done, reflecting on your community is an important step to take to move forward. A tool to help develop a map of local resources is outlined on the next page.



Community Mapping Questions

The following list of questions can be used to complete your community resource review:

Question	Answer
Are there protocols, procedures or practices within your community that you should be aware of and respectful of?	
Would you share the historical and present use of tobacco products in your community?	
What other partnership-building projects have been successful in your community?	
Are there any other community interests that may compete with the partnership project?	
What interest is there in your community in working on tobacco issues?	
Who would you like to invite to participate in a partnership?	
What is your understanding of the community's perspective on this issue?	
Has your community participated in any tobacco reduction strategy activities?	
How many people live in your community?	
Are there any other bands that are affiliated with your band? If so, what are their names?	
What are the local health programs?	
Does your band or any of your band members sell tobacco products on your reserve or reserves?	
Other information	

Note: For more info on community mapping, view the Community Mapping Resource Guide at www.actionforchange.org/mapping

Who could be involved in a partnership in your community?

A partnership means that more than one person or group is involved. As you reflect on who should be involved, consider potential partners who:

- Are concerned or affected by the issue
- Are interested in the group's goals and issues
- May already be working on the issues
- May be interested in supporting the work
- Can publicly support the partnership (e.g. teachers, police, clergy)
- Have volunteers that can support the work
- Have had success in using the media to support their activities
- Have had success in gaining access to and influencing community decision makers

Are there groups that have an interest in your community and may not have offices within your community, such as non-governmental organizations, regional health staff or others?

Examples of individuals and groups to contact

Each community is different in terms of size, population, the distances across the community and the number of organizations and individuals involved. As such, as you review your community, you may be able to identify people who may be interested in moving the partnership forward.

The following list is intended to be long and inclusive. It may remind you of other groups and individuals that should be involved.

Community Representatives	<ul style="list-style-type: none"> Chief Elders Band Manager Band Councilors Community Role Models City Council Members School Boards Members of Parliament Members of the Legislative Assembly
Health personnel	<ul style="list-style-type: none"> Community Health Representatives Community Health Nurses Alcohol and Drug Counsellors Directors of Public or Community Affairs Regional Medical Health Staff Physicians, Nurses, Nutritionists & Dentists Regional Tobacco Reduction Coordinators Volunteer Coordinators Head Start Workers Social Workers Youth Workers Crisis Workers Other Community Support Workers
Students/Educators	<ul style="list-style-type: none"> Students Teachers School Nurses School Superintendents Principals of Secondary Schools, Public & Private
Youth-Serving Organizations	<ul style="list-style-type: none"> Dance Groups Cultural Groups Youth Drop-in Groups Recreational Athletic Programs Boys and Girls Clubs

Local Agencies and Staff

Band Administration
 Peacekeepers
 Public Health Agencies
 Social Services
 Community Service Agencies
 Libraries
 Community Economic Development agencies
 Regional Health Authorities Boards
 Clergy

Radio/TV Station Staff

Managers
 Announcers
 Reporters
 Public Affairs Coordinators

Newspaper Staff

Editors
 Newspaper Reporters
 Health Editors
 Community Affairs Editors

Local Businesses

Local Stores
 Shopping Malls
 Pharmacies
 Banks
 Fast Food Franchises
 Health Clubs

Community & Civic Groups

Red Cross
 Fire Departments
 Police Departments
 Voluntary Health Agencies

Community & Civic Groups

Non-profit organizations such as regional offices of the:
 Lung Association
 Heart and Stroke Foundation
 Diabetes Association
 Canadian Cancer Society



How can you get people involved in the partnership?

There are many ways to get people or groups involved in a partnership. The following ideas are some ways to get people involved.

- Identify and conduct interviews with key community leaders who can support, join, or suggest other members for the partnership or group.
- Survey the community to generate interest in the issue and to identify individuals and groups who would be interested in joining the partnership.
- Organize a series of information sessions at different locations within the community.
- Coordinate information sessions with other community events.
- Develop a clear rationale as to why a partnership is needed and is the best choice over other strategies to address the issue.
- What are the general goals of the partnership or group? Defining what the partnership or group intends to work on will establish interest and commitment from the community.
- Seek out partnerships with off-reserve provincial resources.



PART 6

Let's Get Organized

What to do at the first meeting?

Big or small, the first meeting could be very formal or it could occur around a kitchen table. The reason for getting together though, is because there is an issue within the community that requires some sort of response.

The following agenda outlines things that will need to occur if you want to move ahead towards action within the community.

Sample Initial Meeting Agenda

- Cultural Component
- Introductions
- What is it that you hope to do within the community
- Why is this an issue
- How could it be dealt with
- Ask people to discuss why they are interested and how they could help address the issue
- What should we do next

You may want to discuss the possibility of developing a more formal partnership. In that case, you may also want to talk about:

- What do attendees want from the partnership
- Discuss the partnership purpose and goals
- Discuss potential activities that partners could support
- Establish roles that partners want to play
- Discuss funding needs and potential partner contributions
- Establish ground rules for how meetings will run and how decisions will be made
- Consider how future meetings can be scheduled equitably as to time, date, location and how often members will meet
- Schedule the next meeting and choose a Chair, and who will organize the meeting

You need to be sure that whatever you do at the first meeting, it makes sense to the people who will be coming. Since you probably know most of the people, an informal discussion about the issues, how to work together and what to do may be enough to get the project moving forward.

The most important thing to remember though, is to have everyone clear about what you hope to accomplish and how you hope to do this. If this is clear, then the steps about moving forward become much easier for everyone.



How will the partnership function?

A partnership may be small or large. It may have an informal way of functioning or it may require a formal & detailed structure. The following list of questions will help determine logistical issues to consider.

- Organize a meeting with the initial identified partners to explore the purpose of the partnership and how it will function.
- Define how long the partnership might exist. Is it for a short amount of time, perhaps for a specific project, or is it something that might be around for a longer period of time. What you want to accomplish will influence the life of the partnership, and the vision and goals of the partnership should determine its life-term.
- Identify some of the logistics such as where, when and how often will the partnership meet.
- Who will take care of the meeting details about how partnership business will be carried out? Identify who does what.
- Establish membership parameters and how new members will be invited to participate.
- Determine how the partnership makes its decisions. How will ideas be brought forward to the partnership for discussion? How will partnership decisions be made and communicated?
- What will the structure of the partnership meetings be like? How will the meeting agendas be created?
- Will the partnership develop and support smaller committees or working groups that meet more regularly? How will they report and communicate with the larger body of the partnership?
- Develop a method for evaluating your progress. How will you know you are making a difference?
- Establish a working group to begin the process of developing the partnership vision, mission, goals and objectives.

What to consider when developing the vision, mission and goals?

During the first few meetings, it will be important to establish the vision, mission and goals and objectives of the partnership to clearly define its purpose, clarify its role and give it an identify of its own. Here are some things to consider:

Create a clear vision and mission (see the vision and mission worksheet on the following page)

- What does the partnership hope to accomplish and why
- What is your perfect dream of how things should be
- What would a successful outcome look like

Set mutually agreed upon goals that the partnership wants to achieve for the community

- Establish goals that will focus on desired outcomes rather than activities
- Establish goals that are relevant to the mission
- Establish goals that are achievable
- Establish short-term goals and long-term goals

Create specific objectives for each of the goals

- What specific changes in behaviors would you ideally like to see if the partnership's efforts were successful
- What specific changes in the population would you ideally see if the partnership's objectives were completed
- Who will be responsible for ensuring they are completed
- Are the objectives achievable and measurable

Identify specific activities necessary to achieve the objectives

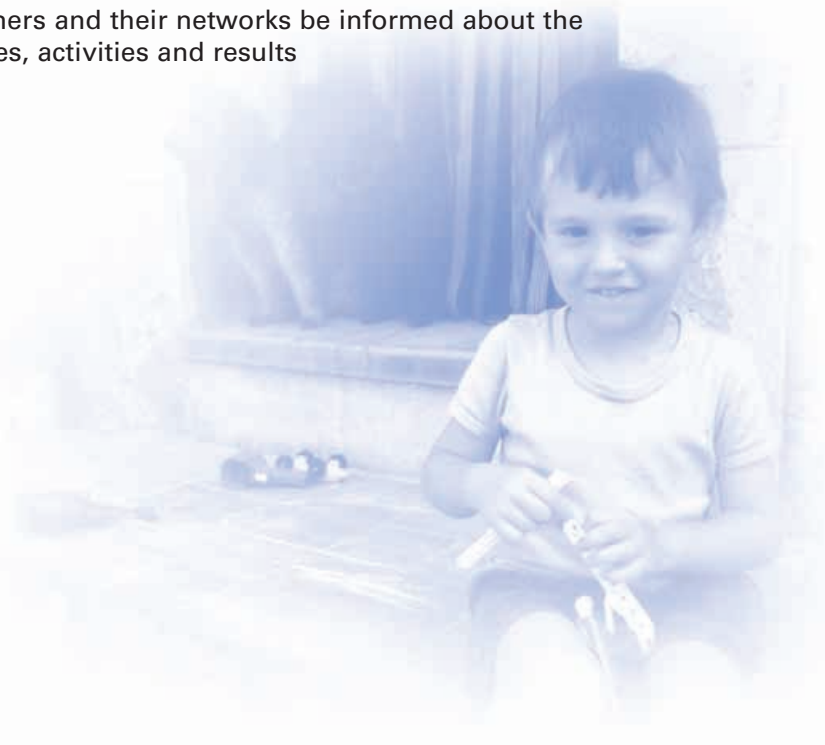
- What activities will be undertaken by the partnership to meet the objectives
- Where will the activities will be directed
- What specific tasks are involved and how will the work be shared
- When will the activities be implemented
- Who will be responsible for carrying out the activities
- What resources will be needed to complete each activity
- What are the timelines for each of the activities
- Are the activities consistent with the overall vision, mission and objectives

Create a method of monitoring results

- How will the partnership know it is achieving its goals
- What will the partnership do if it is not achieving its goals

Create a plan for communicating the Partnership's work

- How will the partners and their networks be informed about the planning objectives, activities and results



Vision and Mission Worksheet

Vision

If you choose to develop a formal vision and/or mission statement, it is important to include the views of all the participants so that everyone is in agreement with, and invested in, the overall purpose and goals.

Developing a vision involves talking about the perfect dream of how things should be and what success means to you. For instance, your perfect dream about tobacco control might be "A day when children in our community do not start smoking." Consider developing a statement that conveys the partnership's dreams for the community.

At this point, it is useful to have everyone share why they are part of the partnership and what they hope it will mean for their organization, as well as the community.

Mission

Developing a mission statement involves talking about what the partnership hopes to accomplish and why. An example of a mission statement might be, "To reduce smoking rates in our community because of the devastating health effects caused by tobacco misuse."

Here are some things to consider in developing the mission:

What is the overall purpose of this partnership?

What does it want to accomplish?

Why does this partnership exist?

What would happen if this partnership did not exist?

Who does this partnership want to reach?

What are the most important activities to be carried out by this partnership?

What kinds of activities could a partnership do?

There are many activities that a partnership could undertake. For example, in the community of Bella Bella, with 1800 residents, three coaches used sports to encourage ten youth soccer team members not to smoke, drink alcohol or use drugs. The coaches asked for verbal agreement from the team members and compliance occurred through an honour system. There was some discussion about the harmful effects of tobacco, alcohol and drugs. The opportunity helped raise awareness of tobacco use and other issues with the team members.

The following list outlines a few activities that could be considered.

Presentations

- Get on the radio and talk about tobacco control issues
- Talk to dance groups, youth groups and other groups about tobacco issues
- Talk to business owners that sell tobacco about the problems of selling tobacco to minors
- Meet with Chief, Elders, Board members and other decision makers to discuss tobacco control issues
- Find guest speakers on tobacco control and host an event

Skill Building

- Offer a workshop on how to create posters
- Work with a media trainer to teach youth how to make videos and get the youth to produce videos (multi-week project)

Youth

- Get youth to develop stories or plays on tobacco use
- Teach youth how to develop websites and how to do research on internet; then, have youth develop websites on tobacco use within the community

Events

- Get the local bingo hall to go smoke-free for one night
- Develop a campaign to get people to make their homes smoke-free
- Develop a campaign to get people to make their cars smoke-free
- Develop ideas for national non-smoking week (2003: January 19-25) (Weedless Wednesday January 22)
- Work with teachers and Community Health Representatives to coordinate activities
- Organize contests (Quit and Win www.quitandwin.org, smoke-free homes)
- Organize a family night around the issue of tobacco

Research

- Identify the places that youth get tobacco
- Undertake research on the number of smoke-free homes or vehicles

Raise Awareness

- Write articles for local newsletters and local papers on tobacco issues
- Develop posters through a poster contest for children and youth
- Encourage the band office to go smoke-free
- If the band office is smoke-free, write and congratulate them on being smoke-free
- Work with dance group leaders around tobacco control issues
- Develop billboard signs and place them around the community
- Develop advertising for local newsletters
- Develop cards – “Our home is smoke-free”



Activity planning in partnerships

Once you know why you are getting together you may want to plan a specific activity to support your overall goal. This section can be used as a guide for planning potential activities identified by your partnership.

Example of Proposed Activity

- Implementing a smoke-free home contest in the community

Mission and Goals

- How does this activity relate to the partnership's mission and goals?
- What issue(s) is the partnership trying to address with this activity?
- What more information does the partnership need before it can address this issue effectively?

Members and Other Stakeholders

- Who might have an interest in this activity?
- Who might oppose the activity or be affected negatively by it in some way?
- Are there turf issues either inside or outside the partnership related to this activity?
- What training or special skills will those carrying out the activity need?
- How will the partnership or group provide needed training or skills?
- How will geographical considerations of potential members be addressed?

Resources

- What resources are needed to carry out the activity?
 - Partners (e.g., those with skills, access, human resources, influence, or funds)
 - Materials
 - Equipment
 - Location
 - Transportation

- Where can the partnership obtain in-kind services (non-monetary support such as office space and administrative help) or cash funds to cover the costs of the activity?

Follow-up

- What does the partnership expect to happen as a result of this activity?

- How does this relate to other activities being planned by the partnership?

- How will the partnership know that the activity was successful or effective?

- How will the partnership recognize people for their efforts and contributions?

Timeline

- How might other partnership activities have a positive or negative impact on the timeline of this activity?

- How might other community activities have a positive or negative impact on the timeline of this activity?

- Proposed or possible date of the activity : _____

**Let's Consider
Some Factors
to Success**

Keeping a partnership motivated

Often, people will be excited at the start of something new. However, as time goes on, people's enthusiasm diminishes and they may not want to continue their involvement in the partnership.

Some factors that will assist partnership builders to keep members motivated include:

- Develop a realistic and clearly defined vision, mission and set of goals that all members can commit to.
- Ensure that partnership activities support the vision, mission and goals.
- Focus on “doable” actions to ensure the partnership is effective and you see results.
- Establish timetables for achieving specific goals to ensure progress and successes are achieved within reasonable times.
- Outline the way people will be treated at meetings by establishing principles or values to drive partnership business and activities.
- Ensure the needs of partnership members are understood and respected by all members.
- Partnership activities need to include fun and celebrate the strengths of the community.
- Balance the workload between partnership members to reduce burnout and maintain high levels of participation.
- Partnership leaders should demonstrate appropriate behaviours in dealing with difficulties and conflict.
- Partnership leaders should share leadership responsibility and decision-making, empowering other members to develop higher levels of commitment to the partnership.

What factors hinder the success of a partnership?

Sometimes good ideas are never achieved because members of a partnership try to do too much or because there isn't enough time. The following list outlines some challenges to the partnership's success:

- Lack of vision
- Inadequate planning
- Spending too much time trying to define the purpose
- Developing great plans but not assigning responsibility for carrying them out
- Trying to implement too fast
- Taking on too much
- Failing to deal with difficult issues such as group leadership, difficult members, conflict
- Not developing a clear, democratic decision making process that allows broad input into discussions
- Turning into a discussion group versus an action group
- Focusing on too many long term goals
- Not enough short term successes to motivate and ensure ongoing commitment
- Not establishing deadlines or target dates
- Competing agendas
- Power struggles and dynamics
- Changes in available resources or fundraising difficulties
- Member burnout

Determining needed resources

Developing the partnership and undertaking activities will require resources from the member groups and individuals. Support can be provided through in-kind contributions, which include non-monetary support such as providing office space, administrative help, photocopies and mailings.

Though little financial resources may be immediately needed, substantial time commitments may be required from individuals. Here are things to consider when determining resources.

What are the clerical and administrative support needs required by the partnership?

Who will plan the agenda, take minutes, and be responsible for meeting site and providing for refreshments?

Is there an ongoing need to ensure adequate membership in the partnership? Who will meet with prospective members, undertake orientations to the work of the partnership, and contact people.

Is research needed to support activities of the partnership?

Will there be public relations needs in the partnership? Who will talk to the media and make public presentations? Who will write press releases and develop relationships with media personnel?

Will the partnership require resources to run programs?

Will there be fundraising needs in the partnership? Who will raise funds for the activities of the partnership? Will this be ongoing or based on annual events? Who will organize and administer the events?

Resource and funding strategies

There may be some costs that need to be covered if a partnership is started. Partnerships may obtain direct funds and/or in-kind support (support other than direct money such as office space and administrative help) from a variety of sources.

Key sources include:

- Membership dues: several partnerships have different member categories, with different dues amounts; this usually generates a minimum amount of revenue
- In-kind support, such as organisations donating space to hold meetings
- Local level partners, including band and community organizations
- The private sector, including businesses (local and national) for support
- Legislators, including municipal, provincial, territorial and federal governments
- Federal grants
- The Canadian Institute of Health Research (CIHR) – Institute of Aboriginal Peoples' Health
- Colleges and universities and regional centers of research
- Local or national foundations
- Local fund-raising activities
- Develop other “creative” approaches to solicit support

Included below is a worksheet to guide your development of a funding plan and strategy.

Funding strategy worksheet

What activities and projects is the partnership hoping to do over the next six or twelve months?

What kind of resources are needed to do these activities?

How much will these resources cost? Note that some resources such as staff time can be contributed by an organization. These types of resources are often called in-kind resources.

What monies/resources do you currently have available? From where? (e.g., partnership members, community organizations)

Where could funding come from to do these activities? What federal/provincial/territorial and local community resources should you seek out?

- Local resources (bands, tribal councils, health groups)*
 - Non-governmental organizations*
 - Government Grants*
 - Local Community (local foundations, local businesses, private contributions)*
-

Who takes the lead on pursuing these funding opportunities? How (e.g., write grants, phone calls)?

What are some of your next steps for securing additional resources ?

Let's Evaluate

What are the questions to ask to see how we have done?

When partnerships are formed, they usually have a result in mind about what they hope to accomplish. It may be to reduce the use of tobacco in the community or to ensure that children and youth are protected from second-hand tobacco smoke. This is important to measure. It is also useful to measure how well the partnership worked together.

Two things can be measured:

- How well the partnership did in coming together
- How well the partnership did in making change through their activities

You could examine:

- How successful was the partnership in coming together? Items to consider are:
 - How many people joined the partnership?
 - How many meetings did the partnership have?
 - How did the partnership work together?
- What did the partnership accomplish? Items to consider are:
 - What were the goals of the partnership?
 - How were the goals met?
 - How much was done within the specified time lines?
 - Before the activity started, what was the level of awareness of the activity? (e.g. exposure to second-hand smoke rates?)
 - After the activity was completed, what was the level of awareness of the activity?
 - Before the activity started, what was the attitude? (e.g. attitude towards tobacco and its long term health consequences)
 - After the activity was completed, what was the attitude? (e.g. attitude towards tobacco and its long term health consequences)



A P P E N D I X 1

Examples of Partnership

Examples of Successful Partnerships

Aboriginal Diabetes Initiative

First Nations On-reserve and Inuit in Inuit Communities Program (FNOIC). The FNOIC program is administered through the First Nations and Inuit Health Branch (FNIHB) regional offices, in partnership with First Nations and Inuit in the region. Through the FNOIC program, the Aboriginal Diabetes Initiative will ensure access to prevention and promotion, care and treatment, and lifestyle support programs for First Nations on-reserve and Inuit living in Inuit communities. Wherever possible, care and treatment programs build upon existing resources and capacities, and link to the home care services provided by the First Nations and Inuit Home and Community care program. Prevention and promotion programs aim to build awareness of diabetes and its complications and what can be done to prevent diabetes. Programs emphasize healthy eating and active living, and build awareness of the risk factors, complications, and what can be done to prevent these from occurring.

http://www.hc-sc.gc.ca/fnihb/cp/adi/fno_description.htm

Aboriginal Tobacco Strategy Working Group

The mandate of the British Columbia Aboriginal Tobacco Strategy Working Group, which is made up of six regional representatives, is to provide leadership/coordination, direct the Ministry of Health in determining funding allocations and priorities for community groups, act as an information conduit between communities as well as between government and communities and organize provincial activities such as the proposed "Honour Your Health Challenge"; designed to create enthusiasm and lay the groundwork in Aboriginal communities for tobacco reduction activities.

<http://www.healthplanning.gov.bc.ca/aboriginal/pdf/aboriginal.pdf>

Aboriginal Youth Network (AYN)

The Aboriginal Youth Network is a computer network which links young people in Aboriginal communities with their peers across Canada and the world. The AYN hopes to unite all Canadian Aboriginal youth with a long range goal of uniting youth worldwide through this site.

AYN provides information specifically designed for Aboriginal youth regarding programs, services, youth news, bulletins, powwow listings, art and literature, events, Chat Lines, e-mail hook-ups and listings, and health information sites for teens. It is hoped that youth will utilize this site to gather health information, to share thoughts and opinions, to meet other youth on-line and to provide a world venue for their needs and a platform for their voices.

http://www.ayn.ca/band_home.asp

Assembly of First Nations

The Assembly of First Nations (AFN) is a national aboriginal lobby organization and is the national representative organization of the First Nations in Canada. There are over 630 First Nation's communities in Canada. The AFN Secretariat is designed to present the views of the various First Nations through their leaders in areas such as: Aboriginal and Treaty Rights, Economic Development, Education, Languages and Literacy, Health, Housing, Social Development, Justice, Taxation, Land Claims, Environment, and a whole array of issues that are of common concern which arise from time to time. The Chiefs meet annually to set national policy and direction through resolution. The overall structure of the AFN is based on the Charter of the Assembly of First Nations, which was adopted in July 1985.

<http://www.afn.ca/>

Canadian Aboriginal AIDS Network Inc.

The Canadian Aboriginal AIDS Network Inc. (CAAN) is a non-profit coalition of individuals and organizations that provides leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS, regardless of where they reside.

<http://www.caan.ca/english.htm>

Indigenous Environmental Network (USA)

The Indigenous Environmental Network (IEN) is an alliance of grassroots indigenous peoples whose mission is to protect the sacredness of Mother Earth from contamination and exploitation by strengthening maintaining and respecting the traditional teachings and the natural laws.

IEN is governed by a National Council of Indigenous grassroots organizations and individuals. These members consist of the original founding organizations and members of the organizing Task Force. These member positions were appointed by Indigenous delegates at the 1991 and 1992 conference gatherings. The IEN member organizations and individuals consist of: Circle of Indigenous Youth; Dine' CARE; International Indian Treaty Council; Indigenous Womens Network; Columbia River Alliance for Economic and Environmental Education; New Mexico Alliance; Native Resource Coalition; Concerned Mescalero Citizens; Alaska Regional IEN; Oklahoma Regional IEN; Indian Toxics Campaign – Greenpeace; Great Lakes Regional IEN; Elderly Representatives; Individual Representation.

<http://www.ienearth.org/>

KAIROS

July 1, 2001 marks the birth of KAIROS: Canadian Ecumenical Justice Initiatives/Initiatives. KAIROS is new ecumenical partnership bringing together the Aboriginal Rights Coalition, the Canada Asia Working Group, the Ecumenical Coalition for Economic Justice, Inter-Church Action for Development, Relief and Justice, the Inter-Church Coalition on Africa, the Inter-Church Committee for Human Rights in Latin America, the Inter-Church Committee for Refugees, PLURA, the Taskforce on the Churches and Corporate Responsibility and TEN DAYS for Global Justice.

KAIROS is a partnership of Canadian churches, church based agencies and religious organizations dedicated to promoting human rights, justice and peace, viable human development and universal solidarity among the peoples of the Earth. KAIROS brings together 10 previously independent inter-church coalitions, whose concerns and work increasingly overlapped, given the realities of globalization. The new ecumenical organization provides continuity to the work of these coalitions and their more than 30-year history of highly respected research, policy development, advocacy and grassroots mobilization on a range of justice issues in Canada, Latin America, Asia and Africa.

<http://www.kairoscanada.org/english/who.htm>

National First Nations and Inuit Injury Prevention Working Group

Vision: to unite in creating injury free and safe communities for today and tomorrow

Mission: to develop and guide a coordinated injury prevention journey
The National First Nations and Inuit Injury Prevention Working Group held its inaugural meeting in February 2000. This group supports mobilization and action on injury among First Nations and Inuit at the national, provincial/territorial, regional and community levels. The name and formation of a 'National First Nations and Inuit Injury Prevention Working Group' (NFNIIPWG) reflects the current focus of a coordinated effort to act on injury. In order to foster a better future, the Working Group supports linkages and the sharing of lessons with all Aboriginal people. A document has been prepared by the working group to:

- share information about the problem of injury among First Nations and Inuit and the need for a culturally relevant framework for injury prevention and control;
- reflect on milestones achieved to date and the unfolding development of a coordinated strategic path; and
- outline how the national working group was formed and the journey being

http://www.hc-sc.gc.ca/fnihb/cp/ipc/working_group/index.htm

Sydney Tar Ponds Community Alliance

The tar ponds and coke oven sites in Sydney, Nova Scotia, contain environmental contamination from more than a century of steel production and other pollutants such as sanitary waste. The tar ponds contain 700,000 tonnes of toxic sludge, of which 40,000 tonnes are polychlorinated biphenyls (PCBs). The entire wasteland is bordered by homes, ball fields, playgrounds, schools, supermarkets and even restaurants. Recent (July 1998) tests confirmed what some residents have long suspected; the deadly toxic brew has invaded their lawns, a brook where children play and even the groundwater beneath their streets.

In response to the devastation to the environment and the resultant health hazards to the community caused by this catastrophe, a community alliance was established to recommend clean-up methods and secure funding from government for the substantive clean up costs of the tar ponds and Coke Ovens sites in Cape Breton County. The Alliance comprises representatives of business, labour, first nations people, and youth, and is a community effort to ensure the government addresses the estimated 1 billion price tag associated with correcting the areas internationally recognized health and environmental problems.

http://www.safecleanup.com/old_site/alliance.html

Tripartite Forum

The Tripartite Forum is made up of three partners – The Nova Scotia Mi'kmaq, the Province of Nova Scotia and the Government of Canada and was established on July 2, 1997. Through the Tripartite Forum, the Mi'kmaq, Nova Scotia and Canada engage in nation-to-nation discussions designed to implement the Mi'kmaq Nation's right to self-determination. The forum is comprised of three committee levels (Executive, Officials and Working Committees) and each level has representation from each of the three parties. All parties agree to work together without prejudice and by consensus to discuss and resolve issues of mutual concern.

<http://www.cmmns.com/legal.html>



A P P E N D I X 2

Fact Sheets About Tobacco

What makes nicotine addictive?

In 1988 the U.S. Surgeon General concluded that nicotine in tobacco is addictive.¹ The three major findings were:

- ***cigarette smoking and other forms of tobacco use are addictive***
- ***nicotine is the drug in tobacco that causes addiction***
- ***nicotine addiction is similar to heroin or cocaine addiction.***

How nicotine works

- Nicotine causes chemical or biological changes in the brain. This effect is called psychoactive and although it is less dramatic than heroin or cocaine, the strength of the addiction is just as powerful. It is a 'reinforcing' drug, which means that users desire the drug regardless of the damaging effects. For example, in research conducted in 1994, only 50% of smokers who suffered a heart attack managed to quit smoking even though their doctors advised them to. Coincidentally, 50% of all regular smokers die as a result of smoking.⁴
- Nicotine addiction is a physical dependency. Withdrawal symptoms are severe and most smokers cannot quit on their first attempt because of these symptoms.
- The human body builds a tolerance to nicotine and the effect of the drug is reduced over time. As a result, regular smokers can inhale greater amounts of smoke and therefore greater amounts of toxins, without showing immediate effects (ie coughing, nausea).
- Nicotine is extremely poisonous if consumed in large amounts and most people feel sick and dizzy the first time they smoke. These negative affects are quickly overcome.⁵ Over time the body builds a tolerance to nicotine, resulting in an increase in the amount of cigarettes smoked.¹

Nicotine in the body

- Cigarette smoke is acidic and therefore nicotine is absorbed through the lungs. Pipe and cigar smoke is alkaline and the nicotine is absorbed through the mouth. Human lungs are very efficient in absorbing nicotine which then moves through the bloodstream and into the brain and other organs of the body.¹
- It takes only 10 seconds for nicotine to reach the brain after being inhaled. This causes several physiological reactions^{1,2}
 - Acute increase in heart rate and blood pressure
 - Constriction of blood vessels causing a temperature drop in the hands and feet
 - Brain waves are altered and muscles relax.

Levels of dependency

- Levels of dependency vary, but 89% of smokers have a cigarette every one to two hours throughout the day.⁸
- A highly addicted smoker smokes more than 25 cigarettes a day, ranks the first cigarette in the day as the most important, and will smoke within 30 minutes of waking up.²

Withdrawal symptoms

- The most severe withdrawal symptoms occur within the first week although the craving for cigarettes usually persists for months and even years.⁵ The desire to smoke tends to be especially strong when a person is under stress. The typical withdrawal symptoms are:¹
 - headaches
 - anxiety and irritability
 - difficulty concentrating and sleeping
 - hunger
 - decreased heart rate and blood pressure
 - craving for nicotine.
- Other side-effects, such as tiredness and coughing, are indications that the body is in a state of repair and is cleaning out the poisons associated with smoking.
- According to the U.S. Lung Health Study, weight gain for men averaged 4.9 kg and 5.2 kg. for women⁷ in the first year after quitting.

Quitting smoking

- There are now more former smokers (26%), over the age of 15, than current smokers (25%).⁹
- The most common reason given for quitting smoking is concern about future personal health. Other reasons for quitting were life-style changes, cost of cigarettes, having a baby, and smoke-related illness or death of a friend or family member.
- The most common reason current smokers give for not quitting is lack of will-power.

There are five successive stages to quitting smoking:

- Pre-contemplation – not thinking about quitting
- Contemplation – thinking about quitting but not yet ready
- Preparation – getting ready to quit
- Action – quitting
- Maintenance – remaining a non-smoker.

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Source: http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/health_facts/addictions.html

Health effects of smoking

What are the effects on individual smokers?

- Unless they quit, up to half of all smokers will die from their smoking, most of them before their 70th birthday and only after years of suffering a reduced quality of life.

The average smoker will die about 8 years earlier than a similar non-smoker. Life expectancy improves after a smoker quits.

- There is strong scientific evidence that smoking is related to more than two dozen diseases and conditions. Fortunately, most of these start to reverse after a smoker quits smoking. Sometimes the benefits of quitting begin in a matter of hours.

All smokers are at extra risk for

- Coronary heart disease (e.g., heart attacks)
- Peripheral vascular disease (circulatory problems)
- Aortic aneurysm
- High blood pressure
- High cholesterol (LDL)
- Lung cancer
- Cancer of the mouth, throat and voice box
- Cancer of the pancreas
- Cancer of the kidney, and urinary bladder
- Chronic obstructive pulmonary disease (COPD)
- Chronic bronchitis
- Emphysema
- Pneumonia
- Influenza (the “flu”)
- The common cold
- Peptic ulcers
- Chronic bowel disease (Crohn’s Disease)
- Tooth decay (cavities)
- Gum disease
- Osteoporosis
- Sleep problems (falling asleep inappropriately and/or frequent waking)
- Cataracts
- Thyroid disease (Grave’s Disease)

Female smokers are at an extra risk for

- Cancer of the cervix (womb)
- Menstrual problems
- Fertility problems
- Spontaneous abortion (miscarriage)

Male smokers have an extra risk of

- Erectile dysfunction (impotence)
- Fertility problems (problems with sperm)

There is some scientific evidence that smoking may also be related to cancer of the large intestine and leukemia.

In addition to various diseases, smoking also causes the skin to wrinkle and create the appearance of premature aging. Smoking also reduces the sense of smell and taste.

How Harmful are cigars and pipes?

Cigar and pipe smokers experience the same types of health problems as cigarette smokers.

What about other types of tobacco?

Smoking isn't the only type of tobacco that causes health problems. Smokeless tobacco, including chewing tobacco and snuff, contain many of the same harmful and addictive substances as cigarettes, pipes and cigars. Smokeless tobacco is a major cause of cancer of the mouth and throat. It can also cause serious dental health problems including recession of the gums, tooth loss and discolouration of the teeth and gums.

Source: <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/risk.html>



The facts about smoking and pregnancy

Cigarette smoking during pregnancy can cause serious health problems to an unborn child. Smoking during pregnancy has been linked to premature labor, breathing problems and fatal illness among infants.

- Smoking during pregnancy is estimated to account for 20 to 30 percent of low-birth weight babies, up to 14 percent of preterm deliveries, and some 10 percent of all infant deaths. The odds of developing asthma are twice as high among children whose mothers smoke more than 10 cigarettes a day. Between 400,000 and 1 million asthmatic children have their condition worsened by exposure to secondhand smoke.
- Maternal smoking during and after pregnancy has been linked to asthma among infants and young children.
- Smokers inhale nicotine and carbon monoxide, which reach the baby through the placenta and prevent the fetus from getting the nutrients and oxygen needed to grow. Secondhand smoke also adds a risk to pregnancy. Breast milk often contains whatever is in the woman's body. If the woman smokes, the baby ingests the nicotine in her breast milk.
- Reducing frequency of smoking may not benefit the baby. A pregnant woman who reduces her smoking pattern or switches to lower tar cigarettes may inhale more deeply or take more puffs to get the same amount of nicotine as before.
- The most effective way to protect the fetus is to quit smoking. If a woman plans to conceive a child in the near future, quitting is essential. A woman who quits within the first three or four months of pregnancy can lower the chances of her baby being born premature or with health problems related to smoking.
- Pregnancy is a great time for a woman to quit. No matter how long she has been smoking, her body benefits from her quitting because it lessens her chances of developing future tobacco-related health problems, such as lung and heart disease, and cancer.

Source: http://www.lungusa.org/tobacco/pregnancy_factsheet99.html

The facts about second-hand smoke

What is second-hand smoke?

More than 1,000 non-smokers will die this year in Canada due to tobacco use — over 300 lung cancer deaths⁵ and at least 700 deaths from coronary heart disease⁹ will be caused by second-hand smoke.

- Second-hand smoke is a combination of poisonous gases, liquids, and breathable particles that are harmful to our health.
- Second-hand smoke consists of mainstream smoke, the smoke inhaled and exhaled by the smoker, and sidestream smoke, the smoke released directly from the end of a burning cigarette.
- Second-hand smoke contains over 4,000 chemical compounds, 50 of which are associated with, or known to cause cancer.¹
- Two thirds of the smoke from a burning cigarette is not inhaled by the smoker but enters into the surrounding environment. The contaminated air is inhaled by anyone in that area.²
- The U.S. Environmental Protection Agency has officially labelled second-hand smoke as a “class A” cancer-causing substance.² Class A is considered the most dangerous of cancer agents and there is no known safe level of exposure.
- Second-hand smoke has twice as much nicotine and tar as the smoke that smokers inhale. It also has five times the carbon monoxide which decreases the amount of oxygen in our blood.⁷

Facts

- Second-hand smoke causes disease and death in healthy non-smokers.^{2, 4}
- Exposure for as little as 8 to 20 minutes causes physical reactions linked to heart and stroke disease:⁸
 - The heart rate increases
 - The heart’s oxygen supply decreases
 - Blood vessels constrict which increases blood pressure and makes the heart work harder.
- The health effects on children exposed to second-hand smoke include Sudden Infant Death Syndrome (SIDS) and breathing problems in children as young as 18 months of age.¹

- Children exposed to second-hand smoke in their homes are more likely to suffer breathing problems such as asthma and damage to their lungs.^{2,4} Children are twice as likely to smoke if their parents are smokers.
- If you are a non-smoker, exposure to second-hand smoke increases your chance of lung cancer by 25%, heart disease by 10%, and cancer of the sinuses, brain, breast, uterine cervix, thyroid, as well as leukemia and lymphoma.^{2,4}
- The U.S. Environmental Protection Agency estimates that the risk of developing cancer from exposure to second-hand smoke is about 57 times greater than the total risk posed by all outdoor air contaminants regulated under U.S. environmental law.⁴
- More than three times as many infants die from second-hand smoke-related Sudden Infant Death Syndrome as from child abuse or homicide.⁶
- The U.S. Environmental Protection Agency estimates that the risk of developing cancer from exposure to second-hand smoke is about 57 times greater than the total risk posed by all outdoor air contaminants regulated under U.S. environmental law.⁴
- More than three times as many infants die from second-hand smoke-related Sudden Infant Death Syndrome as from child abuse or homicide.⁶

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Children see, children do

Since 1981 the number of smokers in Canada has been dropping for almost every age group except for children and adolescents. Among smokers aged 15-17, almost 80% said they had tried smoking by age 14.

Facts

- Parental smoking is a key factor in children accepting smoking as normal.²
- Research has found³ that children of smokers were almost twice as likely to smoke as children with parents who never smoked.
- If someone in the family smokes, there is a greater chance that a younger sibling will start smoking.^{2,4}
- Children who believe that their parents would disapprove of their smoking are less likely to take up smoking than those who see their parents smoking.⁵
- Tobacco use among teen smokers is a predictor of substance and drug abuse.⁶
- The smoking behaviour of a best friend or peer group is a major factor in taking up smoking. If their friends smoke, the child/adolescent will likely smoke as well.⁷
- Research on teenage attitudes has shown that smoking represents a symbol of belonging to a social group, particularly in early secondary school.^{4,7}
- For children and adolescents, smoking signifies maturity, control, defiance, individuality, and a means of coping with stress.
- Experimentation with alcohol generally occurs earlier than with tobacco and adolescents who smoke are also likely to engage in other drug use.⁶



- Children are vulnerable to advertising. It has been shown that advertising is one of the key variables in convincing children to take up smoking. ^{4, 5, 7}
- Research has shown that children who buy imitation candy cigarettes are almost four times more likely to try real cigarettes. ⁸
- Easy access to cigarettes is a predictor of uptake of smoking. ^{3, 4}
- Among smokers 15-17 years old, 31% report being given cigarettes by a friend or family member. ⁷
- Since 1994, there has been an increase from 19% to 39% of teen smokers reporting that their usual sources for cigarettes are friends, relatives or parents. ⁷
- Over the same time, there has been a decline from 57% to 45% among teen smokers who buy cigarettes at corner stores. ⁷

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Source: http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/health_facts/addictions.html



A P P E N D I X 3

Smoking Cessation

Smoking cessation tips

There are many ways to quit smoking and for some it's simple. But many people need help and there are many resources available to help people quit smoking for good. The following information may provide you with useful tips on how to get started.

Methods of quitting

1) Toll-free telephone quit-smoking lines

Quit-lines offer support from trained cessation specialists to help smokers quit, free of charge. They provide support for family and friends who want to help a smoker quit and you can order self-help materials as well. The following quit lines are available across Canada:

- Newfoundland residents: 1-800-363-5864
- New Brunswick and Nova Scotia residents: 1-877-513-5333
- Prince Edward Island residents: 1-888-818-6300
- Quebec residents: 1-888-768-6669 (Quebec Lung Association) or 1-888-853-6666 (Canadian Cancer Society)
- Ontario residents: 1-877-513-5333
- Manitoba and Saskatchewan residents: 1-877-513-5333
- Alberta residents: 1-866-332-2322
- British Columbia residents: 1-877-455-2233

2) Nicotine replacements and medications for quitting smoking include the following:

- Nicotine patch
- Nicotine chewing pieces (gum)
- Bupropion (an antidepressant to help people with nicotine withdrawal)
- Nicotine inhalers
- Nicotine nasal spray

3) Community-based cessation programs or counseling services

Contact your health care provider or nearest community health representative to locate available quit smoking counseling/support programs in your area.

4) Self-help materials and manuals or unaided attempts to quit

5) Quit by Email

Health Canada's free, quit-smoking e-Quit program will support you through the process of quitting, one day at a time. By subscribing for one month, they will send you a new e-mail each day for the next 30 days. e-Quit will prepare you for your quit date, 11 days from your first e-mail. The messages will support you through the entire quitting process. They will help you on your way to a better, healthier, tobacco-free life.

Subscribe to:

<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quitting/e-quit/index.html#yes>

6) Internet QuitNet programs

Internet quit smoking programs provide interactive, web-based support services to individuals who want to quit smoking and may desire support through the internet. Users may browse the site for information about quitting or register to gain access to QuitNet's set of tailored support features.

www.quitnet.com

Source: <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quitting/>



5 steps to quitting

Studies have shown that these five steps will help you quit and quit for good. You have the best chances of quitting if you use them together.

- Get ready.
- Get support.
- Learn new skills and behaviors.
- Get medication and use it correctly.
- Be prepared for relapse or difficult situations.

1. Get Ready

- Set a quit date.
- Change your environment.
 - Get rid of ALL cigarettes and ashtrays in your home, car, and place of work.
 - Don't let people smoke in your home.
- Review your past attempts to quit. Think about what worked and what did not.
- Once you quit, don't smoke-NOT EVEN A PUFF!

2. Get Support and Encouragement

Studies have shown that you have a better chance of being successful if you have help. You can get support in many ways:

- Tell your family, friends, and co-workers that you are going to quit and want their support. Ask them not to smoke around you or leave cigarettes out.
- Talk to your health care provider (for example, doctor, dentist, nurse, pharmacist, psychologist, or smoking counselor).
- Get individual, group, or telephone counseling. The more counseling you have, the better your chances are of quitting. Programs are given at local hospitals and health centers. Call your local health authority for information about programs in your area.

3. Learn New Skills and Behaviors

- Try to distract yourself from urges to smoke. Talk to someone, go for a walk, or get busy with a task.
- When you first try to quit, change your routine. Use a different route to work. Drink tea instead of coffee. Eat breakfast in a different place.
- Do something to reduce your stress. Take a hot bath, exercise, or read a book.
- Plan something enjoyable to do every day.
- Drink a lot of water and other fluids.

4. Get Medication and Use It Correctly

- Medications can help you stop smoking and lessen the urge to smoke.
 - Bupropion SR-Available by prescription.
 - Nicotine gum-Available over-the-counter.
 - Nicotine patch-Available by prescription and over-the-counter.
- Ask your health care provider for advice and carefully read the information on the package.
- All of these medications will more or less double your chances of quitting and quitting for good.
- Everyone who is trying to quit may benefit from using a medication. If you are pregnant or trying to become pregnant, nursing, under age 18, smoking fewer than 10 cigarettes per day, or have a medical condition, talk to your doctor or other health care provider before taking medications.

5. Be Prepared for Relapse or Difficult Situations

Most relapses occur within the first 3 months after quitting. Don't be discouraged if you start smoking again. Remember, most people try several times before they finally quit. Here are some difficult situations to watch for:

- Alcohol. Avoid drinking alcohol. Drinking lowers your chances of success.
- Other Smokers. Being around smoking can make you want to smoke.
- Weight Gain. Many smokers will gain weight when they quit, usually less than 10 pounds. Eat a healthy diet and stay active. Don't let weight gain distract you from your main goal-quitting smoking. Some quit-smoking medications may help delay weight gain.
- Bad Mood or Depression. There are a lot of ways to improve your mood other than smoking.
- If you are having problems with any of these situations, talk to your doctor or other health care provider.

*Source: You Can Quit Smoking. Consumer Guide, June 2000. U.S. Public Health Service.
<http://www.surgeongeneral.gov/tobacco/consquits.htm>*

Cessation Resources:

Tobacco-A Cultural Approach to Addiction and Recovery for Aboriginal Youth

A manual for the smoker seeking help in recovering from tobacco addiction, for Adolescents and young adults, published by the Nechi Institute

http://www.ayn.ca/quit/en/manual_pdfs/tobacco_manual72.pdf

Tobacco Addicition and Recovery – A Spiritual Journey – Help for Smokers: Aboriginal adults and adolescents

A manual for the smoker seeking help in recovering from tobacco addiction.

http://www.visions.ab.ca/doc_repository/pdf/smoking%20addiction%20document.pdf

First Nations and Inuit Regional Health Survey

The Tobacco Report Appendix provides more detailed information on several other cessation resources and provides information on contacts, materials and costs.

http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/aboriginalhealth/reports_summaries/regional_survey.htm

“On the road to Quitting” –

A Step by Step Guide to Quitting Smoking from Health Canada.

<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quitting/road/guide/index.html>

Balancing Act: Aboriginal Adult Tobacco Cessation Strategies: Implications for Social Marketing

Final Report, Prepared for: Health Canada

Provides section on examples of aboriginal smoking cessation programs

Guide to Tobacco Use Cessation Programs in Canada

Health Canada

<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quitting/cessation/tobconte.html>

Helping Smokers Change –

A Resource Pack for Training Health Professionals

<http://www.who.dk/document/E73085.pdf>

Nicotine Addiction: Bio-Psycho-Social Aspects of Addiction

(Arizona Model slides)

http://www.ashline.org/ASH/quit/professional/nicadd_alides/index.html

Tobacco Use Prevention Planner

(Designed to provide resources for prevention activities focused around tobacco use prevention)

<http://www.prevlink.org/therightstuff/community/planners/tobacco.html>



A P P E N D I X 4

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http://www.ayn.ca/band_home.asp

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www.afn.ca

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Developing Effective Coalitions: An Eight Step Guide

Larry Cohen, Nancy Baer, and Pam Satterwhite,

<http://www.preventioninstitute.org/eightstep.html>

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Fact Sheet: Children See, Children Do

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Fact Sheet: What is Second-Hand Smoke

http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/health_facts/second_hand.html

Fact Sheet: Health Effects of Smoking

<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/risk.html>

Fact Sheet: Smoking and Pregnancy

http://www.lungusa.org/tobacco/pregnancy_factsheet99.html

Federal Comprehensive Tobacco Strategy

http://www.hc-sc.gc.ca/english/media/releases/2001/tobaccotax_2001ebk.htm

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First Nations and Inuit Tobacco Control Strategy

http://www.hc-sc.gc.ca/english/media/releases/2001/2001_62ebk1.htm

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August 2002.

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January, 2001**
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Indigenous Environmental Network (USA)
<http://www.ienearth.org/>

KAIROS
<http://www.kairoscanada.org/english/who.htm>

**Moving the Canadian Strategy on HIV/AIDS Forward
Direction-Setting Follow-up Meeting**
[http://www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/strat_admin/gray_rock/
csha_followup.html](http://www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/strat_admin/gray_rock/csha_followup.html)

Native struggles against multinationals
<http://www.web.net/blackrosebooks/newres.htm>

National Network for Health, Controlling Tobacco Use by Youth: A Community Issue
<http://www.nnh.org/tobacco/a-4-2.htm>

NSW Government's communitybuilders web site. (Australia)
<http://www.communitybuilders.nsw.gov.au/stories/>

Sydney Tar Ponds Community Alliance
www.safecleanup.com

The National Tribal Tobacco Prevention Network
An expanding alliance of tobacco prevention and education advocates committed to
improving the wellness of American Indian and Alaska Native people by working to
reduce commercial tobacco use.
<http://www.npaihb.org/tnet/>

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