VOICES FROM THE FIELD -
Aboriginal Women and Tobacco

Deborah Schwartz, Executive Director
Aboriginal Health, B.C. Ministry of Health Services

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Aboriginal perspective

"As an Aboriginal, I think it is extremely important to weave cultural identity and cultural content into programs," says Deborah Schwartz, Executive Director, Aboriginal Health, B.C. Ministry of Health Services in Victoria, British Columbia.

Schwartz, a private Aboriginal Health Consultant for many years, has served on many Steering Committees, facilitated a number of women's programs and worked for women's centres and non-profit organizations. She developed a smoking cessation program for all women called *Catching Our Breath*, based on which she wrote a self-help book and developed a facilitator guide so practitioners could run their own support groups for Aboriginal women who smoke. She currently manages the Aboriginal Tobacco Strategy for British Columbia.

What are the implications of the research findings in the CEECD papers for your work?

Schwartz finds the CEECD syntheses and commentaries on tobacco and pregnancy quite relevant and informative.[1-9] She states that smoking is still the norm in Aboriginal communities. Aboriginal people tend to be poor, they have fewer options and smoking is viewed as one of their few pleasures. As is the case for most women who smoke, Aboriginal women's smoking behaviour is inextricably linked with all of their other life experiences and needs to be viewed within that context. For instance, when Schwartz ran a program for single Aboriginal mothers, they talked about smoking and how cigarettes are used as a coping mechanism very early in their youth. For these women, smoking is a way to take care of themselves, a way to take a break, escape, and deal with anger or emotional issues. However, just as smoking is linked to the stress of life, it can also be linked to positive experiences. The associations connected with smoking are often seen as positive, allowing them to connect and bond with their peers. Smoking cessation programs for Aboriginal women focus on a consciousness-raising process, on the role smoking plays in these women's life and on self-care (how a woman can take care of herself without cigarettes). Self-care is a very important developmental process for a lot of women; they learn to meet their needs directly rather than through addiction.

Tobacco cessation programs also focus on the health consequences of smoking, the kinds of treatments that are available, the importance of expressing emotion, stress and anger management, and the importance of good sleep, good nutrition and exercise. For

Aboriginal women, breaking free of this addiction requires a holistic approach. It is essential to include the woman's family in the programs and not take an individualistic approach to quitting. Being pregnant and having the ability to create a child is very revered in Aboriginal culture, even in the most troubled communities. Those traditions still run deep, even when women have been disconnected from the teachings around traditional parenting skills and what it is to be a parent and how you ought to behave as one. It is important to help women understand that they have power and they can make a difference by taking care of themselves. Schwartz believes the information provided by the CEECD authors[1-9] should be communicated to Aboriginal women, who are quite eager to know the impact of smoking on their unborn or young children. It matters to them that they are modelling an addictive behaviour for their children, but there must be a balance in the way this issue is addressed. Women should not be blamed or shamed; instead, they should know that if they cannot quit, reducing the amount they smoke or making their home smoke-free will make quite a difference.

There are not many data available on the most effective ways to help Aboriginal women quit smoking, but it is essential to weave sessions about cultural usage of tobacco into tobacco cessation programs. Schwartz thinks this should be a core component of any kind of programming and any public health education on tobacco. In many Aboriginal cultures, tobacco is a sacred plant and a medicine that was used in sacred ways before contact with Western European culture. Traditional tobacco re-education teaches women how to integrate the traditional use of tobacco into their contemporary lives. They enjoy having that kind of meditative or spiritual place honoured in their day-to-day lives. Tobacco had a place before contact with Europeans, and reconnecting with its traditional place is one way out of the addictive use of tobacco. Many tobacco cessation programs also include traditional culture: women learn to weave a cedar basket, can salmon, prepare traditional food, bead or carve. Many of them attend the sessions because they want to learn those skills, and while they are learning, they actively participate in reflective conversations around tobacco and the reasons they smoke, why they quit, why quitting did not work. This practical knowledge, an informal way to exchange information, builds women's confidence in their abilities. On a practical level, this type of program gives them something to do with their hands because when they quit, most smokers don't know what to do with their hands.

When the B.C. Aboriginal tobacco strategy was evaluated, it was noticed that about one-third of Aboriginal women were seeking nicotine patches. The mainstream providers need to offer more than just clinical options to Aboriginal people. Even though these clinical interventions are important, they should be part of a more holistic approach that would include other tools. Schwartz believes that Aboriginal communities need a more holistic approach – one that would be better integrated in the communities and would allow them to be more connected to the community's development.

Where are the main gaps between research, practice and policy and how might they be overcome?

A policy deficiency that has huge practical implications for running a culturally sensitive program in the community is the lack of funds to supply the food and craft materials

needed for the programs. Most funders do not have a category for that because they do not understand the concept of having a feast and do not recognize the alternative methods of engaging Aboriginal people to participate. There is a lack of cultural sensitivity. Sometimes, in order to get funding, you have to prove that you are building your program on evidence-based data. However, how can one innovate if only what is already done in the mainstream community gets repeated? Policy-makers need to be open-minded and allow a space to implement what is known to be useful in Aboriginal communities by using the research in a way that is more receptive and acceptable. Schwartz feels that there should be more dialogues between practitioners and researchers and that there is a need to create more opportunities for Aboriginal people to have these kinds of discussions. As a practitioner, Schwartz loves connecting with researchers. That kind of exchange is always very valuable. Schwartz can act as a knowledge translator and present the information contained in the CEECD papers[1-9] in a way that feels more real to Aboriginal women attending tobacco cessation programs. Local artists and young people should also be involved in bridging the gap between research findings and their application in Aboriginal communities.

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