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Traditional and Non-Traditional Tobacco Use Among First Nations Persons Living on Reserve in Canada: Distinctions, Emotions, and Visions of Best-Case Future Realities

by

Samuel E. Stevenson

A thesis

presented to Lakehead University

in the fulfillment of the

thesis requirement for the degree of

Master of Public Health

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

I declare that I have no competing interests; I have never received funding from a tobacco grower, manufacturer, distributor, or other tobacco-related organization; and I have never worked for and do not intend to work for a tobacco grower, manufacturer, distributor, or other tobacco-related organization.

Abstract

This thesis presents a qualitative study on traditional and non-traditional tobacco use in Fort William First Nation, a First Nation community adjacent to the City of Thunder Bay in Ontario, Canada. This study inquired about whether a concept of traditional and non-traditional tobacco use exists among members Fort William First Nation; how members distinguish between traditional and non-traditional uses of tobacco; tobacco's roles in the community; emotions that members experience in relation to tobacco; and members' visions of best-case, future realities of tobacco use in their community. Through five focus group discussions with youth, young caregivers, members of a 55+ Group, health service providers, and persons in senior leadership positions ($N = 19$), this study found that a concept of traditional and non-traditional tobacco use exists among members of Fort William First Nation. It appears that one distinction between traditional and non-traditional tobacco use is that traditional use has a cultural purpose whereas non-traditional use does not have a cultural purpose. Tobacco plays many cultural, health, and economic roles in Fort William First Nation; members experience a variety of emotions in relation to tobacco; and the predominant best-case, future reality of tobacco use envisioned for the community was no cigarette smoking and tobacco being used only in traditional ways. This study also found that traditional uses of tobacco facilitate well-being at the personal, family, and community levels; cigarette smoking appears to be unnecessary for engaging in Pow Wows and Sacred Fires; and cigarettes can interfere with traditional uses of tobacco and thereby inadvertently encourage cigarette smoking. A future where Fort William First Nation returns to using only leaf tobacco for traditional purposes was seen as a remedy to the interference posed by cigarettes. Also envisioned was nicotine- and carcinogen-free tobacco for traditional use.

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List of Abbreviations

NNN N′-nitrosonornicotine

1. Introduction

Much disease and death in Canada has been attributed to cigarette smoking (Baliunas et al., 2007). There is good reason to believe that cigarette smoking significantly contributes to lung cancer (Hecht, 2003; International Agency for Research on Cancer, 2004), ischemic heart disease (U.S. Department of Health and Human Services, 2010), and an impaired immune system (Arcavi & Benowitz, 2004; Stämpfli & Anderson, 2009). There is also good reason to believe that cigarette smoking harms the health of future generations. For example, smoking during pregnancy can lower birth weight (Baba, Wikström, Stephansson, & Cnattingius, 2013; England et al., 2003; Jaddoe et al., 2008; Sexton & Hebel, 1984), and persons born with a lower birth weight have an increased risk of developing type 2 diabetes in adulthood than persons born with a higher birth weight (Whincup et al., 2008).

In 2011, around 850,000 individuals in Canada self-identified as First Nations persons (Minister of Industry, 2013). Of the approximately 640,000 persons identifying as Registered or Treaty Indians, about half were living on reserve (Minister of Industry, 2013). Cancer, heart disease, communicable diseases, and type 2 diabetes are prevalent among First Nations persons living on reserve; and so is cigarette smoking (The First Nations Information Governance Centre, 2012). In the First Nations Regional Health Survey 2008/10 (The First Nations Information Governance Centre, 2012), 56.9% of First Nation adults (age 18 years and over) and 33.1% of First Nations youth (age 12 to 17 years) living on reserve were daily or occasional smokers, and 32.7% of First Nations mothers living on reserve smoked throughout their pregnancy.

In the past, the general Canadian population experienced a prevalence of cigarette smoking similar to the current prevalence among First Nations persons living on reserve. The estimated prevalence of Canadian smokers in 1966 was about 55% for males and 35% for

females (age 15 years and older; on reserve populations excluded) (Stephens & Siroonian, 1998); in 1999, 28.4% of grades 7 to 11 youth in Ontario were daily or occasional smokers (Paglia-Boak, Adlaf, & Mann, 2011); and in 1983, 28.5% of pregnant women in the Ottawa–Carleton region of Ontario smoked cigarettes after their first trimester (Stewart & Dunkley, 1985).

Over the past few decades, the prevalence of cigarette smoking among the general Canadian population has significantly decreased. In 2011, 17% of Canadians age 15 years and over and 8.7% of grades 7 to 11 youth in Ontario were daily or occasional smokers (Health Canada, 2012; Paglia-Boak et al., 2011). In 1992, 18.7% of pregnant women in the Ottawa–Carleton region smoked cigarettes after their first trimester (Stewart et al., 1995). Two powerful means for achieving a lowered prevalence of smoking in Canada were education about the health effects of tobacco smoke and the setting and enforcing of laws (Collishaw, 2009). Some of these laws included tobacco pricing policies (Canadian Cancer Society, Non-Smokers' Rights Association, & Physicians for a Smoke-Free Canada, 1999) and enacting smoke-free public places and workplaces (Lemstra, Neudorf, & Opondo, 2008; Shields, 2007).

First Nations communities are generally regarded as political entities separate from Canada and its provinces (Assembly of First Nations, 2012). First Nations communities assert the right to "freely determine their political status and freely pursue their economic, social, and cultural development" (Article 3 of the *United Nations Declaration on the Rights of Indigenous Peoples*, as cited by Assembly of First Nations, 2012, p. 2). Accordingly, provincial governments who set laws on tobacco are not considered by First Nations communities as having the power to set and enforce tobacco laws in First Nations communities (Assembly of First Nations, 2007; CBC News, 2009; Goulais, 2006; Legislative Assembly of Ontario, 2011).

Although some First Nations communities have smoke-free policies in place, such as Curve Lake Day Care in Curve Lake First Nation in Ontario (Curve Lake Day Care Centre, 2011), it appears that many communities have not adopted the entire set of policies currently set by the provinces in which they are located (CBC News, 2009; Joseph et al., 2012). In 2011 Pamela Burton, Tobacco Prevention and Education Program Coordinator for the Chiefs of Ontario, was quoted as saying that "few, if any, First Nations followed Ontario's lead in banning smoking in all enclosed workplaces and enclosed public places" (Thom, 2011, p. 1).

Other important considerations in First Nations tobacco use are tobacco's cultural and economic roles (as discussed in the Literature Review). Consideration of tobacco's cultural and economic roles is important for tobacco control initiatives (McKennitt, 2007; Shorty, 2008), and economic considerations are especially pertinent given the current contentions around First Nations tobacco trade in Canada (Fon, Bainbridge, Ludwick, & Dorn, 2012; Legislative Assembly of Ontario, 2011; Standing Committee on Public Safety and National Security, 2008; Sweeting, Johnson, & Schwartz, 2009).

Despite contentions around trade, federal and provincial governments in Canada have worked and continue to work with First Nations communities to help to lower the prevalence of cigarette smoking (Cancer Care Ontario, n.d.a; Irfan & Schwartz, 2012; National Indian & Inuit Community Health Representatives Organization, 2010). Initiatives to reduce smoking are also being employed solely by First Nations communities (Cancer Care Ontario, n.d.b; Varcoe, Bottorff, Carey, Sullivan, & Williams, 2010). Although decreases in on reserve cigarette smoking have occurred in the past decade, such as 20% fewer youth being daily smokers in the First Nations Regional Health Survey 2008/10 compared to the survey in 2002/03, there was no change in combined daily and occasional smoking among youth and adults between these

surveys (The First Nations Information Governance Centre, 2012). As well, the proportion of mothers reporting ever smoking cigarettes during pregnancy was about 10 percentage points higher in First Nations Regional Health Survey 2008/10 compared to the survey in 2002/03 (46.9% versus 36.6%, respectively; The First Nations Information Governance Centre, 2012).

Several studies, surveys, and evaluations have examined tobacco use in First Nations communities in Canada; for example, the prevalence of cigarette smoking and its health and cultural correlates (First Nations Centre, 2005; McIntyre & Shah, 1986; Retnakaran, Hanley, Connelly, Harris, & Zinman, 2005; The First Nations Information Governance Centre, 2012; WUNSKA, 1997); the influence of friends, family, and the community on cigarette smoking or second-hand smoke exposure (Bottorff et al., 2009; Bottorff et al., 2010; Valentine, Dewar, & Wardman, 2003); community members' awareness of community tobacco control measures (Joseph et al., 2012); the role of Elders in addressing tobacco (Varcoe et al., 2010); the uptake of tobacco cessation drug therapy (Wardman, Quantz, Tootoosis, & Khan, 2007); and the feasibility and effectiveness of tobacco control initiatives (Hutchinson et al., 2011; Irfan & Schwartz, 2012). While research to-date has provided valuable information, yet to be examined is how First Nation community members feel about tobacco and what they might wish for the future. Inquiring about feelings and visions will help to elucidate tobacco- and health-related values, clarify the health priority given to tobacco within communities, and reveal areas where First Nations and non-First Nations bodies may work together to address the use and trade of tobacco.

In addition to a lack of research on feelings and visions, there has been little examination of the cultural, health, and economic realities of tobacco use in First Nations communities in Ontario. Ontario has the largest number of First Nations communities in Canada (n=126), second to British Columbia (n=198) (Minister of Industry, 2008) and much of the contention around

First Nations tobacco trade is specific to Ontario (Fon et al., 2012; Legislative Assembly of Ontario, 2011; Standing Committee on Public Safety and National Security, 2008; Sweeting et al., 2009). In addition, at least one First Nations Community in Ontario has raised concerns about cigarette smoking and its health effects (Kandsamy & Anand, 2012). Further research on tobacco realities in First Nations communities in Ontario may help to address the use and trade of tobacco in Ontario.

Thesis Overview and Research Questions

The Literature Review of this thesis presents an overview of the meaning of tobacco and traditional tobacco use, an in-depth look at recent tobacco-related literature involving First Nations communities in Canada, an examination of whether cigarette smoking is a traditional use of tobacco, and an exploration of whether traditional uses of tobacco may discourage or encourage cigarette smoking in First Nations communities.

This thesis then presents a qualitative study on the cultural, health, and economic realities of tobacco in Fort William First Nation, a First Nation community adjacent to the City of Thunder Bay in Ontario, Canada. The objective of this study was to answer the following questions:

1. Does a concept of traditional and non-traditional tobacco use exist among members of Fort William First Nation?
2. Do members of Fort William First Nation use tobacco? If so, how is the tobacco used and what kinds of tobacco are used?
3. How do members of Fort William First Nation personally distinguish between traditional and non-traditional uses of tobacco?
4. What roles does tobacco play in Fort William First Nation?

5. What emotions do members of Fort William First Nation experience in relation to tobacco in their lives?
6. What emotions do members of Fort William First Nation experience in relation to tobacco in their community?
7. If members of Fort William First Nation could envision a best-case, future reality of tobacco use in their community, what would this future look like?

2. Literature Review

Tobacco Among First Nations Peoples in North America

Presented here are but a few examples of views and teachings about tobacco among various First Nations peoples in North America. Views and teachings may vary among First Nations persons and communities, and not all persons and communities may hold all, some, or any of the following views.

According to the Assembly of First Nations (2002), a teaching among First Nations peoples is that tobacco is a sacred gift provided to humans by the Creator. Tobacco is regarded as a powerful plant for communication with the spirit world; and it is believed that "when tobacco is smoked from a pipe or burned as an offering, all thoughts, feelings and prayers are carried in the tobacco smoke directly to the Creator" (Assembly of First Nations, 2002, p. 2).

Tobacco has also been viewed as having the power to give life and cause death. A Diné member of the Nageezi community in New Mexico explained, "You have to use [tobacco plants] with respect, as prayers and offerings in ceremonies, so they'll reward you. But if you use them without respect, if you smoke them like cigarettes, their power will kill you" (Winter, 2000a, pp. xv–xvi).

One First Nations cultural activity involving tobacco is the smudge ceremony. According to Auger and Pedri (2009) in *Orientation to Anishinabek Culture*,

> Smudging is a ceremony of preparation. The Anishinabek believe that before a person can be healed or heal another, he or she must be cleansed of any bad feelings, negative thoughts, bad spirits or negative energy. This mental and spiritual cleansing is accomplished through the smudge ceremony. During the ceremony, the sacred medicines

of tobacco, sage, sweet grass and cedar are burned separately or in combination to produce smoke, which is swept towards and over the body. (p. 21)

Auger and Pedri (2009) wrote that when the smudge bowl is passed to a person, the smoke is to be drawn with the hand towards the heart, mouth, eyes, ears, and back. The meanings of these actions are explained:

> We cleanse our heart to take away any resentment or ill-will—leaving room for only compassion and love. We cleanse our mouth so that we are always truthful and honest—using our words for good purposes, not harmful ones. We cleanse our eyes so that we can see what is true— the beauty within all of the Creator's gifts. We cleanse the small of our backs to release the anger and stress that prevents us from healing and making a positive difference in the world. (Auger & Pedri, 2009, p. 22)

Tobacco is not always burned when used for a First Nations cultural purpose. Tobacco leaves may be held in the hand during thanks to the Creator for the nourishing life of a hunted animal (Assembly of First Nations, 2002), and tobacco may be offered to a person in request of their presence (Fletcher et al., 2011). These are but a few examples of the places of tobacco among First Nations peoples in North America.

The Meaning of the Word Tobacco

Explicit definitions of the word *tobacco* are not always provided in the literature, but it appears that tobacco is commonly used to mean a plant of the genus *Nicotiana*. *Sacred tobacco*, for example has been defined as *Nicotiana rustica* (Assembly of First Nations, 2002). Other First Nations persons, however, have regarded sacred tobacco as strictly the bark of a red willow tree, not a material in the form of a leaf (Struthers & Hodge, 2004). Unless otherwise stated, I use the word tobacco in this thesis to mean a plant of the genus *Nicotiana*.

Within the genus *Nicotiana*, there are at least 95 known species (D'Arcy, as cited in Winter, 2000b); the two domesticated species are *Nicotiana rustica* and *Nicotiana tabacum*; and *Nicotiana tabacum* forms the base of the global tobacco trade (Winter, 2000b).

Traditional Tobacco Use Versus Non-Traditional Tobacco Use

In a First Nations context, words describing the use of tobacco include *traditional* and *non-traditional* (National Native Addictions Partnership Foundation, 2006), and, like the word tobacco, there are various definitions of traditional and non-traditional tobacco use.

An urban Aboriginal tobacco-cessation toolkit by the National Association of Friendship Centres (n.d.) reads, "Non-traditional use of tobacco is generally understood as the smoking of commercially produced cigarettes during nonceremonial occasions" (p. 31). It is left open whether smoking non-commercially-produced cigarettes during non-ceremonial occasions and smoking commercial cigarettes during ceremonial occasions would be considered non-traditional uses of tobacco. In contrast, a newsletter by The National Indian & Inuit Community Health Representatives Organization explicitly classified the smoking of non-commercial cigarettes during non-ceremonial occasions and the smoking of commercial cigarettes during ceremonial occasions as non-traditional uses of tobacco. They write:

> What is tobacco misuse? Basically, tobacco misuse (also known as recreational tobacco use) is any use of tobacco in a non-traditional way. That means: smoking cigarettes; smoking clove cigarettes or light cigarettes; chewing tobacco or snuff; smoking non-traditional tobacco in non-sacred pipes or smoking cigars; second-hand smoke; smoking while pregnant; or giving children chewing tobacco as a pacifier. All of these are very unhealthy and are not part of First Nations' traditional uses of tobacco. These are not sacred. (Balaban & Gollner, 2002, p. 5)

In this definition, smoking cigarettes, commercial or not, is non-traditional. It is not clear, though, whether smoking traditional tobacco in non-sacred pipes would classify as non-traditional.

It has also been expressed that any use of tobacco outside of a cultural context is an abuse of tobacco. Ron Sunshine of the Treaty 8 Health Authority in Alberta wrote, “[Tobacco] should be used only in ceremonies, offerings, healings and approaching elders for help” (Valentine et al., 2003, p. 153). A somewhat more restricted view is provided on an Anishinaabe culture and language website (White Earth Nation/Ojibwe Language, 2011): “Many Elders feel that any use of tobacco that occurs outside of ceremony is an affront to the Creator” (para. 12). If tobacco use practices that accord with these views are to be seen as traditional, and if tobacco use practices that do not accord with these views are to be seen as non-traditional, then the defining characteristic of traditional and non-traditional tobacco use is whether tobacco is used during ceremonial or cultural activities. This would mean that tobacco used outside of ceremonial or cultural activities would be non-traditional, regardless of whether the tobacco was commercially produced or whether the tobacco is traditional and smoked in a non-sacred pipe.

In a document titled, *Historical and Scientific Perspectives on the Health of Canada’s First Peoples,* Raymond Obomsawin (2007), a member of the Odanak First Nation in Quebec, wrote:

> In Aboriginal societies the ceremonial use of the pipe was employed by a select few leaders on special or rare occasions. The health effects of this were clearly negligible. On the other hand, the commercialization of tobacco products has led to the habitual smoking of cigarettes, cigars and pipes in the modern world. (p. 32)

Along similar lines, Balaban and Gollner (2002) wrote:

> Once the Europeans arrived, the non-religious use of tobacco became more common. Consuming tobacco became a welcomed part of trade meetings between Aboriginal people and Europeans. Tobacco was even grown in some areas specifically for trade. New types of (South American) tobaccos were introduced and considered non-sacred and therefore good for recreational use. . . . [Tobacco] became a trade good and a luxury item. Gradually this recreational use grew and grew until it spiraled out of control to the point that approximately two out of every three Aboriginal people are now habitual tobacco users. . . . We must see the difference between traditional use of tobacco and non-traditional, recreational tobacco misuse. It is urgent to maintain the use of tobacco as a traditional custom of First Nations instead of as a deadly habit. (p. 5)

When considering the meaning of traditional tobacco use within a historical context, Obomsawin (2007) and Balaban and Gollner (2002) purport that early First Nations peoples' tobacco smoking was restricted to certain persons; it happened only occasionally; and habitual tobacco use was not common, particularly before the arrival of Europeans in North America. While these views may describe the tobacco use realities of some First Nations peoples before the arrival of Europeans in North America, there is evidence suggesting that restricted and infrequent tobacco use may not have been the case for all Indigenous North Americans, at least at the time of European contact. Von Gernet (2000) listed over 30 early, European excerpts describing unrestricted and frequent tobacco use among various Indigenous peoples in Eastern North America. These excerpts range in date from 1535 to 1649; they are from nine sources; and they describe the use of tobacco among the Algonkian, Huron, Mi'kmaq, Montagnais, Mohawk, Narragansett, Penobscot, St. Lawrence Iroquois, and Virginia Algonkians. For example, Marc Lescarbot, a lawyer who came to what was called Port Royal in 1606, wrote about the Mi'kmaq:

“[Tobacco] ‘the smoke of which they inhale almost every hour . . .’” (Lescarbot, as cited in von Gernet, 2000, p. 76, word addition and ellipsis theirs). A note from 1634 about the Montagnais reads:

> The fondness they have for this herb is beyond all belief. They go to sleep with their reed pipes in their mouths, they sometimes get up in the night to smoke; they often stop in their journeys for the same purpose, and it is the first thing they do when they re-enter their cabins. I have lighted tinder, so as to allow them to smoke while paddling a canoe; I have often seen them gnaw the stems of their pipes when they had no more tobacco, I have seen them scrape and pulverize a wooden pipe to smoke it. (Thwaites, as cited in von Gernet, 2000, p. 76-77)

Regarding the Narragansett, an excerpt from 1636–1643 states, “Some doe [*sic*] not [smoke tobacco], but they are rare . . . for generally all the men throughout the Countrey [*sic*] have a Tobacco-bag [*sic*], with a pipe in it, hanging at their back” (Williams, as cited in von Gernet, 2000, p. 78, word additions theirs). And regarding the St. Lawrence Iroquois, an earlier comment in 1535–1536 reads, “[They hold tobacco] ‘in high esteem,’ [smoke] ‘at frequent intervals,’ [and] ‘never go about without’ [pipes]” (Biggar, as cited in von Gernet, 2000, p. 78, word additions theirs).

Von Gernet (2000) viewed the above descriptions (along with other early notes of extensive tobacco cultivation among various North American Indigenous groups [pp. 66–71]), as evidence that unrestricted and frequent tobacco use among Indigenous North Americans was present upon European contact. Von Gernet (2000) also suggested that persons engaging in this practice had a religious view towards it:

> These sources suggest that in many cases tobacco use had already become what, from a Western perspective, may best be described as secularized. It must be recalled, however, that much of everyday life in native North America was imbued with a sense of sacredness. Hence, this was not merely a profanation generated by the addictive properties of Nicotiana's major alkaloid. It was, in a sense, part of what I have elsewhere referred to as a democratized shamanism (von Gernet 1992a:178, 1995:73–74), in which all members of an egalitarian society had the potential to "dream" and acquire spiritual power for themselves and their community. (p. 78)

Von Gernet's (2000) view of the religious meaning of tobacco may inform Balaban and Gollner's (2002) claim that "once the Europeans arrived, the non-religious use of tobacco became more common" (p. 5). For some Indigenous North American groups in the past, religious or spiritual use of tobacco may have been an unrestricted and frequent activity; but, after European contact, the religious element may simply have become less prevalent over time. That is, for some First Nations persons and communities, there may have been no change in frequent tobacco use upon contact with Europeans.

A few comments should be made about Roger Williams, a European North American often quoted in discussions about pre-contact Indigenous tobacco use (Pego, Hill, Solomon, Chisholm, & Ivey, 1999; Reading, 1996; von Gernet, 2000). In a document prepared for Health Canada, *Eating Smoke: A Review of Non-Traditional Use of Tobacco Among Aboriginal People* (Reading, 1996), Roger Williams was quoted as writing in 1634 that he had "never seen any [First Nations person] take [tobacco] so excessively as [he had] seen men in Europe" (p. 7, word additions theirs). Williams was quoted under a section titled *Pre-Contact Era* (Reading, 1996).

At first glance, the above quotation of Williams might seem to describe infrequent tobacco use across Indigenous North America. The words, however, found in his published book from 1643, are specific to the Narragansett peoples. Williams was not speaking about all of Indigenous North America. In addition, the quotation has been truncated. The expanded quotation reads, “They take their Wuttammâuog (tkat [*sic*] is, a weake [*sic*] Tobacco) which the men plant themselves, very frequently; yet I have never seen any take so excessively, as I have seene [*sic*] men in Europe” (Williams, 1643/n.d., p. 45). This expanded quotation reveals Williams’ claim that Narragansett men took tobacco frequently, just not in amounts as relatively large as men in Europe. Given Williams’ mention of Narragansett men frequently using tobacco, and assuming that his words describe a pre-contact era as indicated in Reading’s (1996) report, Williams described frequent tobacco use among the Narragansett men in pre-contact times.

Of course, only so much can be known about history. Questions should also be raised about the quality of the above European excerpts. For example, is there good reason to believe that the excerpts accord with reality? Tobacco became a politically involved trade item in Europe not long after contact with North America (von Gernet, 1988), thus it is not unreasonable to think that the European descriptions provided by von Gernet (2000) and Reading (1996) could be coloured in various directions. As well, the above excerpts likely did not arise out of a careful community survey; and it should be emphasized that the above excerpts do not mention unrestricted and frequent tobacco use among all Indigenous peoples in North America (for example, von Gernet [2000] mentioned the Beothuk in Newfoundland, but von Gernet’s [2000] listed excerpts do not mention unrestricted and frequent tobacco use among the Beothuk).

What seems to be a balanced view is that unrestricted and frequent tobacco use may have existed among some First Nations persons and communities upon contact with Europeans, but

this may not have been the case for all First Nations persons and communities at the time. This means that if traditional and non-traditional tobacco use is defined today as activities that did or did not happen in the past, meanings might differ because First Nations persons have diverse histories.

In summary, definitions of traditional and non-traditional tobacco use are not the same across all First Nations peoples, communities, and organizations; and some understandings of traditional and non-traditional tobacco use appear to hinge on whether tobacco is commercially produced, used in ceremony, or used in a manner that accords with past realities.

Tobacco Use Realities in First Nations Communities in Canada

Bottorff et al. (2009) examined the tobacco-related influence of bingo on the lives of young women and children in First Nations communities in Northwestern British Columbia. Through interviews with pregnant women, young caregivers, and other key informants from six, rural, First Nations communities, bingo emerged as a dominant theme regarding cigarette smoking and second-hand smoke exposure. Participants mentioned that bingo was the main activity for community members, especially women; it was held regularly throughout the week; it served as a critical source of income for communities, as it drew an attendance from outside of the communities; and, at least in five of the six communities, cigarette smoking and the sale of cigarettes during bingo was the norm.

For the young, female caregivers in Bottorff et al.'s study, bingo posed a challenge. On the one hand, bingo was an enjoyable activity and a place of relative safety in the evening, safety from feelings of isolation and depression. On the other hand, bingo was a place where caregivers felt pressured to smoke in order to fit in; their requests to others to refrain from smoking were not granted; and a lack of childcare opportunities meant bringing their children to bingo and

exposing their children to second-hand smoke. With this dilemma in view, and noting that the women in their study knew about the health effects of second-hand smoke, Bottorff et al. (2009) proposed that more is needed than public health programs that support individuals' personal smoking-cessation efforts through physician advice and free nicotine replacement therapy. They suggested that efforts are needed on the social, economic, and physical-environmental levels by, for example, providing healthy and enjoyable events as alternatives to bingo, community advocacy towards smoke-free bingo-halls, exploring alternate ways to generate community revenue and to become less economically reliant on smoking at bingo, and providing women with adequate childcare opportunities.

Six years before Bottorff et al.'s (2009) study, Valentine et al. (2003) presented similar findings on First Nations cigarette smoking among youth. Involving 15 Aboriginal youth between 14 and 20 years of age from the Okanagan and Kootenay regions of British Columbia, the purpose of Valentine et al.'s (2003) study was to hear the youth's beliefs about what led them to start smoking and what they felt was needed for themselves and other youth to successfully quit and refrain from starting to smoke.

The authors found that family and friends were the main areas of influence on youth starting to smoke: home was a place where parent smokers exemplified smoking as a family norm; cigarettes were easily accessible; parents, siblings, and extended family often offered cigarettes to youth; and, some youth were even coerced by siblings to smoke. The influence of friends was similar to that of family: smoking was a means of acceptance; giving cigarettes to others helped to relieve conflict; and, smoking helped to cope with boredom. Overall, the youth felt that "the 'reserve atmosphere' was one that both facilitated and encouraged smoking behavior" (Valentine et al., 2003, p. 141).

In terms of preventing youth from smoking and helping youth to quit, youth noted that access to cigarettes was extremely easy, even if underage sales were illegal. The needs expressed by the youth included public policy to restrict youths' access to cigarettes and the provision of more age-appropriate, smoke-free, recreational activities, such as dance and camping in order to provide a break from being constantly surrounded by smokers. Valentine et al. (2003) concluded that the strongest theme regarding barriers to youth quitting smoking was "the lack of supportive environment to facilitate their personal health decision" (p. 143).

When inquiring about youths' perceptions of traditional tobacco use and what was termed *recreational tobacco misuse,* half of the youth had opinions about this topic although ideas about differences in use were unclear, and conversation arose only upon directly being asked about it. One youth felt that there was a big difference between traditional tobacco use and recreational tobacco misuse, another youth spoke of a family member who used tobacco in traditional ways to help connect with the Creator during difficult times, and most youth were of the opinion that traditional tobacco use was not a prevailing cause of the current prevalence of cigarette smoking. When asked whether "prevention strategies should be created with Aboriginal culture in mind" (Valentine et al., 2003, p. 145), some youth were unsure and others disagreed. One youth who disagreed said: "No, because [tobacco] still kills, people don't really care" (Valentine et al., 2003, p. 145); another said: "The kids don't seem to care about culture [so] they would use it as an excuse to smoke" (Valentine et al., 2003, p. 145).

Valentine et al. (2003) were careful to point out that their sample size of 15 youth was small and that the views expressed in one First Nation community may not be the views expressed in other communities; they also recommended that future studies examine the cultural uses of tobacco and its influence on recreational smoking among youth.

Tobacco Cessation Drug Therapy

Noting that only 3.8% of First Nations smokers (on- and off-reserve) in British Columbia used a form of tobacco cessation drug therapy in 2001, Wardman et al. (2007) examined potential reasons for this, in their estimation, underutilization. They conducted a survey with 407 First Nations smokers and ex-smokers in 12 rural, First Nation reserve communities in British Columbia and Saskatchewan. The survey inquired about matters such as attempts to quit or reduce smoking, visiting a physician, receiving tobacco-cessation-drug-therapy advice from a physician, willingness to use various tobacco cessation drug therapies, and willingness to engage in tobacco cessation behavioural strategies in the year prior to the survey.

Wardman et al. (2007) found that among First Nation smokers and ex-smokers, 47.9% had attempted to quit or reduce smoking in the last year, 35.1% saw a physician (for any reason), 69.6% received tobacco-cessation-drug-therapy advice if a physician was seen, 30.9% were willing to use a nicotine patch, 27.5% were willing to use nicotine gum, and 16.9% were willing to use bupropion (a non-nicotine pharmacotherapy [Roddy, 2004]). For a subset of informants who had “complete subsidization of cessation drug therapy” (Wardman et al., 2007, p. 609), knowing about the subsidy was associated with an increased willingness to use the therapy and the need for a physician’s prescription was associated with a decreased willingness to use the therapy. For tobacco cessation behavioural strategies among First Nations participants overall, 32.4% were willing to reduce their smoking amount, 23.6% were willing to stop smoking with family and friends, 20.1% were willing to stay away from smokers, and 12% were willing to use traditional methods (the meaning of *traditional methods* was undefined).

Wardman et al. (2007) also compared First Nations persons’ survey results with the results of non-First Nations persons. Non-First Nations persons were recruited on the same

reserves as the First Nations persons, and non-First Nations persons had either participated in an on reserve community event or had an affiliation with the community. Compared to the non-First Nations group in the past year, the First Nations group had 0.45 times the odds of seeing a physician (for any reason), the same odds of receiving smoking cessation advice if a physician was seen, the same odds of receiving drug therapy advice if cessation was discussed with a physician, the same odds of attempting to reduce or stop smoking, the same odds of being willing to use nicotine gum, 0.6 times the odds of being willing to use a nicotine patch, and 0.5 times the odds of being willing to use bupropion. When adjusting for differences in accessing physician care, receiving drug therapy advice from a physician, occasional smokers, ex-smokers, daily smokers, and willingness to use behavioural cessation strategies, it was found that First Nations race (or *Aboriginal race*, as termed by Wardman et al., 2007, p. 609) was no longer associated with a low willingness to use a nicotine patch or bupropion.

Based on the results above, Wardman et al. (2007) concluded that First Nations and non-First Nations differences in willingness to use tobacco cessation drug therapy could not be attributed to differential concern for adverse medication effects; it was also suggested that the reason why their First Nations study population were less willing to use tobacco cessation drug therapy (that is, less willing to use the nicotine patch and bupropion, but not nicotine gum) was that western health services may be racist and may be providing “health services that are not congruent with [First Nations] cultural values” (p. 610). It was then proposed that “utilization of a traditional healer may be an ideal avenue to increase uptake of drug therapy by Aboriginal smokers because of their ability to deliver more culturally appropriate care” (Wardman et al., 2007, p. 610); it was also suggested that policy-makers reconsider the prescription requirement for tobacco cessation drug therapy.

In response to Wardman et al.'s (2007) study, and regarding only the First Nations group, it is worth considering the tobacco use factors that were raised by Bottorff et al. (2009) and Valentine et al. (2003). In these studies, family, friends, and community members were reported to have significant roles in hindering people's interests in quitting smoking. It would seem, then, that such circumstances would make a person less willing to use a tobacco cessation drug therapy. Although Wardman et al.'s (2007) survey did not inquire about family, friends, and the community in relation to willingness to use tobacco cessation drug therapy, absent in their study discussion was mention of these potential factors. Wardman et al. proposed only medically related reasons for a low uptake of the therapy, and for what they felt was a low willingness to use it. A medical-heavy focus may have missed the most significant reasons for a low uptake of tobacco cessation drug therapy among smokers in First Nations communities.

Wardman et al. (2007) claimed that First Nations' and non-First Nations' differential willingness to use tobacco cessation drug therapy could not, based on their results, be attributed to differential concern for adverse medication effects. If this claim was intended to mean that differential concern for adverse effects was ruled out by their study, then this claim does not follow from their study results. First, participants were not asked about their concern for adverse medication effects. Second, the statistical adjustments did not rule out this possibility of differential concern. Although, it was found that being First Nations was no longer associated with a low willingness to use a nicotine patch or bupropion when adjustments were made for accessing physician care; receiving drug therapy advice from a physician; occasional smokers, ex-smokers, or daily smokers; and willingness to use behavioural cessation strategies, it is not clear how these adjustments eliminated a differential concern for adverse medication effects. Wardman et al. provided no explanation for how such an adjustment could have done this.

Wardman et al. (2007) claimed that their study suggested that western health services may be racist and may be providing health services that are not congruent with First Nations cultural values. It appears that this claim was made because controlling for certain variables (some of which included seeing a physician in general) removed the association between First Nations race and willingness to use a nicotine patch or bupropion. Wardman et al.'s suggestion about western health services possibly being racist and providing health services incongruent with First Nations cultural values, however, also does not follow from their study results. Participants were not asked about racism or cultural incongruence in health care services, and it is not clear how First Nations and non-First Nations differences in any of the variables (such as visiting a physician) implies racism or cultural incongruence in health care services. Wardman et al. provided no explanation for such conclusions.

Another limitation in Wardman et al.'s (2007) study is selection bias. Again, non-First Nations persons were recruited on the same reserves as First Nations persons and had participated in an on reserve community event or had an affiliation with the community. The meaning, however, of having participated in an on reserve community event or having an affiliation with the community was undefined. It is unclear, then, whether these non-First Nations persons lived on reserves, spent much time on reserves, or accessed the same western health services. This matters because family, friendship, and community contexts (for example, the number of immediate people in the environment smoking cigarettes) have been felt to have an influence on interests in quitting smoking (Bottorff et al., 2009; Valentine et al., 2003). Without such knowledge of non-First Nations participants, it is questionable whether study groups were sufficiently equal in order to make conclusions regarding the quality and

appropriateness of western health care services and its effect on willingness to use tobacco cessation drug therapy.

The purpose of Wardman et al.'s (2007) study was "to explore potential reasons for underutilization of drug therapy" (p. 608) among First Nations peoples. The questions in their survey focused on whether persons accessed health services, received cessation advice from physicians, were willing to quit, and were willing to use therapies. Survey answers were examined for associations, and these associations were then considered as potential reasons for an underutilization of drug therapy. Overall, this study was a start, as the authors claimed that no such study had yet been conducted in an Aboriginal population. However, aside from producing data on what First Nations persons were willing to use and how their willingness compared to non-First Nations persons, this study produced little clear reasons for *why* smokers or ex-smokers were willing or not willing to use various tobacco cessation drug therapies. Future studies on First Nations peoples' use of tobacco cessation drug therapies may benefit from directly asking smokers and ex-smokers whether they have used tobacco cessation drug therapies and why they used them. For example, for persons who have used a drug therapy, they could be asked about whether they experienced barriers to using the therapy and how these barriers were removed; likewise, smokers and ex-smokers who have not used a drug therapy (or a particular drug therapy) could be asked for their reasons why and what they think might change their mind. Such a direct approach may arrive at clear reasons for the use or non-use of tobacco cessation drug therapy on reserve, reasons that could be promoted or addressed in the future. It should be noted that according to the Health Council of Canada (2012) many Aboriginal persons in Canada have reported experiencing racial discrimination in Western health care settings, and the First Nations Information Governance Centre (2012) has reported that about two-thirds of First Nations adults

living on reserve experienced racism in the year prior to completing the First Nations Regional Health Survey 2008/10. Thus, directly inquiring about racial discrimination in Western health care settings may also help to evaluate the effectiveness of these settings in supporting smoking cessation on reserve.

Encouraging tobacco cessation drug therapy may support First Nations persons in their attempts to quit smoking, especially if little opportunities exist for making quit-supportive changes to family, friend, community, or economic realities on reserve. It seems, however, that tobacco cessation drug therapy is only one piece of a wholesome approach to address smoking.

Youth Action Alliance of Manitoulin Island

A report (Irfan & Schwartz, 2012) from the Ontario Tobacco Research Unit presented an evaluation of the Youth Action Alliance of Manitoulin Island, a program sponsored by the Ontario Ministry of Health Promotion and Sport. With the help of a local public health unit, the Youth Action Alliance of Manitoulin Island was administered almost entirely by First Nations communities on Manitoulin Island; it focused on "youth engagement, smoking prevention, and raising awareness of tobacco issues" (Irfan & Schwartz, 2012, p. 1); it involved youth teaching youth; and, it appears to have operated for at least four years, ending in August 2008. The purpose of Irfan and Schwartz' (2012) evaluation was to "learn about the processes in and results of establishing the YAA [Youth Action Alliance] on a reserve" (p. 1) and to "explore successes and challenges in engaging Aboriginal youth on reserve as part of a tobacco control initiative" (p. 4). The evaluation involved 11 interviews (led by a person with a First Nations background) with youth and adult program staff; a parent volunteer; and representatives from the Waasa Naabin Community Youth Services Centre, the M'Chigeeng Health Centre, and the Sudbury District Health Unit.

From informants' views, what emerged as the main program goals were "raising awareness and knowledge of traditional tobacco; raising awareness and knowledge about commercial tobacco; and decreasing tobacco abuse among youth in the community" (Irfan & Schwartz, 2012, p. 15). Informants mentioned that sports nights run by youth saw youth abstaining from smoking for up to three hours and a petition was created at a winter carnival to request a smoke-free arena in one of the communities (the request was not granted). Youth peer-leaders of the program enjoyed traveling across Ontario for training, and they felt that they had grown in their ability to speak publicly and engage in health-related dialogue. Youth also made community chalk messages to encourage staff of a Band Office and Health Centre to refrain from smoking in plain view of their clients. According to the report, the messages appeared to be successful, with staff smoking at the side or back of the building instead of the front.

Challenges to the program were also raised by informants: few youth peer-leader candidates were available who did not smoke or chew tobacco; a poster series with images of youth and anti-smoking messages was not well received by a community, as persons in the posters were recognized by community members as smokers in the community, appearing hypocritical; and, travel distances and time commitments were large investments for youth and adult staff. Irfan and Schwartz (2012) reported that although informants felt that the program communicated its messages to the communities, informants were unsure about its long-term influence on the community. One informant said, "I can't say that we decreased the number of smokers in the community but we definitely created tobacco-free sports for the community" (Irfan & Schwartz, 2012, p. 20). Other challenges identified in the report were a high prevalence of smoking in the community, parents and older siblings modeling smoking behaviour, and easy access to affordable cigarettes similar to the findings of Valentine et al, (2003) mentioned above.

Another topic in Irfan and Schwartz' (2012) evaluation was the Youth Action Alliance of Manitoulin Island's focus on raising awareness about traditional tobacco. It was felt by those involved in the program that "smoking rather than tobacco use . . . was 'bad'" (Irfan & Schwartz, 2012, p. 22) and that youth in the community had much interest in learning about traditional tobacco. Citing a study by Choi et al. (2006), Irfan and Schwartz (2012) supported the program's goal of raising awareness and knowledge of traditional tobacco:

> The group's choice to deliver messaging on respecting the role of traditional tobacco in Aboriginal culture is well-founded: a study of American Indian adults showed that those who felt traditional tobacco was important were less likely to use commercial tobacco. (p. 29)

Recognizing the cultural roles of tobacco in First Nations culture seems to be an important approach; however, contrary to Irfan and Schwartz' (2012) claim, Choi et al.'s (2006) study did not find that American Indian adults who felt that traditional tobacco was important were less likely to use commercial tobacco (see Appendix A for the reason why).

Irfan and Schwartz (2012) claimed that a study by Unger, Soto, and Thomas (2008) echoed the purported finding in Choi et al.'s (2006) study; that is, that American Indian adults finding traditional tobacco important were less likely to use commercial tobacco. Irfan and Schwartz (2012) also claimed that Unger et al. (2008) suggested that youth exposure to tobacco without teachings on traditional use might lead youth into using commercial tobacco. While Unger et al. (2008) did suggest that youth exposure to tobacco without teachings on traditional use might lead youth into using commercial tobacco, Unger et al.'s (2008) study did not produce the purported finding in Choi et al.'s (2006) study. Currently, little empirical evidence supports

the idea that persons who find traditional tobacco important are less likely to use commercial tobacco.

It seems reasonable that First Nations youth may be led into using commercial tobacco if they are exposed to traditional uses of tobacco without receiving teachings about traditional uses of tobacco (assuming that commercial tobacco is not used for traditional purposes). Thus, teachings about traditional uses of tobacco may be an important matter when considering smoking initiation among First Nations youth in Ontario.

Tobacco Control Initiatives by First Nations Communities

In a qualitative study involving six, rural, First Nations communities in British Columbia, Varcoe et al. (2010) examined the potential role of community Elders in addressing the use of tobacco. Elders were described as "people knowledgeable about culture and tradition… who can articulate 'the way' – beliefs and expectations of the Gitxsan people" (Varcoe et al., 2010, p. 155). Along with insights about Elders and their potential roles, this study highlighted examples of what appear to be tobacco control initiatives led exclusively by the First Nations communities. This included, a poster made by a local community which read, "We smoke fish, not tobacco" (Varcoe et al., 2010, p. 156); Elders in one community suggested that its bingo hall be smoke-free; a young mother initiated a successful community protest to have her community's bingo hall (attached to a school) become smoke-free; and a chief spoke of successfully banning smoking during community feasts since 1995.

Varcoe et al. (2010) found that Elders may have a powerful role in their community through their example of non-smoking (though not all Elders were non-smokers), their personal experience with the harm of cigarettes, their cultural wisdom, and their place of influence and leadership. This cultural wisdom and leadership was seen by the authors to be important, as

informants to the study felt that a loss of traditions was among the causes of smoking. One informant said that a focus on traditions and community engagement was important because “then you’re starting to look at under-pinning issues and root causes rather than [something] as specific as changing eating or changing behaviour around smoking” (Varcoe et al., 2010, pp. 156–157, word addition theirs).

While education on the harm of second-hand smoke was not identified by Bottorff et al. (2009) as a pressing need in their study population, the young woman’s and chief’s successful initiation of smoke-free arrangements mentioned by Varcoe et al.’s (2010) suggests that teachings about the harm of second-hand smoke may still be important for attending to tobacco use on reserve.

That a tobacco control initiative happens in one First Nation community does not mean that other communities should do the same. For example, regarding the anti-smoking poster in Varcoe et al.’s (2010) study, First Nations communities elsewhere in Canada may not smoke fish, thus a suggestion that these communities post the message, “We smoke fish, not tobacco” (Varcoe et al., 2010, p. 156) would likely have little meaning. Varcoe et al. (2010) pointed this out, noting that their study was limited because it involved only one specific group of First Nations communities. It was suggested that, in terms of involving Elders, “rather than beginning with predetermined tobacco reduction strategies from other contexts, Elders may guide context-specific approaches, including using their own influence through multiple connections” (Varcoe et al., 2010, p. 157).

Smoke-Free Bingo Halls

The importance of context-specific tobacco control messaging also applies to bingo halls. A First Nations community member in a study by Hutchinson et al. (2011) in British Columbia

commented, “Our band council tried to make it a non-smoking hall but bingo is our source of income for programs in our community and you can’t stop having them ‘cause we need them” (p. 37). Another informant in Hutchinson et al.’s (2011) study said, “They did try to cut [smoking] out in our hall twice and they didn’t pull very many people in for bingo [so they gave up] (p. 36, word additions theirs).

Not all First Nations communities may be ready to enact a smoke-free bingo, but, as reported by Varcoe et al. (2010), some communities have done it. The following are a few more examples.

Hutchinson et al. (2011) reported that band members in a First Nation community in British Columbia, with the support of Elders, youth, and youth programming counsellors, enacted a smoke-free bingo policy. In this case, bingo attendance decreased and then steadily rose but, because attendance did not resume to the level prior to the ban, the community felt it important to consider other ways to generate the lost income. Another example of a smoke-free bingo enactment can be found among the Chippewas of Nawash Unceded First Nation, a community located in Southwestern Ontario. According to an interview with the community’s Recreation Director and Community Activator (Cancer Care Ontario, n.d.b), the Chippewas of Nawash Unceded First Nation’s Community Centre hosts evening and weekend bingo events. Concern arose among community members because youth attending the Community Centre for physical education were being exposed to lingering smoke from previous bingo events. Upon hearing these concerns, the Band Council passed a resolution in 2008 to make it a smoke-free hall. Those in the interview noted that persons attending bingo initially said that they would not attend if smoking was not permitted and that some persons were concerned that the bingo might

need to close. According to the interviewees, the bingo was still successful despite the smoke-free enactment (Cancer Care Ontario, n.d.b).

At first glance, it may appear that making bingos smoke-free would only serve to protect persons from exposure to second-hand smoke, however, if evenings are often spent at bingo and if being surrounded by cigarette smoking encourages youth and other persons to engage in smoking, as described by participants in Bottorff et al. (2009) and Valentine et al.'s (2003) studies, then making bingos smoke-free may also help to prevent youth and others from starting and continuing to smoke. Women in Varcoe et al.'s (2010) study "saw this change as significant, not only as symbolic of rising concern and action, but as affecting one of their limited social opportunities that in turn influenced their ability to reduce their own smoking" (p. 157).

Why were the Chippewas of Nawash Unceded First Nation and the community in Hutchinson et al.'s (2011) study successful in enacting a smoke-free bingo in contrast to the other communities in Hutchinson et al.'s study? Concern for both health and economic viability were involved with each enactment. In the case described by Hutchinson et al., grassroots support from a wide variety of community members was also seen as crucial. What is unclear, though, is the manner in which wealth and other matters (such as leadership) may have differed between communities, areas that likely influenced the outcomes of the smoke-free-bingo initiatives. Trying to arrive at specific numbers and economic factors within communities may not be an appropriate pursuit for persons outside of First Nations communities, but, if economics significantly shape First Nations tobacco use realities, then initiatives focusing on First Nations communities' economic viability, as opposed to individual behaviour change and modifications to the medical environment, may be a promising outside approach for lowering the prevalence of cigarette smoking on reserve.

Is Cigarette Smoking a Traditional Use of Tobacco?

In Herrick and Snow's (1995) *Iroquois Medical Botany*, David Jack, an Iroquois authority from Cayuga, Six Nations, was quoted as saying that *Nicotiana rustica* is "for smoking—a good medicine" (p. 201). Whether "smoking" meant smoking a cigarette, sacred pipe, or something else is unclear.

In an American study by Unger, Soto, and Baezconde-Garbanati (2006), "respondents reported that tobacco smoking (both homegrown and commercial tobacco) was a common occurrence at Indian ceremonies such as sweat lodges and wakes, and at events such as Pow Wows" (p. 443.e11). One youth in Unger et al.'s (2006) study said, "Well, at wakes, wakes are traditional, right? Everyone smokes. It's a whole room with people and they pass around baskets of cigarettes with matches. . .different kinds of cigarettes, they just dump them in a basket" (p. 443.e11, ellipsis theirs). It was also said,

> At a wake, a lot of people smoke. Like my mom, she'll smoke [at a wake] and she doesn't even smoke [in other situations]. . .I got like 4 or 5 cigarettes, just kept them at the wake, they had two big baskets of cigarettes and matches for everyone. At the end they put them in big zip-locking bags and gave them to my dad. They're still there at the house. . .it's out of respect for the person that passed away. (Unger et al., 2006, pp. 443.e11–443.e12, word additions and ellipses theirs).

Unger et al. (2006) placed these above quotations under the heading, "Traditional tobacco use at ceremonies and events" (p. 443.e11). Absent in Unger et al.'s study was any discussion about whether cigarette smoking at wakes was indeed viewed by participants as a traditional use of tobacco, although it appears that Unger et al. (2006) considered cigarette smoking as necessary for performing wakes. The discussion section of their study reads:

> Another issue of concern is that commercial packaged cigarettes and packaged loose tobacco are often used in ceremonies when homegrown tobacco is not available. The respondents reported that baskets of commercial cigarettes are passed around at wakes and after ceremonies. Each participant takes a cigarette and smokes it. Smoking these cigarettes appears to be optional for children and adolescents, but these events definitely appear to be situations in which children and adolescents have the opportunity to try smoking if they choose to do so. If traditional tobacco were available at these gatherings, commercial cigarettes probably would not be distributed. Therefore, one possible health promotion approach is to encourage modern-day American-Indians to relearn traditional customs of growing and rolling traditional tobacco and using it ceremonially. In this way, they could continue to practice their important traditional customs without providing their youth opportunities or encouragement to experiment with commercial cigarettes. (Unger et al., 2006, p. 443.e15)

Perhaps smoking home grown, roll-your-own cigarettes was considered by a particular community to be a traditional custom and necessary for performing wakes, but, as pointed out by Unger et al. (2006), their 40 youth participants represented over 11 different American Indian tribal groups. If cigarette smoking was not necessary for ceremonial events, or if it was necessary for only a few communities, then a general encouragement that "modern-day American-Indians . . . relearn traditional customs of growing and rolling traditional tobacco and using it ceremonially" (p. 443.e15) is questionable. This is aside from whether public health bodies should be endorsing the smoking of home grown, roll-your-own cigarettes, even if such smoking is necessary for performing ceremonial events. It seems prudent for future research to elucidate

whether cigarette smoking is necessary for particular American Indian ceremonial events in particular communities.

In an evaluation of a recent off-reserve youth tobacco project in Thunder Bay, Ontario, a key informant came across “Aboriginal youth who justified smoking a cigarette as praying” (p. (Irfan, Schwartz, & Bierre, 2012, p. 16). As mentioned earlier, Balaban and Gollner (2002) defined cigarette smoking as a non-traditional use of tobacco. Other sources treating cigarette smoking as a non-traditional activity include the document, *It’s Time: Indigenous Tools and Strategies on Tobacco – Interventions, Medicines & Education* (Centre for Addiction and Mental Health, n.d.), the National Native Addictions Partnership Foundation’s (2006) *Keeping the Sacred in Tobacco: A Toolkit for Tobacco Cessation*, and a poster from Cancer Care Ontario’s (n.d.c) Aboriginal Tobacco Program website. From this brief scan of the literature, it appears that cigarette smoking is generally viewed as a non-traditional use of tobacco. It may be helpful, though, to arrive at more information about the meaning of traditional uses of tobacco in an Ontario context and from the views of First Nations youth. The generation of information in relation to Fort William First Nation was a goal of this thesis.

Does Traditional Tobacco Use Discourage Cigarette Smoking on Reserve?

It is one thing to acknowledge the cultural role of tobacco in First Nations communities; it is another thing to use that role to prevent, reduce, or end cigarette smoking. There is some evidence that promoting traditional tobacco use could reduce the prevalence of cigarette smoking in First Nations communities. Of the approximately 8% of youth in the First Nations Regional Health Survey 2008/10 (The First Nations Information Governance Centre, 2012; all participants in this study were living on reserve) who were ex-smokers, 12.3% indicated that “respect for the cultural and traditional significance of tobacco” (p. 271) was one of their reasons for quitting.

Choosing a healthier lifestyle (43.1%) was the most common indicated reason for youth quitting; this was followed by respect for loved ones (20.3%) and a greater awareness of the ill effects of smoking on health (16.7%). This finding might indicate that the more a person respects the cultural and traditional significance of tobacco, or the more a person participates in activities where tobacco is used traditionally, the smaller the likelihood that that person will be a cigarette smoker. Although this seems to be a reasonable idea, it is not supported by the literature.

The First Nations Regional Health Survey 2008/10 (The First Nations Information Governance Centre, 2012) asked adults about their frequency of participation in local community cultural events (whether tobacco was involved with local community cultural events was not mentioned in the Survey). The Survey found that "with the exception of cigarette smoking, licit and illicit substance use was inversely associated with participating in community cultural events" (The First Nations Information Governance Centre, 2012, p. 233). Not all data were provided in the Survey results; thus, it is unclear whether there was no association or a positive association between cigarette smoking and participation in cultural events. What is clear, though, is that no inverse relationship between cigarette smoking and participation in community cultural events was found.

Why no inverse relationship was found between participation in community cultural events and smoking was not discussed in the First Nations Regional Health Survey 2008/10 (The First Nations Information Governance Centre, 2012). Assuming that tobacco was used traditionally at Survey participants' community cultural events, and assuming that the Survey found a positive association between participation in these events and smoking, I wonder whether cigarette smokers were more likely to participate in community cultural events than persons who did not smoke cigarettes. Or, given the same assumption whether persons who

participated in community cultural events were more likely to start or continue smoking cigarettes than persons who did not participate in community cultural events (say, because the events encouraged cigarette smoking). Much more could be theorised, but because the survey data is cross-sectional, causality and direction of causality cannot be discerned.

In a survey (WUNSKA, 1997) of 4090 youth from 96 First Nations communities across Canada, 61% of these youth participated in traditional ceremonies; 40% indicated that they knew about traditional uses of tobacco; and of these youth who knew, 42% used tobacco in traditional ways. WUNSKA (2007) examined these findings in relation to cigarette smoking status, and it was reported that "there was no definable link between participating in traditional activities and resilience to smoking" (p. 64; by *resilience to smoking*, the authors likely meant non-smoking status, as it was a cross-sectional study). WUNSKA did not report on whether there was an association between youth using tobacco in traditional ways and youth smoking cigarettes. Assuming that the traditional ceremonies in which youth participated involved tobacco being used traditionally, this survey showed no relationship between cigarette smoking and participation in events where tobacco is used traditionally.

Outside of Canada, and not specific to persons living on reserve, a survey (Daley et al., 2011) of 998 American Indians inquired about cigarette smoking, whether tobacco was used for traditional purposes, types of tobacco used, and length of most recent attempt at quitting smoking. The authors found that 78% of current smokers used tobacco for traditional purposes while 63.0% of male and 64.8% of female non-smokers used tobacco for traditional purposes (Daley et al. 2011). It was not reported whether current smokers were more likely to use tobacco for traditional purposes than non-smokers. What is clear from Daley et al.'s study is that the majority of participants who currently smoked cigarettes also used tobacco in traditional ways.

Daley et al. (2011) also found that cigarette smokers who currently “used traditional tobacco” (p. 1006) had, on average, significantly longer periods of abstinence during their most recent quit attempt compared to current smokers who did not currently use traditional tobacco (87 days versus 18 days, respectively). It is not clear whether the authors meant to write *used tobacco in traditional ways* rather than *used traditional tobacco*, as in using a specific type of tobacco, but I suspect the former phrase was meant as no explicit mention of types of tobacco is found in the study’s results. The authors also found that among persons who used tobacco in traditional ways, persons whose traditional use involved smoking tobacco had, on average, shorter periods of abstinence during their most recent quit attempt compared to persons whose traditional use did not involve smoking tobacco (55 days versus 172 days, respectively) (Daley et al., 2011).

Daley et al. (2011) pointed out a major limitation of their study: cross-sectional data. Two other important study limitations exist, however, that were not mentioned by the authors. First, there is no mention that the survey asked participants about whether tobacco was traditionally used before or during their most recent quit attempt. If tobacco was not used traditionally before or during participants’ most recent quit attempt, but tobacco was used traditionally at the time of the survey, then it would not follow that traditional tobacco use had an influence on the length of the most recent quit attempt. Second, although Daley et al. adjusted for age and sex, there was no adjustment for the other variables collected in the survey, variables such as where participants were raised (urban, suburban, rural, or reservation), educational level, and employment status. Because recruitment in this study was non-random (recruitment occurred at events such as Pow Wows, focus groups, health fairs, and career fairs; participant referrals were also made), the reported associations between traditional tobacco use and length of previous quit attempts may

be products of confounding due to where participants were raised, educational level, and employment status.

Daley et al. (2011) concluded that using tobacco in traditional ways may have a relationship with “greater cessation” (p. 1006). It was also proposed that using tobacco in traditional ways may make persons less inclined to smoke cigarettes because it could make persons feel that smoking cigarettes disrespects the sacredness of tobacco. This idea somewhat aligns with a finding in an earlier study by Daley et al. (2006):

> [A] participant explained that his recreational use stopped because of his sacred use and that part of the ceremony treating tobacco as sacred involved not abusing cigarettes and recognizing how and why it was important to treat tobacco as sacred. (p. 433)

In summary, there is evidence that respect for the cultural and traditional significance of tobacco has motivated First Nations person to quit smoking cigarettes, there is no evidence of an inverse relationship between cigarette smoking and using tobacco in traditional ways, persons who smoke cigarettes also use tobacco in traditional ways, and using tobacco in traditional ways may influence the length of abstinence during an attempt to quit smoking. Overall, it appears that traditional tobacco use may have the potential to reduce the prevalence of cigarette smoking on reserve.

Does Traditional Tobacco Use Encourage Cigarette Smoking on Reserve?

Unger et al. (2006) stated, “The use of commercial tobacco for ceremonial purposes may lead adolescents to think commercial tobacco is not harmful” (p. 443.e10). Could using tobacco in general for ceremonial purposes lead adolescents to think that tobacco in general is not harmful? As well, could exposure to nicotine during ceremonial events be predisposing children and adults to a nicotine addiction, or could such exposure be encouraging ex-smokers to begin

smoking cigarettes? There appears to be no extensive consideration of these questions in the literature. When youth in Valentine et al.'s (2003) study "were asked if they felt cultural [*sic*] use of tobacco contributed to the high rates of smoking among Aboriginal youth" (p. 144), it was reported that youth generally did not think that this was the case. One youth said, "I don't think that is how we started [ceremonial use]; it [smoking] is more because of our family life" (Valentine et al., 2003, p. 144, word additions theirs).

In a chapter titled "Health Effects of Tobacco Use by Native Americans: Past and Present," Samet's (2000) opinion was that the possibility of tobacco addiction through engaging in ritualistic tobacco use (in the context of ingesting or smoking tobacco) seems high; he also posited that enjoyable contact with tobacco and beliefs that tobacco is magical may encourage persons to regularly attempt to find and consume it. Although Samet did not provide evidence of contemporary tobacco addictions caused (or encouraged) by ritualistic tobacco use, his review of the addictive nature of nicotine in tobacco supports this possibility. Samet's claims also run in accord with Daley et al.'s (2011) discussion about persons smoking tobacco in traditional ways having shorter periods of abstinence from cigarette smoking than persons using tobacco in traditional ways but who do not smoke tobacco traditionally. Cognizant of Daley et al.'s (2011) study limitations, these investigators claimed that nicotine from smoking tobacco traditionally triggers the same response as nicotine from cigarette smoking; and they proposed that smoking tobacco traditionally may have compromised what they purported to be "a protective effect of traditional use" (p. 1007) among participants. Given the limitations of Daley et al.'s study, however, it is unclear whether smoking tobacco traditionally actually shortens length of abstinence. More research is needed.

Despite the above ideas, it does not seem, from the literature discussed earlier, that a significant number of entries or re-entries into a tobacco addiction are because of traditional uses of tobacco. Again, tobacco is not always burned for traditional purposes. What may be a worthwhile consideration, though, is how traditional uses of tobacco (and the tobacco itself) can be made as incapable of contributing to a tobacco addiction as possible. This may not be an appropriate pursuit for persons outside of First Nations communities, but this could be helpful for a comprehensive First Nations approach to lowering the prevalence of cigarette smoking on reserve.

The Future of Tobacco in First Nations Communities in Canada

The First Nations Regional Health Survey 2008/10 (The First Nations Information Governance Centre, 2012) describes vision as "the most fundamental of principles" (p. 4) within a First Nations cultural context. Regarding vision and health, the Survey continues:

> From an Indigenous Knowledge perspective, visioning will examine what is the ideal state of First Nations health and wellness (what was the standard in the past and what is the desirable/achievable in the future). In order to envision First Nations' health and wellness, it is imperative to establish a baseline of the extent and causes of the current situation. It is from that baseline that First Nations communities and stakeholders can move forward towards the ideal vision. (The First Nations Information Governance Centre, 2012, p. 4)

The Canadian Public Health Association (2011) has a vision of a tobacco-free Canada by 2035.[1] The vision of The First Nations and Inuit Tobacco Control Strategy (Carry et al., n.d.) was "Healthier First Nation and Inuit communities, free of tobacco misuse and addiction" (p. 5). As well, Cancer Care Ontario's (n.d.a) Aboriginal Tobacco Program "want[s] to create 'tobacco wise' communities that use tobacco in a sacred way and do not feed a powerful and deadly addiction" (para. 5). Many visions exist for tobacco use in Canada but few can be found from specific First Nations communities in Ontario. Inquiring about visions from a specific First Nations community in Ontario was a goal of this thesis.

Summary

Tobacco is a complex reality among First Nations communities in Canada. Tobacco has cultural roles, years of history, and a variety of purposes for which it can be used. There are many definitions of traditional tobacco and traditional tobacco use. There is also little evidence that traditional uses of tobacco discourage or encourage cigarette smoking in First Nations communities, with most data showing no relationship or no inverse relationship.

[1] "The term 'tobacco-free' denotes a situation wherein by the year 2035 there would be a pan-Canadian smoking prevalence rate of less than 1%, equivalent to approximately 250,000 smokers" (Canadian Public Health Association, 2011, p. 2).

3. Methods

Community Context

Fort William First Nation has a registered population of 2,149 persons, with 942 living on reserve (Aboriginal Affairs and Northern Development Canada, 2013). Fort William First Nation participates in a variety of economic activities, including mining and solar energy (Fort William First Nation, 2012). Primary education happens through partnerships with the Lakehead Public School Board and the Thunder Bay Catholic District School Board (Fort William First Nation, 2011a), and community services include a cultural and recreational division, employment services, financial assistance, home-makers, and emergency food services (Fort William First Nation, 2011b).

Among other facilities, Fort William First Nation has a Band Office, Health Centre, Community Centre, Youth Centre, and an Arena with a Fitness Centre. Fort William First Nation also has a bingo hall with smoking and non-smoking sections. The hall is located within the Community Centre, and, in 2004, Chief Peter Collins was reported as saying that about half of the bingo patrons were smokers and that the bingo was a good source of revenue for the community (Chekki, 2004).

Adjacent to Fort William First Nation, in Thunder Bay, a referendum was held in November 2003 regarding a bylaw that would prohibit smoking in all indoor workplaces and public places, including bingo halls (City of Thunder Bay, 2004). Before the referendum, an administrator of Diamond Bingo in Thunder Bay told Thunder Bay City Council that “the bingo industry (in other cities) has been … devastated by the implementation of a smoke-free bylaw” (as cited by Leydier, 2003, p. A3, word additions and ellipsis theirs). The referendum was held, 80% were in favor of the proposal, and the smoke-free bylaw was enacted in 2004 (City of

Thunder Bay, 2004). In July 2005, MacLellan (2005) reported that the Intercity Thunder Bingo Palace in Thunder Bay had closed and relocated to a smaller building. This bingo hall had operated for 15 years, attendance had dropped from 300 at its peak to 200 after a local casino was opened in 2000, and attendance then dropped by half since the smoke-free bylaw came into effect. Noting that a survey of clients at the Intercity Thunder Bingo Palace before the smoke-free bylaw found that 92% were smokers, the owner of this bingo hall blamed the bylaw for the latter drop in attendance; the owner also claimed that many clients went to the bingo in Fort William First Nation, where smoking was allowed. As further outlined by MacLellan (2005), the president of Thunder Bay Community Bingo claimed that attendance had dropped by about two-thirds at their two locations since the enactment of the smoke-free bylaw, while also noting that the halls were still profitable.

Aside from bingo, a 160 year-old claim was settled between the Government of Canada, the Government of Ontario, and Fort William First Nation in December 2011 (Fort William First Nation, n.d.; Queen's Printer for Ontario, 2013). This settlement included $149 million from the Government of Canada and about $5 million from the Government of Ontario in financial compensation to Fort William First Nation. It also included the transfer of Lake Superior's Flatland Island and Pie Island to the federal government, land to be set apart for Fort William First Nation. This land claim settlement was recognized by Chief Peter Collins and the Ontario and Canadian governments as an opportunity for investing in new businesses and jobs in Fort William First Nation (Queen's Printer for Ontario, 2013).

Researcher Context

I am a 27 year-old, Caucasian, non-smoking male who is not a member of Fort William First Nation. I am a Master of Public Health Student and I have an interest in health, health

concepts, health vision, and improving relationships between First Nations and non-First Nations communities.

Before contacting Fort William First Nation, I read a variety of works to enrich my understanding of North American history and First Nations culture. Some of these works included J. M. Bumsted's (2007) *A History of the Canadian Peoples* and Yale E. Belanger's (2010) *Ways of Knowing: An Introduction to Native Studies in Canada*. I also read a variety of articles (Baillie, Maas, Buchholz, & Mutch, 2008; Edwards, Lund, & Gibson, 2008; Fletcher et al., 2011; Ortiz, 2003; Schnarch, 2004) on the historical, cultural, and ethical aspects of conducting research with Indigenous communities. My background knowledge in research interactions with First Nations Communities was further strengthened through a cultural awareness workshop by the Grey Wolf Traditional Teaching Lodge in Thunder Bay and through reviewing the Ownership, Control, Access, and Possession document (Schnarch, 2004) about conducting research in First Nations Communities. Having no personal contact with Fort William First Nation prior to this study, I found it helpful to initially familiarize myself with the community by perusing their community website. I also examined some earlier research (Roy, 2010; Zehbe et al., 2011) done in partnership with the community. It was meeting with community members in person, however, that resulted in the relationships and much of the knowledge required for this study. The new relationships and knowledge had me in a listening, inquiring, and processing state throughout the research.

Community Partnership

In August 2012, I approached the Fort William First Nation Band Office and Health Centre to propose a study on feelings and visions about traditional and non-traditional tobacco use. My proposal was met with interest, and discussion and planning with Health Centre staff

ensued over the following months. In the end, all aspects of this study were critically reviewed with Health Centre staff, with modifications suggested by staff being incorporated into the study; an approach which is in accord with the Tri-Council guidelines for research with Indigenous communities (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2010) and with Ownership, Control, Access, and Possession (Schnarch, 2004).

In January 2013, permission to proceed with the study was granted through a signed Memorandum of Understanding between me, the Chief of Fort William First Nation, the Community Health Representative, and the Manager of the Health Centre. Key agreements in the Memorandum of Understanding were developed through teamwork between me and Health Centre staff. This included opportunities for participants to review the study's results, guidelines on information storage and distribution, and the sharing of study knowledge with the community. As also agreed in the Memorandum, the anticipated study benefits for Fort William First Nation were deepened insight on tobacco-related health and well-being and an investment into preventing tobacco-related cancer, disease, and other harm. As further agreed, a summary of study findings would be created for Fort William First Nation and I would be available to participate in community meetings to discuss the findings.

The study was approved by Lakehead University's Research Ethics Board; as noted, above it abides by the guidelines of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2010), and it was designed in accordance with the principles of Ownership, Control, Access, and Possession (Schnarch, 2004).

Data Collection

Invitations. Invitations were directed to a variety of community members: youth, young caregivers, members of a 55+ Group, Traditional Elders, Health Centre service providers, the bingo hall manager, and the owners of three gas stations (two of these gas stations had convenience stores and one had a restaurant with indoor smoking allowed). It was felt that these community members would provide a wholesome range of insight for the study.

Invitations to participate in focus groups at regularly-meeting groups in the community (youth, young caregivers, and the 55+ Group) were made by me and a trained Research Assistant from the community. These in-person invitations happened during the group's regular meeting times, and they all involved eating a meal together. Gathering for meals is an important cultural value for many First Nations Peoples, as it can serve as a connector to both the community and the land and it can also be an icebreaker (Ray, 2008). Eating together seemed to encourage dialogue and trust between me and community members, an experience resembling prolonged engagement in the field (Creswell, 2013).

Invitations consisted of a personal introduction, a brief presentation of the study, and an opportunity for community members to ask questions. Other in-person, email, or phone invitations were made by the Research Assistant. Persons interested in the study were offered a printed package with an overview of the study, the discussion questions, and a consent form.

The bingo hall manager, the owner of one of the gas stations, and two Traditional Elders were unavailable to participate. Because owners were not present at the two other gas stations, invitations were left at these locations and follow-up was left to the discretion of the Research Assistant. None of these invitations received replies. As an alternative to hearing from the bingo hall manager and the owners of the three gas stations, we invited and heard from persons with

senior leadership positions in the Band Office and Health Centre (persons hereafter referred to as *community leaders*). It was felt that these persons might have financial insights on tobacco sales in the community, among other views. Informed, voluntary, and written consent was required from all participants.

Focus groups. Similar to many tobacco-related studies involving First Nations persons in Canada (Bottorff et al., 2009; Bottorff et al., 2010; Hutchinson et al., 2011; Valentine et al., 2003; Varcoe et al., 2010), this study employed focus groups to hear from community members. Focus groups were selected because they allow for a wide range of responses (as opposed to closed-ended surveys), they encourage critical thinking (as group members can respond to each other; Krueger & Casey, 2009), and they are convenient (as many persons can be heard at once, in contrast to individual interviews).

One focus group for each of the five categories of participants (see Table 1) was viewed as sufficient, as this study's intention was to elucidate views from members of Fort William First Nation, not the views of all members of Fort William First Nation or all members within a participant category. Accordingly, saturation of responses was not sought.

To keep discussions manageable, a rough maximum of 10 persons per focus group was kept in mind. No minimum number of participants was set, as we were open to conducting individual interviews if less than two persons were available.

Five focus groups took place in Fort William First Nation from February to April 2013. Table 2 displays the location, context, and discussion duration of each focus group. Focus groups began with a personal survey (see Appendix B) that resembled the First Nations Regional Health Survey 2008/10 Adult Questionnaire (The First Nations Information Governance Centre, 2008).

Table 1

Participant Characteristics

Category	*n*	Age in years (*M*)	Cigarette smoking status (*n*)	Approx. number cigarettes smoked per day (*M*)[a]	Age cigarette smoking began (*M*)[b]	Number of cigarette smoking quit attempts in past 12 months (*n*)[a]
Youth[c]	3 (all females)	11–16 (13)	Never smoked (2) Daily smoker (1)	4	13	3–4 (1)
Young caregivers	4 (3 females, 1 male)	21–36 (26)	Ex-smoker (2) Daily smoker (2)	10–25 (18)	14–17 (16)	0 (2)
55+ Group	3 (all females)	47–68 (57)	Ex-smoker (1) Daily smoker (2)	20–40[d] (30)	10–18 (15)	0 (2)
Service providers (Health Centre)[e]	5 (all females)	17–52 (34)	Never smoked (1) Daily smoker (4)	2–12 (9)	8–13 (11)	1–2 (2), 3–4 (2)
Community leaders (Band Office, Health Centre)	4 (2 females, 2 males)	45–58 (52)	Ex-smoker (2) Daily smoker (2)	8–25 (17)	10–19 (14)	0 (1), 3–4 (1)

[a]Current smokers only. [b]Current and ex-smokers. [c]An adult community member who knew the youth was present at the discussion and participated in the discussion. To protect privacy and to display the views of youth only, it was arranged that only youth's input was included. [d]This upper value is based on an estimate of 20 cigarettes per pack, as "2 packs" was written by one participant as their number of cigarettes smoked daily. [e]One active participant was a high school co-op student who lives in Fort William First Nation.

Table 2

Focus Group Locations, Contexts, and Discussion Durations

Category	Location	Context	Discussion Duration (min)
Youth	Youth Centre	Over dinner	36
Young caregivers	Children's playroom in Community Centre	During children's playtime	18
55+ Group	Elder's Centre	Over lunch	21
Service providers	Health Centre boardroom	During work hours	57
Community leaders	Health Centre boardroom	During work hours	42

Focus groups then continued with an audio-recorded group discussion with discussion questions and prompts (see Table 3).

The survey and discussion questions were structured to provide participant demographics and direct answers to the study's seven research questions. What I mean by providing *direct answers* to the research questions is as follows: I sought answers to the seven research questions by asking questions on the survey and during focus groups that were virtually identical to the seven research questions. With this approach, participants' answers to the survey and discussion questions were answers to the research questions. This method served the exploratory nature of this study well. This approach has also been taken by other studies involving tobacco and Indigenous populations. For example, an objective of Unger et al.'s (2006) study was to learn about American-Indian adolescents' "perceptions of the safety of sacred and commercial tobacco use" (p. 433e10). To meet their objective, Unger et al. (2006) directly asked participants during focus groups, "Which is safer?" (p. 443.e11). Unger et al. then reported participants' answers to

Table 3

Discussion Questions (and Prompts)

1. When you think about the use of tobacco, do you consider there to be a traditional way to use it and a non-traditional way to use it?
2. How do you personally distinguish between traditional and non-traditional uses of tobacco? (store-bought, type of plant, cultural events, historical events, how often it happens)
3. What roles does tobacco play in the community? (traditional use, non-traditional use, family, friends, sales, cultural events, bingo, leisure)
4. What emotions do you experience in relation to tobacco in your life? (traditional use, non-traditional use)
5. What emotions do you experience in relation to tobacco in the community? (traditional use, non-traditional use)
6. If you could envision a best-case future reality of tobacco use in the community, what would this future look like? (traditional use, non-traditional use, family, friends, sales, cultural events, bingo, leisure)

this question in their Results section by providing a brief summary of viewpoints and a list of insightful quotations. Rather than asking participants indirect questions to discover their perceptions of the safety of sacred and commercial tobacco use, participants were directly solicited for their perceptions. While my approach was similar, in the analytical process I was also aware of other information that might be shared during discussion and whether themes came up that deserved further analysis.

I selected focus group discussion prompts to encourage input on both traditional and non-traditional uses of tobacco. I also selected discussion prompts to welcome input on a variety of topics that, through reviewing current literature and health messaging on tobacco, seemed insightful for understanding tobacco-related realities on reserve.

The Research Assistant led the focus groups. I did not participate in the group discussions except under the following circumstances: I was directly questioned by a participant, I requested that a participant repeat themselves if I suspected that the recording was insufficient, I reminded the group that we (the Research Assistant and I) were not looking for any right or wrong answers, I asked the Research Assistant whether a discussion prompt could be raised, or I raised a brief question for clarifying a response. Having the Research Assistant lead the discussions was seen as best because we felt that already-established relationships with community members would encourage the most comfort among participants. Me being silent during the majority of the discussions allowed myself to listen conscientiously, write notes, and oversee the audio recording. Krueger and Casey (2009) inspired this focus group facilitation method.

Discussion questions were raised in numerical order, with the group hearing from one participant at a time. We notified participants before and during the discussions that they could freely pass on any question that was asked. Regarding discussion prompts, these were raised at times that felt appropriate to the Research Assistant, such as during responses to a question and after responses to a question.

After group discussions, if circumstances permitted, I provided a brief summary of what I heard from participants and I raised a few questions to clarify discussion points. This occurred with the 55+ Group, service providers, and community leaders.[2] Participants were free to respond to my summary and questions during this time, and they consistently did so: participants commented on the correctness of my interpretations, answered my questions, and provided additional discussion points. This summary with questioning and feedback is a form of member

[2] This summary did not occur with youth and young caregivers because the timing was restricted and participants appeared somewhat restless.

checking, an activity described as "the most crucial technique for ensuring [study] credibility" (Lincoln & Guba, 1985, p. 314).

Intended partially as an incentive but also to express my gratitude for participants' time and thoughts, a draw for a $25 gift card concluded each focus group.

Data Analysis

According to Stewart, Shamdasani, and Rook (2007), "the nature of the analysis of focus group interview data should be determined by the research questions and the purpose for which the data are collected" (p. 109). The purpose of this study was to gain insight on maintaining and improving tobacco-related health by examining the cultural, health, and economic realities of tobacco in Fort William First Nation. To gain such insight, the objective of this study was to answer seven research questions regarding traditional and non-traditional tobacco use. With the survey and discussion questions directly asking participants the seven research questions, achieving the objective of this study required an analysis of data that outputted a clear articulation of participants' responses to these questions. To add to the insight gained through a clear articulation of participants' responses, however, I also analyzed the data for trends across participants' responses. The following is a description of the analyses.

Survey analysis. Along with providing participant characteristics, the survey results answered the research question regarding whether community members use tobacco, how tobacco is used, and the types of tobacco used. I answered this question by inputting survey results in an Excel spreadsheet and generating descriptive statistics.

I also examined the survey for the extent to which persons smoking cigarettes and persons not smoking cigarettes selected the response "I smoke it (and I inhale the smoke into my lungs)" for the question about using tobacco in non-traditional ways. If all smokers but no non-

smokers selected "I smoke it (and I inhale the smoke into my lungs)" for non-traditional tobacco use, this finding would mildly suggest that cigarette smokers viewed cigarette smoking as a non-traditional use of tobacco. Arriving at this insight would corroborate findings from the focus group discussions, an approach to inquiry known as triangulation (Creswell, 2013).

Transcript analysis. I transcribed the audio recordings and examined the transcripts to answer the remaining research questions. Group-specific answers to the research questions were derived through the classic approach as described by Krueger and Casey (2009). This analysis involved listing the seven research questions as headings in a Word document, considering each line of the transcript for whether it answered one or more of the research questions, copying and pasting quotations under their respective question headings, sorting quotations by similarity (through creating categorical sub-headings), and writing detailed descriptions of participants' responses. I was careful to include in the descriptions any views running contrary to stated opinions (a procedure similar to searching for disconfirming evidence [Miles & Huberman, 1994]); numerical counts of expressed views (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009); and supporting quotations[3] (Krueger & Casey, 2009). Where it seemed insightful, I included information on verbal agreement from the group, participant characteristics, and my perception of tone of voice. I also included other information that added meaningful context to participants' responses even though it did not answer the research question directly. Overall, I chose this analysis because it is systematic, verifiable, and it directly answers the research questions (Krueger & Casey, 2009). Studies by Unger et al. (2006) and Bottorff et al. (2009) which also focus on tobacco in First Nations communities took a similar approach.

[3] For conciseness, I removed non-essential words from quotations.

What follows are three notes regarding interpretation of participants' responses to the discussion questions. To illustrate the first, consider a hypothetical, informal conversation where a person is asked to personally distinguish between circles and squares. Upon hearing this question, the person may answer, 'The distinction for me is that circles have no corners'. This answer may be all that this person feels is necessary to say, they feel that it is normal for the other person to infer from their response that they understood squares to have corners, and the other person naturally makes this inference. Similarly, in this study, when participants were asked discussion question #2 ("How do you personally distinguish between traditional and non-traditional uses of tobacco?"), and a response immediately following this question was, for example, that traditional tobacco use has a cultural purpose (and no explicit statement was given that non-traditional tobacco use does not have a cultural purpose), I assumed that implicit to this response was that non-traditional tobacco use does not have a cultural purpose. Such an assumption felt natural for the nature of the conversations, and the Research Assistant confirmed that this assumption was appropriate, feeling that pressing participants for complete responses was unnecessary. This assumption was not made if responses did not immediately follow after discussion question #2 was asked.

A second note on interpretation concerns the research question regarding visions of best-case, future realities of tobacco use in the community. Participants' responses were used to answer this question if their responses followed immediately after being asked discussion question #6 ("If you could envision a best-case future reality of tobacco use in the community, what would this future look like?") or if participants indicated at any time during the discussion that they were voicing best-case, future realities, even if they might not have used that exact wording.

Finally, participants' responses were used to answer the remainder of the research questions regardless of when their responses occurred in the discussion. For example, if a participant spoke about their emotions concerning tobacco in the community before being asked discussion question #5 ("What emotions do you experience in relation to tobacco in the community?"), then their response was used to answer the research question regarding emotions about tobacco in the community.

To encourage validity of interpretations, all participants received a paper copy of their group-specific key results for review (a similar approach taken by Bottorff et al., 2010).[4] This review came with a letter instructing participants to contact the Research Assistant if anything in the results required changing or removing and that not hearing back from them after a week meant that no changes were needed. No participants requested changes after receiving their results. One participant told me that she immediately read the results upon reception and that the document accurately described her group discussion.

When presenting results as an across-group summary seemed more concise but equally informative as individually reporting results for each group, I combined group-specific results and presented an across-group summary. When reporting similarities and differences across groups appeared to better answer a research question than reporting only group-specific results, I conducted across-group designation and assertion analyses. A designation analysis looks at the frequency of words or phrases used by participants, and an assertions analysis looks at the

[4] Through discussion with the Fort William First Nation Community Health Representative and with the Health Centre Manager, it was decided that only service providers would be offered their group transcript for review. The transcripts, being lengthy and repeating much of the information found in the group-specific results, were seen as unnecessary for participant review. We offered service providers their group transcript, however, because it was communicated to the group that this would be done. This was not communicated in the other groups.

frequency in which objects or activities are described in certain ways (Stewart et al., 2007). I engaged in these analyses when an exploration of subject matter within or across groups seemed valuable for insight. For example, based on my background knowledge of tobacco-related health messaging, and believing that no participants used the words *Nicotiana tabacum* or *Nicotiana rustica* during the discussions, I felt that examining if, and the frequency in which, participants used the words *Nicotiana tabacum* and *Nicotiana rustica* may inform the development of health messaging on distinctions between traditional and non-traditional tobacco (messaging already employed by the All Nations Breath of Life [2012] program in the United States, for example). Accordingly, I examined how often (the frequency) participants selected the words *Nicotiana tabacum* and *Nicotiana rustica* in the survey or mentioned them in discussions.

As the study progressed, and upon reading transcripts, I also got the impression that a concern for children and children's health was a common theme across focus groups' visions of best-case, future realities of tobacco use in the community. In order to confirm or disconfirm this impression, I assessed whether this theme existed by examining each group transcripts for mentioning children and children's health generally and in relation to visions of best-case, future realities specifically, and indeed it did as I will discuss further in the Results and Discussion sections.

In line with many studies involving Indigenous communities, focus groups, and tobacco-related health matters (Bottorff et al., 2009; Bottorff et al., 2010; Hutchinson et al., 2011; Unger et al., 2006; Valentine et al., 2003; Varcoe et al., 2010), I kept the study results separate from my discussion of the results. This separation clearly delineated the study findings from the future implications of the findings. This delineation allows readers to first assess the quality of the study and then assess the quality of my recommendations for future initiatives. I felt that this

format allows for an easier processing of material than if both the results and recommendations are provided at once.

Additional analytical notes. This qualitative study does not fit neatly within the bounds of any one of the five, common, qualitative approaches to inquiry. As a review of these five approaches, narrative research focuses on "studying one or two individuals, gathering data through the collection of their stories, reporting individual experiences, and chronologically ordering the meaning of those experiences" (Creswell, 2013, p. 71). Phenomenological research focuses on "describing what all participants have in common as they experience a phenomenon" (Creswell, 2013, p. 76), seeking to describe a universal essence of that experience. Grounded theory research intends to develop theories that explain why realities exist (Creswell, 2013). Ethnographic research involves studying culture-sharing groups through engaging in participant observation and joining participants in their daily activities (Creswell, 2013). Finally, case study research examines a distinct, location-bounded event over time using a variety of information sources (Creswell, 2013). This study differs from these approaches in that it focused on many individuals instead of a few; it examined many phenomena as opposed to one (phenomena such as distinctions, emotions, uses, and visions); it aimed to discover *what* exists as opposed to *why* something exists; it did not involve joining participants in their daily activities; and it did not focus on a distinct, location-bounded event over time. Overall, this study's approach was shaped by the nature of its knowledge interests, similar inquiries (Bottorff et al., 2009; Bottorff et al., 2010; Hutchinson et al., 2011; Unger et al., 2006; Valentine et al., 2003; Varcoe et al., 2010; WUNSKA, 1997) that used the same approach to arrive at such knowledge, and what seemed to me as a feasible study in Fort William First Nation given the restraint of time and resources.

4. Results

This study heard from 19 members of Fort William First Nation (see Table 1). The majority of participants were female (16/19), had children (14/19), and smoked cigarettes daily (11/19). For current and ex-smokers, 14 years was the average age when cigarette smoking began. The majority of participants who currently smoked cigarettes tried to quit at least once in the previous 12 months (6/11), with four persons trying three to four times. For the five ex-smokers, the average age at quitting was 33 years, with a range of 18 to 61 years.

Presented below are group-specific or across-group responses to the research questions. Participants are identified alongside their respective quotations and in cases where identification seemed informative. Participant identification follows a format whereby the terms *Yth* means youth, *YC* means young caregiver, *55P* means member of the 55+ Group, *SP* means service provider, and *CL* means community leaders. Numbers following these terms signify participant number, such as *Yth1* meaning youth number one.

Does a Concept of Traditional and Non-Traditional Tobacco use Exist Among Members of Fort William First Nation?

During discussions, all but four participants answered in the affirmative when asked whether they considered there to be a traditional way to use tobacco and a non-traditional way to use tobacco. A concept of traditional and non-traditional tobacco use exists among members of Fort William First Nation.

Do Members of Fort William First Nation Use Tobacco? If So, How Is the Tobacco Used and What Kinds of Tobacco Are Used?

Members of Fort William First Nation use tobacco in a variety of ways, and various kinds of tobacco are used. Listed below are group-specific responses to the survey questions regarding

uses and types of tobacco. Survey results are also complemented with quotations from the group discussions.

Youth. One youth did not currently use tobacco in traditional or non-traditional ways, and a second youth currently used tobacco only in traditional ways. For this youth using tobacco only in traditional ways, manners of use involved smudging and offering tobacco in prayer, the most common activity was smudging, and only store-bought tobacco was used.

The third youth currently used tobacco only in non-traditional ways, and "Prefer not to say" was selected for manner of use and types of tobacco used. Beyond the possibility of a concern for privacy (say, because she was young and may have wished to keep the source of her tobacco undisclosed), no information in this study suggests why she selected "Prefer not to say".

Young caregivers. One participant currently used tobacco in traditional ways and the remaining three participants did not. For the participant who currently used tobacco in traditional ways, she offered tobacco as gifts and in prayer; the phrases, *"once in a while"* and, *"if somebody dies"* were written on her survey; and written for the option "Other" regarding kinds of tobacco used was, *"if its* [*sic*] *given in a pouch"* (YC2).

Two participants indicated that they currently use tobacco in non-traditional ways. Both of these persons noted that their non-traditional use involves smoking the tobacco and inhaling the smoke into their lungs; one person also indicated that she smokes the tobacco and inhales the smoke into her mouth but not into her lungs. Store-bought tobacco constituted all of the tobacco used in non-traditional ways.

55+ Group. All participants currently used tobacco in traditional ways. One participant used tobacco for smudging, another person offered tobacco as gifts, and another person offered tobacco in ceremony. Offering tobacco in prayer was practiced by all participants and was the

most common activity. One participant indicated that her traditional use involves smoking tobacco and inhaling the smoke into her lungs, and no persons indicated that their traditional use involves smoking tobacco and inhaling the smoke into their mouth but not into their lungs. All participants used only store-bought tobacco for their traditional use.

Regarding tobacco being used in non-traditional ways, two participants indicated that they currently do so. For these persons, smoking tobacco and inhaling the smoke into their lungs was the only indicated manner of use. Store-bought tobacco constituted all of the tobacco used in non-traditional ways.

Service providers. Like the 55+ Group, all participants currently used tobacco in traditional ways. For this use, all participants offered tobacco as gifts and in prayer, with the most common activity being offering tobacco as gifts. Three out of four participants indicated that their traditional use involves smoking tobacco and inhaling the smoke into their lungs, and no persons indicated that their traditional use involves smoking tobacco and inhaling the smoke into their mouth but not into their lungs. All participants used store-bought tobacco for their traditional use, and one person used bark from a tree. It was raised during the discussion that special tobacco leaves can be used for ceremony, leaves different from roll-your-own tobacco and pouch tobacco:

> *I've also seen the tobacco leaves that people use, those big long things, you know, "What is that? What is that?"—I didn't even recognize it; but it's a big, long leaf, brown leaf like that; and it's very thin and it's got a different smell to it and it burns differently. So, there are certain types of tobacco that you use for ceremony.* (SP3)

Whether this special tobacco is *Nicotiana rustica*, *Nicotiana tabacum*, or something else cannot be discerned from this study. Winter (2000b) described *Nicotiana tabacum* as having leaves

"thinner than those of *N. rustica* but much larger" (p. 5), which somewhat fits participants' description of the special tobacco. Ultimately, visual or genetic examinations are needed for definite identification.

It was mentioned during the discussion that when tobacco is used traditionally, it usually comes in small ties, it is sometimes mixed with cedar or sweet grass, and it is often smudged before it is used in ceremony. It was also mentioned that tobacco removed from cigarettes can be used for traditional purposes (a topic examined further in this study).

Regarding tobacco being used in non-traditional ways, four out of five service providers indicated that they currently do so. For these persons, smoking the tobacco and inhaling the smoke into their lungs was the only indicated manner of use. Store-bought tobacco constituted all tobacco used in non-traditional ways.

Community leaders. Like the 55+ Group and service providers, all participants used tobacco in traditional ways. All participants offered tobacco as gifts, in prayer, and in ceremony; one person indicated that their traditional use involves smoking tobacco and inhaling the smoke into their mouth but not into their lungs; and no persons indicated that their traditional use involves smoking tobacco and inhaling the smoke into their lungs. For the option "Other" regarding traditional use, one participant wrote, *"Offer tobacoe* [*sic*] *when hunting fishing. Offer something back when taking natural resources"* (CL2). Two participants did not answer the survey question regarding types of tobacco used for traditional purposes. The reasons for not answering these questions is unknown, but one possibility beyond a concern for privacy is that the page with this question was accidentally skipped. This appears to be a viable explanation because, for both participants, the page with this question about types of tobacco used for traditional purposes was left blank but the questions on the following pages were completed. The

two participants who did answer this question regarding types of tobacco used for traditional purposes both selected "Store-bought", and one selected *"Nicotiana tabacum"*.

Regarding tobacco being used in non-traditional ways, two participants indicated that they currently do so, with smoking tobacco and inhaling the smoking into their lungs their only indicated manner of use. One participant indicated that he does not use tobacco in non-traditional ways, and another person selected "Don't know". Store-bought tobacco constituted all of the tobacco used in non-traditional ways.

Group summary. Overall, the majority of participants (14/19) indicated that they currently use tobacco in traditional ways; those tending not to were the younger participants. The majority of participants (11/19) also indicated that they currently use tobacco in non-traditional ways. No participants noted that they currently chew tobacco (although it was mentioned in discussion that other community members did - see pages 65, 66, and 86), snuff tobacco, or place tobacco behind their lip.

For the survey question regarding the manner in which tobacco is used traditionally, one member of the 55+ Group and three service providers selected the response, "I smoke it (and I inhale the smoke into my lungs)". Not wishing to overwhelm participants with survey questions, I did not press for further details on what participants meant by selecting, "I smoke it (and I inhale the smoke into my lungs)". Thus, it is unclear whether participants thought this response meant burning tobacco and indirectly inhaling the smoke (for example, during a smudge ceremony) or whether it meant burning tobacco and directly inhaling the smoke (for example, from a pipe during a pipe ceremony). I asked the Research Assistant and Community Health Representative about what participants may have had in mind when "I smoke it (and I inhale the smoke into my lungs)" was selected on the survey. I was told that some persons may have

thought the response meant wafting and inhaling the smoke during a smudge ceremony. I was also told that some persons may have selected this response because they engage in pipe ceremonies. (Permission granted by Research Assistant to report this). It should also be noted that one community leaders selected “I smoke it (and I inhale the smoke into my mouth, but not into my lungs)” regarding their traditional use of tobacco. For this person, “I smoke it (and I inhale the smoke into my mouth, but not into my lungs)” may have signified mouth-only inhalation of smoke from a ceremonial pipe, a practice of described on the website of the Algonquins of Pikwàkanagàn First Nation (2013). Again, I cannot discern this for sure.

With the exception of one youth, all 10 participants who smoked cigarettes daily selected on their survey “I smoke it (and I inhale the smoke into my lungs)” for the question about using tobacco in non-traditional ways. Likewise, and with the exception of the community leader who selected “Don’t know”, none of the seven persons who were non-smokers selected on their survey “I smoke it (and I inhale the smoke into my lungs)” for the question about using tobacco in non-traditional ways and none of these persons indicated using tobacco in non-traditional ways. Although other modes of smoking tobacco exist (such as pipe and cigar smoking), the strong correlation between cigarette smoking status and the selection of “I smoke it (and I inhale the smoke into my lungs)” for non-traditional use suggests that daily cigarette smokers viewed cigarette smoking as a non-traditional use of tobacco. As discussed below in the section “How Do Members of Fort William First Nation Personally Distinguish Between Traditional and Non-Traditional Uses of Tobacco?”, this view about cigarette smoking generally accords with participants’ stated views during the discussions.

Only one participant (CL3) selected *Nicotiana tabacum* and no participants selected *Nicotiana rustica* on the survey. Because a youth and a young caregiver who neither used

tobacco traditionally nor non-traditionally were asked to skip the survey questions that mention *Nicotiana tabacum* and *Nicotiana rustica* (as per the survey instructions), it is not known whether these persons knew the words. Aside from in the survey, *Nicotiana tabacum* and *Nicotiana rustica* were not mentioned in any discussions. With *Nicotiana tabacum* likely being the tobacco found in participants' cigarettes, as it is the predominant plant in the global tobacco trade (Winter, 2000b), it appears that most persons in this study who used tobacco traditionally or non-traditionally were unfamiliar with the meaning of the term *Nicotiana tabacum*. Likewise, as *Nicotiana rustica* was not selected by persons who use tobacco traditionally or non-traditionally, even if they in the discussion described tobacco in leaf form, which will be discussed further below, it appears that these persons either did not use *Nicotiana rustica* or that they were not familiar with the term.

How Do Members of Fort William First Nation Personally Distinguish Between Traditional and Non-Traditional Uses of Tobacco?

Youth. Youth initially did not understand the question about personally distinguishing between traditional and non-traditional uses of tobacco. For example, one youth asked, *"What does distinguish mean?"* (Yth3). In response, the Research Assistant rephrased the question to, *"How do you tell them apart?"*

Two participants asked to pass on this question, appearing somewhat unsure about what to say and perhaps a bit shy. One person said that tobacco sold in bags but not in cigarette-form is traditional whereas tobacco sold in cigarette packs is non-traditional. This person felt that tobacco sold in cigarette packs is non-traditional because *"people put their mouth on it"* (Yth1). Another participant commented on tobacco with respect to additives: "*For smoking, they put nicotine and a bunch of chemicals in a smoke that they don't in traditional tobacco"* (Yth2).

Young caregivers. Tobacco given as gifts and placed on the ground at funerals were described as traditional uses of tobacco, whereas non-traditional tobacco use was seen as regularly smoking tobacco:

> *I think there's a traditional and non—because, I guess, you smoke regular; and then the traditional way would be things like giving, placing [on the] ground at funerals, things like that. Non-traditional is just like, I don't know, your regular use, just by smoking it.* (YC2)

It was also expressed that tobacco in store-bought packs contained more chemicals than tobacco in pouches: *"It's got more chemicals in it."* (YC2).

55+ Group. Participants saw tobacco being used for Pow Wows, Sacred Fires, funerals, or prayer as traditional uses of tobacco: *"The only time I see it traditionally is when there's a funeral or something, or prayer"* (55P1). *"Traditional one is usually when we use it when there's Pow Wows and you put your tobacco in there going in, or whatever; and then the Sacred Fire for a prayer"* (55P3).

Non-traditional tobacco use was seen as smoking tobacco for pleasure: *"Otherwise, they just smoke it for the pleasure"* (55P1). *"Indians just yet smoke it for pleasure; fill up our lungs"* (55P3). With no comments made about traditional tobacco use including the smoking of tobacco for pleasure, I presume that participants saw traditional tobacco use as not smoking tobacco for pleasure.

Service providers. One view was that traditional tobacco use involves a cultural element: *"I'd say a traditional use is something to do with our culture, where you use it in a culture setting"* (SP2). Cultural settings mentioned by the group included Pow Wows, Sacred Fires, funerals, a weekly ceremony with smudging to begin and close the work week at the

Health Centre, welcoming newcomers to the community, requesting advice from Elders, and praying. In these settings, tobacco was described as being offered to a drum, placed in a slipper, offered to a person, and offered to the Creator. One participant said that she holds tobacco in her hand after experiencing nightmares, an act to remind her that the Creator is with her. Another participant spoke of placing tobacco around her vehicle before travelling.

Non-traditional tobacco use was described to be cigarette smoking and something used to satisfy a personal addiction to tobacco which was exemplified by statements such as: *"When it's a go-to thing that you use to comfort you or—yeah, that, I'd say that's non-traditional"* (SP2); *"And then there's the non-traditional way, which is, to me, smoking it and putting it in your body…It's an addiction, for me"* (SP1);

> *And non-traditionally, you know what? I smoke when I'm stressed out; so, it's a stress reliever for me. So, I use it quite a bit throughout the day. . . . Every time I get stressed out or whatever, I'm going to light up that cigarette.* (SP3)

Non-traditional tobacco use was viewed as unhealthy whereas this was not mentioned in relation to traditional use:

> *[The way I] personally distinguish between traditional and non-traditional. . . . Pretty much that one goes in my lungs and effects my health and well-being and other people around me; and then the traditional part is using it for sacred ceremonies, offering it, that type of thing.* (SP1)

A discussion arose about youth hockey players in the community preferring to chew tobacco rather than smoke cigarettes. Participants heard from these players that chewing is preferred over smoking because it provides nicotine but not heaviness in the lungs. A question

was then raised about tobacco chewing as a traditional activity: *"I wonder if that would play into the traditional way why Native women do, like, real, traditional Native women do that?"* (SP2). This question about chewing tobacco as a traditional activity was not discussed further. (In this case, and in all other cases where questions or points were not discussed further, participants typically paused for reflection and then continued to another topic.)

One participant felt that distinguishing between traditional and non-traditional uses of tobacco is sometimes difficult when cigarettes are used for traditional activities:

> *Well, growing up and learning about culture—so there's still struggle with that, sometimes the distinguishing between; because I find that sometimes when we use the, as you would say, the made cigarettes by man, that that's more potent and more dangerous I think than what some traditions, like, people would get for their traditional teachings or smudge or prayer offerings.* (SP1)

Because there was no mention of non-traditional uses of tobacco having something to do with culture and no mention of traditional uses of tobacco satisfying a tobacco addiction, I presume that service providers viewed non-traditional tobacco use as something not involving a cultural element and traditional tobacco use not being something to satisfy a personal addiction to tobacco.

Community leaders. Like service providers, traditional tobacco use was seen by community leaders as being cultural and non-traditional tobacco use as serving an addiction: *"So, traditional way being cultural, through ceremonial offerings, gifts. And then the non-traditional would be the store-bought kind of smoking as a habit, addiction"* (CL1). Another participant echoed the comment about the offering of tobacco as a symbol of thanksgiving for things taken from nature, being a traditional use of tobacco:

> *When I go out in the bush for hunting and fishing and stuff like that there, I leave bits of tobacco as symbol of thanksgiving for what I'm taking. I occasionally done it for even taking trees from the forest and stuff like that, but it's basically just a symbol, a symbology of an earlier belief that we have to give thanks for something that we take.* (CL3)

Smoking roll-your-own cigarettes was seen by one participant to be a traditional way of using tobacco: *"There's the traditional way of smoking tobacco or using tobacco, rolling it up in cigarette papers and smoking it is a traditional way; and the non-traditional way is to buy it by packaging in stores"* (CL3). This participant continued that a cigarette given as an offering could be smoked in a traditional way: *"But you can smoke your offering"* (CL3, ex-smoker). Another participant agreed, but she said that offerings are typically not smoked: *"Well, I guess you could. But typically, no: you take it out and put it and you burn it in the bush"* (CL1, daily smoker). A participant responded, *"[If] you're going to smoke it, [it] should be smoked in prayer"* (CL4, daily smoker). It was added, *"Yeah, not in a conversation where [you are] having a smoke break, right?"* (CL1, daily smoker).

In addition to being store bought as mentioned above non-traditional tobacco was seen as something smokers would be killing themselves with: *"And for the non-traditional, it's smokers killing themselves"* (CL2).

Group summary. A young caregiver, members of the 55+ Group, service providers, and community leaders used the word *culture* or spoke about funerals, Pow Wows, or giving gifts when describing traditional tobacco use and its difference from non-traditional tobacco use. As well, when sharing their distinctions between traditional and non-traditional tobacco use, service providers and community leaders attached the term *addiction* to non-traditional tobacco use.

Although the word addiction in this context did not occur among youth, young caregivers, and members of the 55+ group, addiction was raised within these groups in later discussion in the context of cigarettes and visions for the future (as presented below). Given these responses, and noting what was not said during the discussions, it seems that one general distinction between traditional and non-traditional tobacco use was that traditional use has a cultural purpose whereas non-traditional use does not have a cultural purpose. It seems that another general distinction was that traditional tobacco use is not for satisfying an addiction to tobacco whereas non-traditional tobacco use is for satisfying an addiction to tobacco.

What Roles Does Tobacco Play in Fort William?

The following information supplements the roles already presented under the previous headings.

Cultural activities/roles. When the Research Assistant asked youth about what they saw when they used the word *traditionally* to describe uses of tobacco, youth spoke about tobacco being smudged at regalia-making, tobacco being placed around a drum during Pow Wows, and tobacco placed near trees for offerings:

> *I see every couple of times at regalia-making they would use, sometimes, smudge it. Or, and, I see people put it around a drum whenever they have Pow Wows or stuff like that. And they would drop it by tree and stuff, as in an offer kind of way.* (Yth1)

A young caregiver saw cigarette smoking as an addiction in the community and she wondered whether traditional uses of tobacco may have a role in helping to address this addiction: *"Maybe there's, you know, again, with adding the traditional use might help also bring—I mean help with smoking, as an addiction."* (YC1).

Regarding tobacco at Pow Wows and funerals, it was said to have an important role and that it is always used at these events: *"It's always used . . . then. Always. . . . It's important there"* (55P1). Raised among community leaders was tobacco bring placed in gravesites during funerals to help alleviate feelings associated grief: *"Most of the time I see it at funerals and people will put a little bit of tobacco into the gravesite. . . . It helps to alleviate feelings that are there, associated with that grief"* (CL3).

Community leaders also spoke of tobacco being used for welcoming people, giving thanks, beginning presentations, and for requesting guidance or a spiritual ceremony from Elders. In addition, tobacco was mentioned as having a role in workplace smudging ceremonies and in the teachings performed by Elders both in the workplace and when initiating discussion and teaching children about culture and tradition:

> *When I used to work at [workplace], right, we used to do smudges and stuff, you know, once a week . . . or, you know, have Elders come in and tell us about the meaning about all of that.* (YC1)

> *I personally use tobacco as a teaching tool, and mainly for my grandkids, because it opens up an area for me to be able to discuss with them, stuff like that, you know. Because they'll ask me, "What's that for Grandpa?", and then I'm able to say, "Okay, we use it as a gift of offering", and then I can integrate a whole lot of other teachings into the story behind it too, eh. So, I use it as a teaching tool right now for them, just to help initiate discussion with them, 'cause, reaching out—little kids—they don't, they don't want to listen to too much now a days.* (CL3)

> *What I see is part of the teaching. . . . It's just a part of the tool for teaching, passing on what we didn't get passed on because of the, you know, the residential school stuff that*

happened, that, you know, traditions and practices weren't passed on. For a few generations now, they're slowly coming back, and that's what I see where the tobacco is being used. (CL2)

One participant spoke about mutual contracts being established by giving tobacco in request of a favor:

> *I'll go out and buy a bag of tobacco, and we'll pouch up little things to give away at certain functions, or actually give somebody a pouch of tobacco or ask them to, you know, get me some fish or something like that there; and then . . . it almost like a contract or guarantee that you'll get that after, you know. I got something given to me one time and tobacco came along with it; and something came up where I couldn't do that, and I went back to that person and I says, "I'm sorry, but I have to give you back your tobacco because I can't carry out my promise to you on this, on this area"; and I had to give it back to them.* (CL3)

It was not only cultural or traditional uses of tobacco that were seen as being positive. Participants mentioned several ways in which they perceived non-traditional cigarette smoking to have positive aspects or roles.

Positive aspects/roles of cigarette smoking. Tobacco in the form of cigarette smoking was considered to play many roles in Fort William First Nation. One role was leisure and pleasure: *"It's used for leisure"* (YC4). *"People smoke it for pleasure lots. Lots of people in our community are addicted to it"* (55P1). Cigarette smoking was also seen as an activity for fitting in and socializing: "*A lot of people smoke for—to socialize or fit in"* (SP3). *"After our meeting, people go outside and they have cigarettes. More talking going on out there in that circle than inside the building"* (SP2). In this context of socializing, it was mentioned that cigarette smoking

is common at community cultural events: *"Even at Pow Wow there's people smoking everywhere. At every event, even at that Sacred Fire, everyone would be outside around the fire"* (SP4). Also in connection to socializing, cigarette smoking was seen by all service providers as existing among nine and ten year-olds in the community, and it was felt that it has a role in helping youth to fit in with other people:

> *When I was growing up, as a kid, it was kind of cool to smoke, even if it was a butt out of your parent's ashtray. It was to fit in; and I think a lot of our kids in our community are trying to fit in, so it's not just the tobacco that they're trying to fit in with; they're trying fit in with other people, maybe using drugs or whatever that might be. So, it's kind a—it's cool to have a butt hanging out of your face. . . . So, [as a kid,] you try it, just to go and hang out with the kids in the bush or at camps or forts or whatever.* (SP1)

Stress-relief was raised as another emotion associated with cigarette smoking: "*That's one of the feelings. It's a stress-reliever" (YC3);*

> *I can't wake up in the morning unless I have a cigarette. I won't go to bed unless I know I have a cigarette to wake up to. It's a really good stress-reliever for me so {sigh}, this is my {sigh}, this is my way to cope with things. And, so, sometimes if I'm stressed out or I'm teary or things are going on that aren't—that are negative—in my lifestyle, then I smoke more.* (SP1)

Cigarette smoking was also seen as providing relaxation and happiness: *"Relaxes your mood or something"* (55P3); *"As for non-traditional, it gives me a sense of euphoria {laughter + group laughter}. My addiction, it's—serves my addiction. So it makes me happy"* (CL1). There were, however, many negative aspects of cigarette smoking as an addiction and otherwise brought up also.

Negative aspects/roles of cigarette smoking. Youth saw cigarette smoking as harming the health of youth in the community. For example, children's lungs were seen as especially susceptible to harm from cigarette smoke, and smoking when young was seen as something that rots teeth and leads to sickness: *"I guess it kind of would be affecting their lives 'cause their lung power, like, breathing is smaller; so, that's pretty much a higher risk of, I guess, lung cancer"* (Yth3);

> *"If they go to the dentist or something, they're going to be wondering what they were doing 'cause their teeth are kinda getting rotten. . . . They can get sick and stuff, especially on parts of their body and their throat"* (Yth1).

Youth also spoke about smoking during pregnancy being harmful to the fetus. As I discuss later, children's health was a common theme within responses to many of the discussion questions.

In addition to individual health effects, cigarette smoking was seen as harming community health because of its production of second-hand smoke. In particular, cigarette smoke from the bingo hall was viewed by a service provider as contaminating the rest of the Community Centre and adversely affecting persons who attend programs at the Centre. As well, cigarette smoking at bingo was seen by community leaders as hazardous to the health of bingo workers: "*That's considered health hazard for sure, eh, when you breath that in every night"* (CL1, daily smoker); *"I know there was times when I wasn't a smoker when I worked at the bingo, and I'd get out of there and it would be so disgusting 'cause it's so stinky*" (CL4, daily smoker).

Along with second-hand smoke, third-hand smoke from persons leaving bingo was seen as extending the health hazard posed by smoking at bingo:

It's not only second-hand, it's third-hand now too; because, when you come from there, even if you're not in the smoking in the bingo itself but you leave there, yeah, you can smell it on people when they come back from there. (CL1, daily smoker)

Cigarette smoking among adults was seen as encouraging youth and children to start smoking. When asked about the role of tobacco at bingo, cigarette smoking during bingo was felt to have a role in encouraging persons to smoke: One person responded:

I know that we still have smoking in our bingo. So, I mean—I don't know—does that increase revenue because people want to go to a place where they can smoke? You can smoke in our local restaurants. So, I mean—I don't know if it encourages smoking, but it doesn't really discourage smoking. . . . If I have a choice to go to a smoking establishment versus a non-smoking establishment as a smoker, I'm going to prefer to go to the smoking establishment. So, I think that at some level it encourages smoking. (CL4)

Another person commented: *"It makes the younger people want to smoke, I think. I think when I used to see everybody smoking all the time too and want to give 'er a whirl, eh?"* (55P3). One community leader (CL4) mentioned that, on the odd occasion, someone will start smoking inside the Community Centre when a community event takes place and children are present. In response, the Research Assistant said that smoking at bingo may be encouraging persons to think that smoking is acceptable in the Community Centre during community events. Another community leader (CL1) expressed agreement with this idea.

A question was raised about whether cigarette smoking in restaurants and other public places is encouraging youth to believe that cigarette smoking at an adult age is a natural and acceptable activity:

> *Just a thought: I wonder if—I kind of didn't think of it before until just now—but I wonder if us being able to have that—smoking in the restaurants, smoking in the community—if that kind of desensitizes our kids to that age-limit where they just think smoking is a natural thing and it's okay and that's why it's prevalent in our community?* (SP2)

This question was left open and not discussed.

It was questioned whether cigarette smoking in public places was hindering children from quitting smoking or hindering children from reducing the number of cigarettes that they smoke: "*And if . . . you did have no smoking places, maybe less kids would smoke—quit smoking, I mean?"* (55P3, daily smoker). *"Or at least cut down"* (55P1, ex-smoker).

When the Research Assistant asked the service providers whether cigarette smoking at restaurants and public places might also be affecting youth's views of the cultural role of tobacco, one participant said that it was: *"For sure. 'Cause I think they see it more being utilized in that sense than as opposed to being utilized as a cultural thing"* (SP2).

The concern that cigarettes given for traditional uses might encourage cigarette smoking was also raised. One participant thought that using cigarettes as tobacco offerings may encourage persons to smoke cigarettes:

> *If you give tobacco to somebody for doing something and you do it with a cigarette, and then your granddaughter sees that, "Well, gees, I'd better keep a pack a cigarettes in my purse in case I have to leave something to somebody." And then they have it for excuse, "Well, I was going to use that for a gift for somebody", tobacco.* (CL3)

Similar to above, a personal experience was shared, in a humorous light; a cigarette was offered to an Elder as a cultural tobacco offering and the Elder lighted up and smoked the cigarette as though it was not an offering:

> *We gave an Elder not the pouch, the pouch tobacco—we gave her a cigarette. . . . She grabbed that cigarette and she lit it up and she smoked it, just as a cigarette, kind ah. . . . And then she noticed herself, "Oh my god. Gees, that's my offering", she says, eh. So, she just—but if it would have been in a pouch, she probably would have taken it out and put it in the bush like she normally does, right? So, it does, mentally, it tells her that she can smoke that cigarette if it's in that roll and has that filter on it.* (CL1)

In addition to positive and negative aspects of cigarette smoking the economic role of cigarettes and smoking – which could be viewed as both positive and negative was discussed by service providers and community leaders.

The economic aspects/roles of tobacco. Participants spoke about cigarette smoking supporting the community economy:

> *In our community, we kind of support and encourage at our bingo—not support and encourage—but I mean it's allowed in our bingos to produce, to generate revenue, actually, is more or less the reason they have it; because there's non-smoking in the city limits but you come out here—the by-laws; so they actually utilize that as a benefit.* (SP2)

> *I was going to say similar to that with the restaurants and things we have in the community. Because of the not being in the city limits or in the city, our restaurants and our environments, a lot of them we can smoke at: the bingo hall for one; some of the restaurants for another. So . . . it brings in business, kind of thing.* (SP1)

> *Even though leadership knows of the health hazards that are associated with smoking, we allow it to happen within our community. . . . because of the economy behind it. It has a role there right now, but we kind ignore its bad parts of it, eh.* (CL3, ex-smoker)

It was mentioned that having smoking permitted at the bingo hall is an important revenue-generator for the Community Centre and its programs: *"And we all know money plays a heavy role in everything, especially 'cause that program does provide a lot of supports to our business with the Band and supporting that building and supporting groups and that kind of thing"* (SP1).

As well as a revenue generator at bingo, tobacco sales were seen as part of the community economy: *"The other role that I see tobacco playing in the community is a revenue source for business owners"* (CL4, daily smoker). A service provider said, however, that cigarette sales at stores do not translate into wealth for the entire community: *"And you know what? The cigarettes, the tobacco, brings a lot of income, not into community but into the stores here"* (SP3). This point was not discussed further. Personal sales of cigarettes were discussed however, and was seen as a source of personal or individual income:

> *This tobacco controls people in this community a little bit too, you know; because we almost had a riot and an uproar because we have a thing called a cigarette quota in this community; and so, many people—I mean, I guess any status Band member over the age of 19, which is the legal smoking age—can apply for a cigarette quota out here, which means you're entitled so many cartons of cigarettes. And, so, we all sign—a lot of people sign up for that and get that quota; and then what you can do with that quota if you don't have a store is you can sell it to the store. So, it's a source of income also for people out here once a year—or was.* (SP3)

Youth were also noted as selling cigarettes. Participants shared that youth will sometimes take their parent's cigarettes to school and sell them to their peers for lunch money:

> *And some of our kids, like the younger ones—well, there's not too many cases of it—but some of the kids could—some don't have money for lunch, right, lunch money for lunches? Some kids will take cigarettes from their parents and sneak them and take them to school, whether it be high school, probably, mostly high school and sell them for a few, and buy lunch. And but the kids uptown [in Thunder Bay] will buy a cigarette for a buck.* (SP3)

One participant felt that because cigarettes were a source of income for community members, community members might be encouraged to buy cigarettes in support of one another: *"So, it's a source of income for people out here too—cigarettes, eh—which is almost encouraging you know, want to buy cigarettes a little bit"* (SP3). Another participant felt that a relatively low price of cigarettes in the community encourages cigarette smoking:

> *If we were to buy a non-traditional, like, cigarettes, if we're not Native, go to the city, buy a pack of smokes, it's like twelve bucks, I think. Come out here, and you can get them for less than five dollars at some places or most places. So that really just helps people want to smoke even more, because the prices are a lot cheaper if you buy the Native brand cigarettes, which we are entitled to.* (SP1)

A Band rule was mentioned regarding personal sales of cigarette quotas. Participants explained that cigarette quotas must be obtained from the Band and that persons who do not own a store or a business but who wish to obtain a quota must purchase the entire quota from the Band before selling it to a store or business. (For an overview of the Ontario Ministry of Finance's First Nations Cigarette Allocation System, see Queens Printer for Ontario, 2012).

Despite the positive contributions to personal and community economy participants were also aware of the ways in which smoking in the community might give people from outside of the community negative impressions.

Negative outsider impressions. In addition to explicit economic and health matters, cigarette smoking was seen as having a role in the impressions of persons approaching the community. When discussing cigarette smoking outside of the front entrance to the Health Centre and Band Office (which are located in the same building), one participant said: *"First thing in the morning when folks come in to do business here, that's the first thing—you know, you're not even in the building and you're getting a big whiff of it"* (SP3).

In terms of communication with persons outside of the community, one participant suspected that allowing smoking at bingo gives the message that the community puts economics before health:

> *But you know what, though? About—you just mentioned that the—all the whole City of Thunder Bay just quit smoking in their bingo halls except for us, and it's almost like giving the message, "Well, we don't really care about . . . our health."* (CL1)

Group summary. Tobacco plays many roles in Fort William First Nation. As a whole, tobacco's roles appear to exist within the general domains of culture, health, economy, and outsider impressions.

What Emotions Do Members of Fort William First Nation Experience in Relation to Tobacco in Their Lives?

Positive feelings. Many participants expressed that offering tobacco at ceremonies, Pow Wows, or Sacred Fires brings feelings of goodness, saying for example: *"I'm telling you, it feels like it just—your heart or something. I don't know, you get this feeling, and you feel good. Like,*

wow. Eh? It's a good feeling" (55P3); *It makes you feel good because you're praying for that person" (55P1);*

> *I'm proud of the fact that every Monday morning we do smudge and that at the Health Centre . . . . and then do it every Friday to close the week. Believe me, it does help you start your day off on a nice, positive note; it really does. You feel good about yourself, you feel—you just feel good when you smell that and you pray and you offer prayers for everybody, and yourself.* (SP3)

Also mentioned were feelings of peace, strength, and thankfulness when using tobacco in traditional ways: *"Yeah, traditionally, . . . for me it gives peace and tranquility and strength and gratefulness, thankfulness"* (CL1).

One youth spoke of her grandpa having passed away and her grandma recently being diagnosed with cancer. This youth spoke about laying tobacco on her grandpa's grave and praying; she also mentioned laying tobacco near a cedar tree and praying for her grandma. When asked how these offerings made her feel, she responded, *"It makes me feel much better, 'cause then I can just pray down in silence without no one bugging me or anything. I just lay down the tobacco and it makes me feel much better"* (Yth1). Similarly, a young caregiver expressed that offering tobacco as gifts and at funerals brought feelings of goodness and happiness, more happiness than smoking the tobacco:

> *It would make me more happier if it's just to give a gift, like some people goes to somebody's funeral or something, place it down, you know. . . . Traditional way would be . . . having good feeling out when you give gifts and stuff and having a happier feeling than when you're smoking it.* (YC2, ex-smoker)

This participant explained that happiness arises in gift-giving because of an awareness of other people recognizing the gift-giving: *"It make you happy that others see that you're giving gifts to someone's loss"* (YC2). A service provider similarly mentioned feelings of goodness when using tobacco at funerals and during prayer:

> *When I use it at a funeral, you know, put it in the grave, or whatever, I feel good, and I feel like they're taking me with them, kind of thing. When you use it with prayer . . . it just feels good; you just get a good feeling and you just feel good after it, kind ah.* (SP5)

Participants spoke about feeling pride in their First Nations identity when using tobacco in ceremony or in other cultural settings: *"In the traditional way, it makes me feel a sense of pride and a sense of well-being when you offer it to somebody"* (SP2); *"Yeah. Feel like you're a part of your own culture. Like you're doing the right thing"* (SP4); *"It does make you feel good to offer it as a gift, as a prayer. . . . it being part of your culture and your roots"* (SP1). When the 55+ Group was asked whether traditional uses of tobacco made them feel more connected to their Aboriginal identity, the majority of the group verbally agreed. Pride was also felt in tobacco being a symbolic object, used in ceremony, and attached to culture and history:

> *An emotion that you might experience would be pride when you have a symbol like tobacco to use, a ceremonial use to give to somebody; you know, have a sense that it's attached to our culture and our background that we give a present, like, a tobacco, to a person to do something for you in advance of a ceremonial stuff; and sometimes you feel like that, you know.* (CL3)

Negative feelings. Participants mentioned feelings of anger, depression, and frustration when cigarettes are unavailable, one said: *"Sometimes you get angry when you don't have a smoke"* (YC3), another commented: *Depression, if I don't get it. . . . I know what it does to me*

when I can't get a cigarette: I'm shaking and I'm mad and frustrated and you name—I get it, one way or the other (55P2). For a member of the 55+ Group, a lack of cigarettes led to anxiety but the anxiety dissipated over time: *"Say, after about an hour and a half, I just like, "Ooh, I gotta go outside or something to have a smoke"; but it's too cold to go outside, so I won't smoke it. It passes, it passes away"* (55P3).

One participant felt frustrated with non-smoking family members making comments about her cigarette smoking and refraining from helping her purchase cigarettes: *"It just the way I'm feeling towards them saying that, "Grandma why you smoke so much?"; or my son saying to me, "You know you're going to die of that cigarette"; and I'm smoking away. I don't care"* (55P2).

A service provider expressed feelings of hatred towards cigarette smoking: *"I hate the smell of it. I hate, I just hate it all. It kills people, you know. It's not my thing"* (SP5, non-smoker). Many service providers who were current smokers of cigarettes spoke about feeling guilty, worrying about their personal health, wishing to quit smoking, and sensing a struggle in quitting: *"But when I use it in a non-traditional way, I feel really bad about myself {laughter + group laughter}. It's like almost a guilt thing"* (SP2); *"Worried about my health, my teeth, my skin, how it can affect your lifestyle and where your teeth get discoloured"* (SP1);

> *We're not going to be smoking in the house. Going to be a grandma. We're going to go for more than that reason, but that's one of the biggest reasons I want to quit. I don't want my grandchild being stuck with the bad habit. It's expensive, it stinks, it's just unhealthy for you.* (SP1)

> *It's like, when you're smoking a cigarette you don't think about it: you're just having a cigarette; and then, once you talk about it with someone, like, "Should quit smoking*

'cause smoking does so much to your body". . . . Then you realize, "Oh, that's gross. Why do I do this?" But don't, you don't stop. (SP4)

It's very hard to quit smoking if you live with smokers. And it really is. You have to try to make your house smoke-free. You start there. Then you go outside and smoke outside for a while and such, eh; but if everybody doesn't want to get involved when you want to try and quit smoking, it's a tough struggle. (SP3)

A service provider also expressed feeling guilty about her past involvement in purchasing cigarettes for underage persons and another expressed thankfulness for a law prohibiting cigarette smoking in vehicles with children: *"Thank god they made laws for us not to smoke in vehicles with kids. I did it my child's whole life"* (SP1). Another participant expressed that all of her emotions are related to smoking:

All my emotions are related to smoking because I smoke every waking hour of my life right now; and it's if I'm mad I smoke, if I'm angry I smoke, if I'm happy I smoke, I'm sad I smoke. Doesn't matter what I'm feeling. I smoke. (CL4)

Group summary. Participants spoke about feelings of goodness, happiness, peace, and pride in First Nations identity associated with traditional uses of tobacco in their lives. Feelings of goodness and pride in First Nations identity were not ascribed to personal cigarette smoking although happiness and peace, which likely include feelings of stress-relief and relaxation, were. In contrast, anger, stress, and frustration were felt towards personal cigarette smoking, emotions not ascribed to traditional uses of tobacco.

What Emotions Do Members of Fort William First Nation Experience in Relation to Tobacco in Their Community?

Positive feelings. Feelings of inspiration, betterment, and pride were associated with sights of community members using tobacco in traditional ways. A young caregiver said: *"When it's used in the traditional way, I feel proud"* (YC4, ex-smoker). A member of the 55+ Group stated, *"I'm glad they use it for [traditional use]"* (55P1), and one youth said,

> *It inspires me every time I see people laying out tobacco and stuff, offering it. Like, when we go fishing we lay out tobacco and stuff, saying thanks to the Creator and stuff like that. And it just makes me feel much better and stuff, around everyone else that does it.* (Yth1)

Feelings of unity were associated with tobacco offerings at community cultural events. It was felt that when tobacco is offered at community events, it instantly removes feelings of animosity between persons at the events:

> *When we use tobacco in a traditional setting, like she said, to an offering of a drum or something like that, and you're around people—and you know how we have that conflict within our community?—at that very second, it almost feels like everything subsided, and you feel like, I don't know—me, personally, I feel unified with everybody, because we're all on one level and we're all there for the same thing. And there's no animosity.* (SP2)

Negative or mixed feelings. Youth expressed feelings of sadness about youth smoking tobacco in the community: *"I find it sad when I see youth—kids younger than me—smoking. I think—I don't know—it makes me feel like, "What are you doing?", you know"* (Yth2, daily smoker).

> *I'm going to add on to what [participant's name] was saying, as in the kids that are younger than us, that are not even teenagers or pre-teens. I honestly just feel so sad, 'cause I honestly think about their life and how, like—it's, like, their decision, though—*

but I can't do anything to it. And it makes me feel, like, "What are they doing? That's only going to mess up their lives." (Yth1)

A member of the 55+ Group said that she feels sorry for persons who become addicted to tobacco: *"When in the non-traditional way, I feel sorry for whoever gets addicted to that, because it's one hard thing to shake"* (55P1).

An ex-smoker said that she felt it bothersome to be sitting in rooms heavily filled with tobacco smoke, but did not find sitting in a room with only a few smokers bothersome. This person also said that sitting in rooms with tobacco smoke does not make her wish to start smoking again: *"Doesn't make me want to smoke, but it burns your eyes."* (55P1)

A daily smoker in the group felt that smoke-free places would help people to address their use of tobacco: *"And I think the more places that there's no smoking, it would help you along"* (55P3). This person also expressed that indoor places where cigarette smoking is not allowed is not bothersome to her, as she could always go outside to smoke: *"I could go some place where there's no smoking and it don't really bother me to go have a—like, I know I can run outside and have a smoke, but it don't bother me* (55P3). Smelling cigarette smoke on people was sometimes bothersome for a community leader: *"Sometimes smoking doesn't bother me, but sometimes you get the smell on some people that, from the smoke, it's horrible*" (CL2, ex-smoker). Another group member said that he is not bothered by adults smoking cigarettes in his presence but he is bothered by adults smoking cigarettes around children: *"Adults that smoke doesn't bother me. That's their free choice. But little kids don't have a free choice; so, you put them in an environment, and they stink like smoke and that. That kind of upsets me"* (CL3, ex-smoker).

Many participants echoed the comment, that it was bothersome that adults smoke cigarettes around children. One youth spoke of a younger person in her home being exposed to an older person's tobacco smoke in the home. Although the youth's feelings about this exposure were not expressed in words, she spoke in what I perceived to be a mild tone of concern and frustration.

Similar frustrations about smoking around children were expressed by service providers. One participant said she was frustrated after seeing children exposed to cigarette smoke and not feeling able to intervene:

> *And of course, what do we say to somebody?: "Your kid's in the way" Like, "What are you doing?", or—so you just don't. You just walk away with that feeling, and it's not good to carry feelings that aren't really meant for you.* (SP1)

This participant spoke of similar feelings when she observes people smoking in cars with children: *"It pisses me off to see people smoking in their vehicles or smoking around small children; and I know I did that, but I also learned from and [am] not doing it anymore"* (SP1).

When the Research Assistant asked the service providers whether feelings existed regarding cigarette smoking at the bingo hall, participants (SP2, SP5) voiced feelings of anger, hurt, and sadness:

> *I don't like the cross-contamination piece when you gotta take moms and babes in there . . . and you're thinking about it, "Oh my god. These kids are breathing in this." Like, they don't have a choice. . . . It kind of upsets me. It makes me feel upset and hurt and angry.* (SP2)

In contrast, a service provider noted that it was enjoyable for her to smoke during bingo; that smoking at bingo is a means for generating income; thus for this person, a consideration of smoking at bingo was felt to be a "*teeter-totter*" (SP1) of emotions.

Smoke exposure at the bingo hall was also discussed among the 55+ Group. The Research Assistant gave the group a hypothetical example of a Saturday afternoon bingo event and a community event in the same room immediately following the bingo event. In response to this example, participants said that community exposure to cigarette smoke from bingo should not be happening. One said: *"It shouldn't be, not if there's going to be an event where there's going to be kids and everything coming on. They should cut out the smoking. What, is it going to kill them for one day?"* (55P1). Another responded to this comment with a question about ventilation at the Community Centre: *"Don't they have a thing to suck that smoke out, to air it out?"* (55P3). Someone in the group said yes to this question and it was felt that the room should be clear of smoke for community events: *"It should be aired out for the people that are coming in there 'cause you don't know how many people don't smoke. And that would be the thing to do is get it cleared right out ah there"* (55P3). One person from the group said that the thought of bingo hall smoke-exposure at community events was a new consideration for her (55P2).

In addition to feelings about people smoking cigarettes around children, a service provider spoke in what I perceived to be a tone of shock about sights of nine year-olds smoking cigarettes and smoking *"right in the open"* (SP3). Service providers (SP2, SP4, SP5) also spoke with surprise or feelings of disgust about tobacco being chewed by youth, peers, or older persons in the community.

A service provider felt ashamed about workers at the Health Centre smoking outside of the Health Centre building:

One big thing for me is, I kind of feel ashamed when I see all our community members stacked together smoking outside a building where it's not supposed. . . . You're going into, like, say, we're going into the Band Office and to the Health Centre; and we've got, tons of our workers and people outside smoking. . . . Even me, myself, I feel bad standing out there. (SP2)

In response to this comment, a group member suggested, *"There should be a designated area, away from the building"* (SP5). Another group member then said that the back of the Health Centre might be an ideal location for this area, but she felt that efforts should be directed towards *"trying to make everybody quit, instead of just picking a spot to smoke, instead of, "Okay, smoke here"* (SP4).

Mixed feelings were raised about cigarette smoking at a Sacred Fire. One service provider felt that she cannot be angry at people smoking at the Fire because she also smokes: *"Well, I mean, can't be mad at them, 'cause we smoke, right?"* (SP4). Another person added, *"My personal opinion is it's okay to smoke around that Fire but you have to respect that Fire. You don't throw nothing in that Fire. You don't throw your butts in there"* (SP3).

A community leader expressed feelings of sadness over tobacco being open in the community:

I feel like, I guess, kind of sad that we allow it to be used in the way that we do for the sake of a revenue source in the community, and that because of that we're really open with it, especially around kids. (CL4, daily smoker)

This participant also felt happiness, though, about people choosing to not smoke in their homes:

I'm just happy more people are choosing to not smoke in their home 'cause I think that, you know, at least if we're not doing that [prohibiting indoor smoking] as a community in

our Community Hall and our restaurants and that, at least people are practicing healthier choices in their houses and their cars. (CL4)

Group summary. Participants' emotions experienced in relation to tobacco in their community were quite similar to their emotions experienced in relation to tobacco in their lives. When tobacco is used traditionally in the community, participants spoke about feeling inspiration, betterment, and pride. There was, however, no mention of inspiration, betterment, and pride associated with cigarette smoking and cigarette sales in the community. In contrast, participants shared about feeling sad when they see young people smoking cigarettes, sorry for youth who are addicted to cigarettes, frustrated when adults smoke around children, and hurt when children in the Community Centre are exposed to cigarette smoke from bingo. Other feelings expressed were sadness about tobacco being a revenue source and being open around children in the community. Overall, the majority of participants (14/19) expressed unfavorable feelings towards community cigarette smoking.

If Members of Fort William First Nation Could Envision a Best-Case, Future Reality of Tobacco use in Their Community, What Would This Future Look Like?

Youth. When youth were asked about a best-case, future reality of tobacco use in their community, one person asked to pass on this question and another person asked for the question to be simplified. The Research Assistant rephrased the question to, "If you had it your way and tobacco can be used how you wanted it to be used within this community, how do you—how would you want to see it being used?" In response, one youth wanted tobacco to be used more traditionally, and she wanted tobacco to be burned only if needed: *"More traditionally. . . .To not have it . . . actually be smoke or anything unless it really needs to be"* (Yth3).

This person was asked if her wish for the future meant no non-traditional tobacco use in the community. Her response was, *"Yeah"*. There was agreement with this future: *"Well, I think it would have to be traditionally way, 'cause I hate seeing people smoking. That's how my grandma got her cancer, 'cause she was a smoker"* (Yth1). A future with no smoking in the community was envisioned as a healthier community by the same and another participant who added that in that scenario, children *"Won't have asthma"*. (Yth3)

When asked about cigarette smoking at bingo, one of the youth said: *"I don't want to see it being used in bingos and stuff like that"* (Yth1).

When the Research Assistant asked about cigarettes sales, a youth expressed that cigarettes should no longer be made and that tobacco should be sold only in bags:

> *They should just stop making cigarettes and just have the bags of it instead, 'cause they won't have the chemicals. It won't be addictive and stuff like that. They'll just have the tobacco and that's it.* (Yth1)

Young Caregivers. As a best-case, future reality of tobacco use in the community, it was envisioned that tobacco was being used more for traditional purposes than for non-traditional purposes. One specific example of this was *"more people offering it at a ceremony than rather smoking it"* (YC3). Other visions shared were specific to children. One participant spoke of *"keeping younger kids away from using [tobacco] non-traditionally"* (YC3, daily smoker). Another participant envisioned more teachings for children on using tobacco in traditional ways. This person also envisioned the ceasing of non-traditional tobacco use being modelled to children:

> *Teaching them more how to use it traditionally, instead of showing them how to do it non-traditionally. Like, on the smoke packs they have a mother smoking and a kid, like—I*

don't know—looking in kind a like a monkey-see-monkey-do. But it would be better if we do it in a group of people doing it traditionally, teaching them that's the right way to do it. That'd be the better way to do it for them . . . for the future. (YC2, ex-smoker)

55+ Group. Tobacco being used only for traditional purposes was also expressed as a best-case, future reality by participants (55P1, 55P3) in the 55+ group with one saying: *"If we just used it for traditional use and not for pleasure, that would be the perfect thing for the whole community"* (55P1, ex-smoker). An additional desire was that everybody in the community be informed about traditional uses of tobacco, as it was felt that few people knew about using it traditionally. It was also felt that using tobacco in traditional ways would lead to more happiness and health in the community:

> *Yeah . . . it would be better if everybody knew how—what was going on—and used [it in] a traditional way; and then I think it would heal most of our people out here. . . . It would make the community better, I think. 'Cause that way everybody comes together like that. Everybody would be coming together and knowing what's going on with that, how to use this, and do it good—for everybody to feel happy and healthier. I think that would be good.* (55P3, daily smoker)

As among young caregivers traditional uses of tobacco were also seen as something that may help children refrain from smoking cigarettes among people in the 55+ group:

> *See, that's about teaching [children] how to use it traditionally. Then maybe they wouldn't smoke it for pleasure, like, "Hey, this is for our ceremonies and traditional stuff only. Like, it's not to infect our lungs." Things like that, eh?"* (55P3, daily smoker)

This participant continued that no more cigarettes would need to be sold once everyone in the community had quit smoking.

Service Providers. *"Smoke-free"* (SP1, daily smoker) was the first vision offered among the group. Smoke-free was defined as an absence of smoke from non-traditional tobacco use, and this was clarified to mean smoke from cigarette smoking. The Research Assistant furthermore asked whether the vision of smoke-free meant cigarette smoke being absent from "buildings, facilities, [and] events" across all of Fort William First Nation. One participant answered, *"Yeah"* (SP1), in response to this comment. No verbal disagreement was expressed. The comments, *"smoke-free bingo"* (SP5), and *"tobacco-free"* (SP1) were voiced by group members. It was clarified, however, that the term *tobacco-free* was meant only in the non-traditional sense with one participant saying, *"Can't say tobacco-free. Smoke-free"* (SP1) and verbal agreement from other members. The participant made clear that she still wished for tobacco to be present in the community:

> *Well, of course we'd love to have the tobaccos for the ceremonies and offerings and prayers. That's the healthy part of it, in my eyes. . . . At least I—the traditions—we can't take away tradition because it's been around forever, the tobacco in our culture. And I wouldn't want to take that away. . . . I just don't like the idea that we have this good part about the tobacco and all of the sudden there's this other part that's unhealthy and smelly and this and that.* (SP1)

A group member felt that a smoke-free community would be beneficial for youth: *"It would be nice too, because, you know what, we have so many little ones that are on puffers that have, you know, emphysema and asthma and stuff like that, medical problems"* (SP3, daily smoker). Another person responded to this comment, saying that exposure to tobacco smoke should not be considered the sole cause of respiratory problems in the community's children:

Can't just blame it on the smoke. We live across from mills and lumber mills and all these other businesses, and everything sort of seems to come this way. So, I agree it adds to it: tobacco is a heavy-duty bad thing. But that all adds to it too. (SP1)

Ideas were raised about how to achieve a smoke-free community. A smoke-free Community Centre was raised as a place to start (SP3, daily smoker). The majority of the group (3/5) expressed verbal agreement with this idea. No gestures of disagreement were expressed.

When asked about a best-case, future reality of traditional tobacco use, the phrase *"for healing"* was said twice. One participant said that she would *"like to see [tobacco] used less by the little kids in the way that they're using it now and more in the positive way towards teaching and medicines"* (SP2).

Having tobacco incorporated into all programs was another vision voiced in the group (SP3), as was a desire for more staff at the Health Centre and Band Office to participate in the weekly ceremony to open and close the work-week (SP3). Verbal agreement was expressed (SP2, SP4, SP5) regarding these traditional uses of tobacco.

When the group was asked about tobacco sales, one participant felt that cigarette sales were taking advantage of the community:

I don't like that our reserve is exploited 'cause it's got a by-law, so, "Let's go push cigarettes on everybody"; and, you know, "Let's, let's exploit our Community Centre and open it up for bingo and profitable reasons and then let's go put our babies in there, after that (SP2).

In response to this comment, the Research Assistant asked the participant, "And, so, what would you like to see happen in the future with that?" The participant responded,

I'd like to see it being less acceptable and less exploited for financial gain on our reservation. I'd like it seen more used for medicine purposes and healing; and, kind of—I don't know—more encouraged that way by our leadership and community. (SP2)

Another idea was raised by the Research Assistant: a Fort William First Nation by-law that made all buildings on reserve smoke-free. One participant (SP1) expressed verbal agreement with this comment but the idea was not discussed further.

Community leaders. A future that is smoke-free and where tobacco is used only for ceremonial purposes was envisioned by one participant (CL1, daily smoker). In response to this vision, another group member said, *"So, we'd be a smoke-free community but not a tobacco—a traditional-tobacco use-only. . . . That would be nice. Way less kids would probably smoke. Way less children would start smoking, I think"* (CL4, daily smoker). Another participant said: *"they should only sell tobacco in patches so that you wouldn't know you're smokin'"* (CL3, ex-smoker). This comment was accompanied with laughter from the group. In response, the person who voiced this vision said, *"Well, that's a best-case scenario for the future. Go to work."* When I followed up on this statement by asking, *"So, no more cigarette sales?"*, he responded, *"No more cigarette sales, yeah."* After this comment, another group member said, *"Never"* (CL4, daily smoker). Cigarette sales were not discussed further.

It was envisioned that all children would receive teachings on traditional uses of tobacco before deciding to use tobacco:

All our kids get the knowledge of what the tradition is and what tobacco [is], and then they can decide if they want. But at least provide that information to them, that teaching to them. Whether they use it or not, that'll be their choice in life. But I think that's where

I'd like to see tobacco, you know; then they can make their own choice when they get bigger. (CL2, ex-smoker)

Leaf-form tobacco, not tobacco from broken-open cigarettes, was envisioned as the only tobacco used for ceremonies:

Take it even take a step further back when we use tobacco in cultural ceremonies, to go back to the leaf-style tobacco instead of presenting a cigarette broken open to use as symbology of using tobacco, and go back to the real leaf-style, you know. That way, there, you wouldn't always have to have a cigarette to have tobacco. If we're going to practice something, we might as well say, "Let's grab a leaf of tobacco", and bring it to the table and we'll use it in that fashion; and then it doesn't look like a cigarette. (CL3, ex-smoker)

A comment was made concerning leaf-form tobacco: *"It doesn't even look like tobacco. . . . It's in a leaf form. It's really—doesn't smell, like"* (CL1, daily smoker). Growing tobacco in the community as a traditional tobacco use-only community was proposed in the group, and tobacco with no nicotine and no carcinogens was envisioned by several group members with comments like: *Maybe even growing it so that it is the most pure and it doesn't have the actual chemical that comes in that really does kill you"* (CL1); "*That's awesome"* (CL4, daily smoker)*; "No nicotine. . . . No carcinogen"* (CL3); "*You won't want to smoke it 'cause it [isn't] going to make you feel really good"* a statement that was followed by the participant's and then the group's laughter before the participant continued; *'Oh my god, that's a leaf. Forget that. A real plant'"* (CL1, daily smoker)*;* and another participant adding *"That's a really good idea"* (CL4).

Group summary. Envisioned as a best-case, future reality of tobacco use in Fort William First Nation by youth, the 55+ Group, service providers, and community leaders was

tobacco being used only in traditional ways. A smoke-free community was envisioned by service providers and community leaders, although service providers defined smoke-free as an absence of smoke from non-traditional tobacco use, and this was clarified to mean smoke from cigarette smoking. Community leaders mentioned smoke-free in conjunction with *"ceremonial-use-only"* and with comments about less youth smoking cigarettes, indicating that also for community leaders 'smoke free' meant a community free of cigarette smoking. Although there was mention among community leaders that cigarettes could be smoked for prayer (albeit not typically; see the Results section on tobacco use distinctions for this comment), a traditional-tobacco use-only future meshes well with a smoke-free future.

When voicing visions of best-case, future realities of tobacco use in the community, a topic raised by all focus groups was children's health. Envisioned, for example, was children refraining from cigarette smoking because of teachings on traditional uses of tobacco (55+ Group); children in the presence of adults being modelled traditional uses of tobacco, not cigarette smoking (young caregivers); children using tobacco less for cigarette smoking and more for teachings and medicines (service providers), less children smoking cigarettes (community leaders); and healthier children because of no cigarette smoking in the community (youth). Overall, children's health was very important to participants in this study and a common focus for change. I address this further in the Discussion section.

Economic realities of tobacco were raised by service providers and community leaders but not by the 55+ Group, young caregivers, and youth. It is not clear why this topic was not raised by all groups, but one possible reason is participants' levels of economic understandings and also their level of associations with the Community Centre. Community leaders, being in senior leadership positions, may have been more knowledgeable of the economic benefits of

cigarette smoking and cigarette sales on reserve than other groups. Service providers, using the Community Centre to host health services and programs, may be more understanding of the financial support that bingo is to the Centre. Regardless of these reasons, what is clear is that tension exists between the health benefits and the health losses of allowing cigarette smoking in public places on reserve. I further consider this theme of tobacco-related economics in the Discussion section.

5. Discussion

The purpose of this study was to examine the cultural, health, and economic realities of tobacco in Fort William First Nation, and this study did so by focusing on community members' distinctions, emotions, and visions regarding traditional and non-traditional uses of tobacco. Before discussing results, a few study limitations should be noted.

Study Limitations

Although I was told by the Community Health Representative that community members would be vocal and willing to give their opinions, it is possible that me being a young, Caucasian, male, who could be seen as representing the health care system as a Master of Public Health student and also not being a member of Fort William First Nation may have influenced participants' responses. It is also possible that the study being conducted in connection with the Health Centre influenced participants' responses. To minimize the potential negative influence of my and the Health Centre's presence on participants' responses, various actions were taken: I spent leisurely time with some participants in advance of invitations and focus groups to develop relationships (for example, I joined young caregivers and their children for lunch and I remained present afterwards for singing and playtime), the majority of the discussion questions were open-ended, I had very limited participation in the focus groups, and it was made clear to participants that their information would not be used outside of this study and would be securely stored only at Lakehead University (this storage location was seen by Health Centre staff as best for encouraging participants' comfort). In addition as it worked out, the Research Assistant smoked cigarettes and took smoke breaks with various participants (permission granted by Research Assistant to report this). Furthermore, the influence of me and the Health Centre on participants' responses did not seem meaningfully restrictive. For example, participants voiced not only

negative but positive aspects of cigarette smoking and tobacco sales, with one participant saying, “Never”, in response to a vision of no cigarette sales in the community. As well, at the conclusion of the discussions, participants expressed that they appreciated the discussions in various ways, including: *“Well that was nice, talking like [. . .]. They should have more things like this. . . .or try getting more people to come out”* (55P3). Another participant said:

> *I think this was a really good opportunity for us to come together and brainstorm, ‘cause I’ve never actually thought about it—like really intensely thought about it—about how it affects our community. So, I think it was awesome. . . . Thanks for the opportunity to come here.* (SP2)

I may also have misinterpreted, miscommunicated, or misrepresented participants’ responses.[5] Three steps were taken, however, to minimize the potential for this. Participants in two of the five focus groups (service providers and community leaders), had an opportunity to provide corrective feedback during my post-discussion summary. This feedback served as an initial, in-person, on-the-spot check of my understanding of participants’ views. In addition to this all participants were hand-delivered a paper copy of their group-specific key results for review. This review provided participants with further opportunity to check my interpretations. Finally the final draft of the thesis was reviewed by the Fort William First Nation Health Centre allowing Fort William First Nation representatives to examine the accuracy of my interpretations and the wholeness of my write-up.

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[5] I use the term *misinterpreted* to mean having misunderstood participants’ responses, the term *miscommunicated* to mean having inaccurately communicated participants’ responses (even though my understanding may have been correct), and the term *misrepresented* to mean having given an incomplete picture of participants’ responses (even though my understanding and communication may have been correct).

It may also have influenced the data that participants' place of residence was not assessed. This means that some participants may not have lived in Fort William First Nation. Many participants were community leaders, service providers, or actively involved in community-run functions (such as the 55+ Group), however, and the Research Assistant said she was confident that the majority of participants were from the community (permission granted by Research Assistant to write this).

It should also be mentioned that it was not an intention of the study to capture the views of all members of Fort William First Nation or all members within a participant category. Although it was felt that participants represented a wholesome range of community members with potentially differing views on tobacco, not all community members were represented. Viewpoints are likely missing. In addition the views expressed in this study may not represent the views of persons living in other First Nations communities in Ontario, Canada, or the rest of North America. While similar views may be shared by other First Nations communities, this study was specific to Fort William First Nation. Finally: while this study provided a snapshot of views over a particular time, participants' understandings, emotions, and visions may change over time.

Overview of Answers to the Research Questions

In the following I give a brief overview of participants' answers to the research questions and how they relate to other research, literature, and knowledge. I do this in order to set the stage for the ensuing discussion of three major themes that emerged from the data and how these may affect and inform future ideas about programming that may help address tobacco use and misuse in Fort William First Nation and in other Indigenous Communities. I will also discuss potential areas for future research that will inform this important public health issue further

Concepts, uses and roles. Similar to previous reports and teachings involving First Nations peoples in Canada (Centre for Addiction and Mental Health, n.d.; National Native Addictions Partnership Foundation, 2006) and Native Americans in the United States (Daley et al., 2006), concepts of traditional and non-traditional tobacco use do exist among members of Fort William First Nation. It seems that one general distinction between traditional and non-traditional tobacco use is that traditional use has a cultural purpose whereas non-traditional use does not have a cultural purpose. It also seems that traditional tobacco use is not for satisfying an addiction to tobacco whereas non-traditional tobacco use is for satisfying an addiction to tobacco.

As have also been reported in other First Nations communities (Chiefs of Ontario, 2012; Pikwàkanagàn First Nation, 2013), members of Fort William First Nation use tobacco in many different ways both traditional and non-traditional. This includes the offering of tobacco at funerals, burning tobacco for smudge ceremonies, and smoking cigarettes. As such, tobacco also has many different roles in Fort William First Nation both cultural and non-cultural.

For example, tobacco is presented to grandchildren to initiate discussion for teachings; smudge ceremonies with tobacco begin and close work-weeks at the Health Centre; and tobacco is offered at community events, a phenomenon felt to remove feelings of animosity and instill feelings of unity among community members. Although the wording is different, recognition of tobacco's cultural roles in First Nations culture appear to be a critical component in Cancer Care Ontario's (n.d.a) current Aboriginal Tobacco Control Program.[6]

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[6] Although it is on reserve- and Ontario-focused, a detailed examination of Cancer Care Ontario's (n.d.a) Aboriginal Tobacco Control Program is beyond the scope of this thesis.

Clear from this study is that cigarette smoking, which was described by participants as a non-traditional use of tobacco, plays many roles in Fort William First Nation. Some of these roles include pleasure, stress-relief, a social activity for adults, and a draw for attendance at bingo. It was felt that cigarette smoking is a means for youth to fit in with others. It was also felt that cigarette smoking harms the health of the community and leads to death. Many of these roles of cigarettes, such as social acceptance and encouraging attendance at bingo, exist within other First Nations communities in Canada (Bottorff et al., 2008; Hutchinson et al., 2011; Valentine et al., 2003).

Cigarette sales were seen as a revenue-generator in Fort William First Nation. For example, participants spoke about youth selling cigarettes at school, individuals obtaining quotas of cigarettes and selling them to stores, and stores selling cigarettes to persons within and outside of the community. Part of the reason why cigarette sales may be a revenue-generator is that cigarettes could be cheaper to purchase on reserve compared to off reserve due to tax exemptions. (Detail about on-reserve cigarette pricing is beyond the scope of this thesis, but for more information on Ontario's First Nations Cigarette Allocation System and cigarette pricing in general, see Queen's Printer for Ontario [2012] and Sweeting et al. [2009], respectively). That cigarette sales exist in Fort William First Nation is not new knowledge (Dunick, 2012; Murray, 2012). What this study adds is a variety of community members' thoughts and feelings about the situation.

Cigarette smoking was also seen as a revenue-generator in Fort William First Nation. For example, some participants (SP1, SP2) expressed that allowance of indoor smoking at bingo creates business for the bingo. These views accord with what I raised in the Methods section regarding smoking being banned from bingos in Thunder Bay and a bingo hall owner claiming

that attendants consequently moved to the bingo in Fort William First Nation (MacLellan, 2005). Cigarette smoking at bingo being a revenue-generator also accords with the view of a First Nation community member in British Columbia (Hutchinson et al., 2011), as discussed in the Literature Review. What this study adds to current knowledge is a variety of community members' thoughts and feelings about smoking a bingo.

Emotions. Participants spoke about feelings of goodness, happiness, peace, and pride in First Nations identity in relation to traditional uses of tobacco in their lives. Similarly, when tobacco is used traditionally in the community, participants spoke about feeling pride, inspiration, and gladness. Pride, inspiration, and gladness were not associated with cigarette smoking and the sales of cigarettes in the community. And, although feelings of happiness and peace which appeared to be associated with feelings of stress-relief and relaxation were mentioned in relation to cigarette smoking, feelings of goodness and pride in First Nations identity were not ascribed to personal cigarette smoking. Rather, participants said they felt sad when seeing young people smoking cigarettes, sorry for youth who are addicted to cigarettes, frustrated when adults smoke around children, and hurt when children in the Community Centre are exposed to cigarette smoke from bingo. Other feelings expressed were sadness about tobacco being a revenue source and being open around children in the community. One participant also felt that the community was being exploited by tobacco, and this was displeasing to her. To my knowledge, this appears to be the first study in which First Nations community members were directly asked about their tobacco-related emotions.

Visions. The predominant best-case, future reality of tobacco use envisioned for Fort William First Nation was no cigarette smoking and tobacco being used only in traditional ways. This vision is a future reality that the community could pursue. It is a vision based on community

members' conceptual understandings of tobacco use, uses of tobacco, emotions associated with tobacco, and desires for the future.

In addition to the direct answers to the research questions, as previously mentioned, three prominent themes emerged within participants' dialogue these were: the value of culture and tradition, the importance of children and children's health, and tobacco's relationship with community economy. What follows is a discussion of these themes in relation to improving and maintaining tobacco-related health. Although the themes are presented individually it is important to note that they are highly interconnected and that any acts or initiatives that will influence one will also heavily influence the others.

The Value of Culture and Tradition

In addition to placing a high value on culture and tradition generally, it was clear during discussions that members of Fort William First Nation value traditional uses of tobacco highly. These uses play important roles in supporting personal, family, and community well-being and in strengthening community unity. They also play important roles in maintaining and infusing pride in community and individual identity and connections between different age groups. Much work written by both Indigenous and nonIndigenous writers support the value of tradition and culture in First Nations communities and their connection to health and well-being and ability to make healthy choices (see for example: Goudreau, Weber-Pillwax, Cote-Meek, Madill, & Wilson, 2008; McIvor, Napoleon, & Dickie, 2009; Poudrier & Kennedy, 2008; Ray, 2008; Simpson, 2009; Vallianatos et al., 2008) and might be important to consider when developing future tobacco programs to address tobacco use which has also been mentioned in the literature (McKennitt, 2007; Shorty, 2008, Unger et al., 2006; Valentine et al., 2003).

In terms of a desired future, service providers and community leaders emphasized that they envisioned a smoke-free future but not a tobacco-free future. Although not all public health bodies in Canada may find it appropriate to tailor the wording of tobacco control messages to a First Nations audience, some wording, such as the Canadian Public Health Association's (2011) *The Winnable Battle: Ending Tobacco Use in Canada*, would likely not sit well with the majority of participants in this study. This study underscores the importance of carefully tailoring the words of tobacco control messages that are intended for a First Nations audience.

Similar to Unger et al.'s (2006) study, it was raised among service providers that there were "people smoking everywhere" at Pow Wows and at a recent Sacred Fire. In this case, smoking meant cigarette smoking. Although this study did not ask participants whether cigarette smoking is ever necessary for performing traditional activities, comments about it being unfair to have anger towards persons smoking cigarettes around the Sacred Fire (because participants, too, were smokers) suggests that cigarette smoking at Sacred Fires was viewed as out-of-place and unnecessary for engaging in the event. The comment about people smoking everywhere at Pow Wows, raised in the same context as the description of smoking at the Sacred Fire, also suggests that cigarette smoking at Pow Wows was viewed as out-of-place and unnecessary for engaging in Pow Wows. Along with these comments, no participants indicated that cigarette smoking is ever necessary for performing traditional activities. Therefore, the views expressed in this study do not warrant any encouragement that participants grow and roll their own tobacco to be smoked for ceremonial use, an idea raised by Unger et al. (2006) as a possible health-promoting approach for American Indians in the United States (as discussed in the Literature Review).

One participant understood traditional tobacco use to mean rolling and smoking cigarettes and non-traditional tobacco use to mean buying and smoking packaged cigarettes from

the store. Although this view was expressed by only one participant, it may be important to consider if tobacco control initiatives wish to present a dichotomy between traditional and non-traditional uses of tobacco. For example, if the idea with the messaging is to discourage the smoking of roll-your-own cigarettes, a dichotomy between traditional and non-traditional uses of tobacco would require a clear message that traditional tobacco use is not intended to mean rolling and smoking cigarettes.

As a best-case, future reality of tobacco use in Fort William First Nation, a community leader envisioned broken-open cigarettes no longer being used for ceremonial purposes and leaf tobacco being used instead. Also shared in this group was a detailed, real-life example of a cigarette being given to a person as an offering but mistakenly being smoked as a cigarette not for an offering. It was posited that such an event would not have occurred if the receiver of the cigarette had been offered tobacco in a pouch, not tobacco in a rolled-up form and with a filter. This example suggests that cigarettes can confuse cultural intentions and can encourage cigarette smoking. Thus, a future where cigarettes are no longer used for ceremonial purposes may help to reduce the prevalence of cigarette smoking in Fort William First Nation (through limiting opportunities for smoking initiation and through creating an environment more supportive of smoking cessation); it may also help to protect culture. To my knowledge, this vision of cigarettes no longer being used for traditional purposes has never before been proposed in the literature.

To achieve a future where cigarettes are no longer used for ceremonial purposes, one approach might be community teachings that sensitively discourage cigarettes from being used in such ways. Another approach, which may accompany the first, may be the promotion of pouch or bag tobacco as the only culturally acceptable, packaged tobacco for ceremonial use. As

mentioned, some participants saw pouch or bag tobacco as tobacco intended for traditional (or ceremonial) use. Pouch or bag tobacco was also raised when participants were asked about personal distinctions between traditional and non-traditional tobacco use: one youth felt that tobacco sold in packs is non-traditional whereas tobacco sold in bags is traditional, and a young caregiver indicated that she uses tobacco only from a pouch for her traditional uses of tobacco. While distinctions between traditional and non-traditional tobacco were not strictly distinctions between traditional and non-traditional uses of tobacco, they were distinctions between tobacco materials intended for various purposes. If a community vision for the future is that tobacco is used only for traditional purposes and that only a specific form and type of tobacco is used (say, loose-leaf *Nicotiana rustica*), it may be worth exploring whether pouch or bag tobacco could be promoted as a packaging or form to be recognized as a tobacco intended for traditional use.

A caution about promoting pouch or bag tobacco as a packaging or form to be recognized as a tobacco intended for traditional use , however, is that pouch tobacco was raised among service providers as a tobacco that can be used non-traditionally (where *non-traditionally* meant smoking cigarettes for a non-cultural purpose and to satisfy a personal addiction to tobacco; data not shown[7]). Thus, considering the extent to which pouch tobacco in Fort William First Nation is presently used for non-traditional purposes would be an important step before any health-intending promotion of pouch or bag tobacco takes place. Next steps may be a community-wide survey to examine the extent to which pouch or bag tobacco is seen as tobacco intended for traditional use; the extent to which cigarettes given for traditional purposes inadvertently encourages cigarette smoking; and the extent to which support exists for promoting pouch or bag tobacco as the only culturally acceptable, packaged tobacco for traditional use. If need and

[7] "Data not shown" means this participant's comment is not included in the Results section.

interest exists, promoting pouch or bag tobacco in such a manner may help to remove cigarettes from ceremonial activities. To my knowledge, this idea has never before been proposed in the literature.

Although this study was not intended to explore community members' views on the chemical composition of tobacco, views were raised that traditional tobacco, pouch tobacco, or home grown tobacco are not treated with nicotine and various additives (youth), have less chemicals than "store-bought packs" (young caregivers), or "doesn't have the actual chemical that comes in that really does kill you" (community leaders). These views are similar to recent teachings in Ontario (Best Start Resource Centre, 2012; Thom, 2011) about traditional tobacco being free of various harmful chemicals that are found in commercial tobacco. Although participants' views could be accurate, it is not clear, from this study, what constituted traditional, pouch, and home grown tobacco. Thus, whether pouch tobacco, for example, contains fewer chemicals than store-bought packs cannot be discerned. If pouch tobacco were promoted as a packaging or form to be recognized as a tobacco intended for traditional use, it may be critical to provide education that tobacco in a pouch does not necessarily mean that it is healthy for smoking as a cigarette.

Regarding home grown tobacco, it may be true that it is not treated with additives, but there appears to be no scientific support for home grown tobacco being free of the hazardous compounds found in non-home grown tobacco. Beliefs that home grown tobacco is healthier than commercially grown tobacco may incline persons to roll and smoke cigarettes that could be just as harmful as commercially grown tobacco. Likewise, persons believing that home grown tobacco is healthier than commercially grown tobacco may be inclined to begin smoking for the first time, thinking that home grown tobacco presents little harm. Currently, the extent to which

the belief is held that home grown tobacco is healthier than non-home grown tobacco and the extent to which persons who smoke home grown tobacco is unknown. Thus, a future survey may be helpful for discerning opportunities for health education in this area. If needs exists, a message that home grown tobacco does not necessarily mean a tobacco healthy for smoking may encourage smoking abstinence among First Nations persons living on reserve.

No participants mentioned commercial tobacco versus non-commercial tobacco as a distinction between traditional and non-traditional uses of tobacco. Spoken once by a service provider, however, was the descriptor *commercial tobacco* to describe tobacco smoked for socializing (data not shown); also spoken once by a service provider was the phrase *commercial use* when contrasting ceremonial use (data not shown). These comments indicate that these participants linked the word commercial to tobacco smoked for socializing and the words commercial use to non-ceremonial uses of tobacco. Because participants were not asked about descriptive preferences, whether commercial is a term preferred over non-traditional cannot be discerned from this study. And because the questions in this study did not employ the word commercial, this may have encouraged participants to use the word non-traditional. Although traditional and non-traditional tobacco use were meaningful terms for participants when discussing various uses of tobacco, cultural components, and cigarette smoking, future research on preferred tobacco-related terminology within First Nations communities may help for creating the most understood and effective tobacco control messaging possible.

As discussed in the Results section, it appears that most participants who used tobacco traditionally or non-traditionally were unfamiliar with the meaning of the term *Nicotiana tabacum* and were either unfamiliar with the term *Nicotiana rustica* or did not use *Nicotiana rustica*. These findings suggest that tobacco control messaging with the words *Nicotiana*

tabacum or *Nicotiana rustica* would have little meaning for most participants in this study if no concurrent definitions of the terms are provided.

Growing tobacco in the community for traditional use. Envisioned among community leaders was growing tobacco in the community as a traditional-tobacco use-only community. Given that tobacco is grown in Canada and that greenhouses are readily available, Fort William First Nation growing tobacco for traditional use seems possible.

Nicotine-free tobacco for traditional use. The phrase, “No nicotine”, was expressed by a community leader when discussing tobacco being grown in the community as a traditional-tobacco use-only community. It appears, then, that no nicotine was intended to mean no nicotine in tobacco grown for traditional purposes. A current focus in tobacco control research is reducing nicotine in cigarettes to non-addictive levels as a means to end cigarette addiction (Hatsukami et al., 2010). In a similar way, traditional tobacco with no nicotine may eliminate any potential for this tobacco to lead to a harmful tobacco addiction.

Regarding a vision of no nicotine in tobacco grown for traditional use, methods for removing nicotine from tobacco exist. For example, a chemical process (U.S. Patent No. 5,119,835, 1992) was found to reduce about 90% of nicotine from tobacco. Methods for reducing nicotine in tobacco aside from nicotine extraction also exist. For example, silencing a nicotine-related gene results in tobacco plants producing 96% to 97% less nicotine than plants with the gene not silenced (Steppuhn, Gase, Krock, Halitschke, & Baldwin, 2004); and, leaving genes intact, grafting tobacco to a tomato rootstalk can produce tobacco leaves with 99% less nicotine than non-grafted tobacco (Ruiz, Blasco, Rivero, & Romero, 2005).

Instead of pursuing nicotine-free tobacco by extracting nicotine, silencing genes, or grafting plants to tomato rootstalks, a species or variety of tobacco with low nicotine levels could

be grown. Winter (2000c) listed multiple tobacco species and their reported concentrations of nicotine. One of these species, *Nicotiana alata*, has leaf concentrations of nicotine at less than 0.01%.

With sacred tobacco or traditional tobacco equated with *Nicotiana rustica* in a Canadian and Ontario context (Assembly of First Nations, 2002; Centre for Addiction and Mental Health, n.d.), First Nations persons in Ontario may prefer to grow *Nicotiana rustica* in their community for traditional use. If this is the case, then it may be promising to grow (or develop) a variety of *Nicotiana rustica* with a low yield of nicotine. Examples of Canadian-grown varieties of *Nicotiana rustica* and their respective nicotine concentrations can be found in a report by Ogilvie and Agriculture Canada L'Assomption (1980). As well, growing *Nicotiana rustica* in ways that are the opposite of what has been found to increase nicotine yields may also be promising. For example, leaving *Nicotiana rustica* un-topped (that is, not cutting off the top of the plant as it grows) can reduce nicotine levels from 5.11% to 1.85% (McMurtrey et al., 1942), and Sisson and Severson (1990) found that growing *Nicotiana rustica* in a greenhouse instead of a field reduced nicotine levels from 2.49% to 0.53%. Information appears inexistent on whether *Nicotiana rustica* for traditional use can be grown to produce no nicotine, but it seems possible given current technologies.

Carcinogen-free tobacco for traditional use. "No carcinogens" was another phrase voiced during community leaders' conversation about growing tobacco in the community as a traditional-tobacco use-only community. It appears, then, that no carcinogens was intended to mean no carcinogens in tobacco grown for traditional use. Achieving no carcinogens in tobacco for traditional use will likely require measurements of carcinogens in such tobacco. An important

ethical question, however, is whether knowledge of the chemical composition of tobacco for traditional uses should be pursued and how this knowledge should be handled if it is.

Along with nicotine's potential pathological health effects, such as type-2-diabetes-related impairment (Holloway et al., 2005) and a reduced immune function (Maritz, 2013), there is evidence that nicotine is a precursor to nornicotine and that nornicotine is a precursor to the carcinogen N′-nitrosonornicotine (NNN; Hecht et al., 1978; International Agency for Research on Cancer, 2007; Siminszky, Gavilano, Bowen, & Dewey, 2005).[8] Accordingly, tobacco grown with low nicotine levels may have less NNN than the same tobacco grown with higher nicotine levels. Chen et al. (2008) compared smoke from a reference cigarette to smoke from a cigarette with 96% less nicotine. Smoke from the lower-nicotine cigarette had about half the amount of NNN compared to smoke from the reference cigarette. Whether this reduction in NNN was due to less nicotine is not clear. Regarding loose-leaf *Nicotiana rustica*, there appears to be no information on whether, for example, smoke from un-topped and greenhouse-grown plants (which will presumably have lower levels of nicotine) has less NNN compared to smoke from topped and field-grown plants (which will presumably have higher levels of nicotine). Assuming that nicotine exists in tobacco that is currently used for traditional purposes in Fort William First Nation, tobacco with lower nicotine levels may consist of less NNN than the same tobacco with higher nicotine levels. All else equal, this could mean a healthier tobacco for traditional use. Experiments are needed for definite knowledge.

Achieving no carcinogens in tobacco for traditional use may be challenging. Cellulose is a basic component of plant cell walls (Cosgrove, 2005), *Nicotiana rustica* likely contains

[8] As outlined by Hecht (2003), research has found that NNN is likely involved in the pathogenesis of oral cancer, nasal cancer, and esophageal cancer.

cellulose, and the burning of cellulose produces benzo[a]pyrene (McGrath et al., 2003), a carcinogen (International Agency for Research on Cancer, 2010). Thus, if tobacco is burned for traditional activities, it may be impossible to avoid the formation of benzo[a]pyrene without significantly altering the tobacco material. Such a possibility of not being able to remove all carcinogens, however, should not discourage considerations of how tobacco could be made as free from carcinogens as possible. Overall, Fort William First Nation growing and using nicotine- and carcinogen-reduced tobacco for traditional purposes could be viewed as a strong exercise of autonomy over community culture and health. If interest exists in Fort William First Nation, it may be worthwhile to consider the formation of a tobacco-growing partnership between the community, a First Nations health organization, and an agriculture-based university, for example.[9]

Children's Health

Like culture and tradition, children and children's health was highly valued by participants in this study. This value for children's health is common in a First Nations context.

[9] This discussion about removing unhealthy constituents in traditional tobacco for traditional use differs from a typical discussion on tobacco harm reduction. Just as a cleaning product that is used in a non-abusive manner can be made more conducive to health (say, by removing a few ingredients), so can traditional tobacco be made more conducive to health. A discussion about removing unhealthy constituents in tobacco for traditional use differs from a typical discussion about tobacco harm reduction because traditional tobacco for traditional use, in the context of this study, refers to something used in a non-abusive manner. A typical discussion on tobacco harm reduction (for example, one that considers the effectiveness of messaging on harm reduction versus prohibition or one that critically examines these approaches to tobacco control policy) is an important consideration but will not here be discussed. I recommend Collishaw's (2009) *History of Tobacco Control in Canada* as a Canada-focused primer on the topic.

For example, Bottorff et al. (2009) "began to study the problem of smoking and [second-hand smoke] exposure particularly as it related to women and young children" (p. 1014) because of concerns from First Nations women in British Columbia. In Ontario, and as mentioned in the Literature Review, concern arose among members of the Chippewas of Nawash Unceded Nation because youth attending the Community Centre were being exposed to cigarette smoke from bingo (Cancer Care Ontario, n.d.b). This concern led to the bingo hall becoming smoke-free.

The value placed on children and the need to protect their health is expressed by several First Nations organizations for example the Native Women's Association of Canada [NWAC] (2013). NWAC write on their webpage:

> Traditional teachings in Aboriginal cultures teach us that our babies are sacred gifts from the Creator that bring joy, and are symbolic of the continuation of life. A birth in a community is a blessed event and is celebrated by the family and the community. It takes a community to raise a child, and it is our job as Aboriginal women to ensure that we fulfill our responsibilities to ensure that our babies are healthy and have a good life, particularly in the first thirteen moons of their lives (para. 1)

Along with children understood as a sacred gift from the Creator and symbolic of the continuation of life, First Nations children are acknowledged as shapers of First Nations peoples. A webpage of Anishinaabe Abinoojii Family Services in Kenora, Ontario reads:

> Children are a sacred gift from the Creator, to be loved, cherished and cared for.
>
> *"Take care of our children*
>
> *Take care of what they hear*
>
> *Take care of what they see*
>
> *Take care of what they feel*

For how the children grow, so will be the shape of our people." (Echo-Lite Productions, 2006, para. 1–2)

When envisioning best-case, future realties of tobacco-use in Fort William First Nation, concern for children and their health was a common focus for change. Envisioned as a best-case, future reality among young caregivers, the 55+ Group, and community leaders was children receiving more teachings on traditional uses of tobacco or more children knowledgeable about traditional uses of tobacco. Such a future could help to connect children with the positive outcomes of using tobacco in traditional ways. A participant in the 55+ Group wondered whether teaching children about traditional tobacco use might even prevent children from using tobacco in a non-traditional way. This could be possible. It was expressed among service providers, however, that cigarette smoking in public places is affecting children's views of traditional uses of tobacco and may be encouraging children to believe that cigarette smoking at an adult age is a natural and acceptable activity. If such an influence is taking place, then cigarette smoking in public places could be compromising the potential for teachings on traditional uses of tobacco to prevent cigarette smoking among children. It appears, then, that traditional teachings on tobacco with concurrent initiatives aimed at reducing children's exposure to cigarette smoking in public places (and possibly in the home) would be most effective for preventing cigarette smoking among children. While the theme of children and children's health were a focus across all focus groups the following theme economy was not.

Economy

Tobacco's role in Fort William First Nation's economy was a prominent theme among service providers and community leaders. As mentioned, however, participants expressed tension between the benefits and the losses of allowing cigarette smoking in public places on reserve

connecting this to, particularly children growing up less healthy than they could be and also encouraging the taking up of smoking cigarettes among children and youth. As further mentioned, missing from participants were expressions of pride, inspiration, and gladness in relation to community cigarette smoking and cigarette sales. I want to note however, that the study did not hear from the owners of stores who sell tobacco, persons who may or may not feel pride in running their businesses, which include the selling of cigarettes in Fort William First Nation. As well study participants were not asked any questions relating to how they felt about revenue gained from cigarettes being smoked in the community. In hindsight this is a pertinent omission because participants mentioned smoking as a draw for bingo attendance and bingo being a financial support for the Community Centre and its programs. Aware of these limitations, and noting that the majority of participants expressed unfavorable feelings towards cigarette smoking in the community, it seems that participants would rather the community be in a place where something other than cigarette smoking could effectively generate revenue.

No smoking at bingo was voiced as a best-case, future reality among youth and service providers. Making the Community Centre smoke-free and having a Fort William First Nation by-law that makes all buildings smoke-free was also raised among service providers. While all of these ideas seem possible to achieve, success may be difficult. For example, making bingo smoke-free could reduce attendance (again, bingo owners and managers in Thunder Bay claimed that attendance at their bingos dropped after becoming smoke-free [MacLellan, 2005]); reduced bingo attendance could reduce profit; reduced profit could mean less jobs at bingo and less funding for the Community Centre; and reduced jobs and Community Centre funding could lower the health of the community, perhaps to a point even lower than if the bingo hall had never become smoke-free. This chain of events seems possible. The bingo hall in the Chippewas of

Nawash Unceded First Nation, however, was made smoke-free and the hall was reported as remaining successful (Cancer Care Ontario, n.d.b). More investigation is needed on the current status of the smoke-free bingo enactment in the Chippewas of Nawash Unceded First Nation, what exactly *successful* means for this community, and whether this community is a fair comparison with Fort William First Nation. For Fort William First Nation, it seems that critical questions for discussion concern the extent to which bingo financially supports the Community Centre and its programs, the extent to which the Community Centre and its programs contribute to community health, and the extent to which smoking at bingo harms community health. From this study, it does appear, though, that significant exposure to second-hand smoke occurs at bingo. With second-hand smoke as a Group 1 agent (that is, carcinogenic in humans; International Agency for Research on Cancer, 2004), no smoking at bingo may result in improved health for attendants and especially for bingo staff.

To support a reality where there is no smoking at bingo, initiatives could focus on improving on reserve economic realities so that something other than cigarette smoking can effectively generate revenue for the Community Centre. Like Sweeting et al.'s (2009) position, discerning what these economic initiatives could be is beyond the scope of this thesis. As one idea, however, and although it is something that may not be appropriate for Fort William First Nation or for all First Nations communities, one potentially promising economic opportunity involves the First Nations Land Management Regime:

> [The Regime] enables the development of First Nation laws to manage reserve land, resources and environment under a land code established by a First Nation within the Regime. This allows participating First Nations to opt out of the land-related sections of the *Indian Act* and enact their own laws taking into consideration the development,

> conservation, use and possession of reserve lands. These laws may also enable communities to seize new economic development opportunities. The Regime provides an alternative to the land provisions of the *Indian Act,* which accelerates First Nations' ability to manage their lands more effectively and efficiently than under the *Indian Act* thus making the land more competitive for investment. (Aboriginal Affairs and Northern Development Canada, 2013, para. 1–2)

Assessing the health-promoting potential of this Regime is up to First Nations leadership, and entering into such a reality of land management may be for more reasons than tobacco-related health concerns, but this initiative could be helpful for supporting a health-conducive reality of no smoking at bingo.[10]

Although not strictly a vision of tobacco use, a future with no cigarettes available to the community or no cigarettes being sold in the community was raised as a best-case, future reality. That is, one youth wished for cigarettes to no longer be made and for bags of tobacco to be the only available tobacco, and "no more cigarette sales" was voiced among community leaders. The question was not part of the focus group questions and not one that came up naturally in the other groups, thus it was not discussed. Not clear is whether the participant (a daily smoker) responding, "Never", to this vision of no more cigarette sales meant never as in never possible, never as in never wishing for this to happen, or some other meaning. It seems reasonable, though, from the findings of this study, for never to have meant never wishing for this future of no more cigarette sales. Many participants attested to pleasure and stress-reduction from

[10] For more information on the First Nations Land Management Regime, see the Aboriginal Affairs and Northern Development Canada (2013) website. Flanagan, Alcantara, and Le Dressay's (2011) *Beyond the Indian Act: Restoring Aboriginal Property Rights* contains further discussion on First Nations property ownership.

cigarette smoking, and many participants attested to anger and frustration when cigarettes are unavailable. These findings suggest that a pursuit of no cigarette sales in Fort William First Nation would be resisted by at least some persons who smoke cigarettes in the community. Although this study did not measure anger and frustration among participants who smoke and the consequences of their anger and frustration, anger and frustration could negatively affect personal well-being and the quality of family and community relationships. As well, to avoid anger and frustration, no cigarette sales in the community could effectively force smokers in this study (especially persons who did not try to quit in the past 12 months) to purchase cigarettes from outside of the community. The prospect of having to purchase cigarettes from outside of Fort William First Nation would likely be seen not only as an inconvenience but as a move towards a loss in community wealth. (This loss of wealth would arise from cigarettes no longer being purchased in the community from outsiders and from community members purchasing cigarettes from outside of the community.) Such a thought of a loss in wealth would likely make the ending of cigarette sales in the community even less appealing. Certainly, not all community policies may please all members, but if ending community cigarette sales is ever a goal for Fort William First Nation, it seems crucial to explore how barriers such as anger, frustration, and a loss of wealth could be removed.

But will ending community cigarette sales improve community health? As mentioned in the Introduction, cigarette smoking has been attributed to much death and disease in Canada and there is good reason to believe that it negatively effects the health of current and future generations. Cigarette smoking is also highly addictive (Benowitz, 2010; Hatsukami, Stead, & Gupta, 2008). In this study, a service provider felt that cigarette sales on reserve encourage community members to purchase cigarettes. If this is true, then a future with no cigarette sales in

the community may mean community members purchasing less or no cigarettes. Certainly, any non-retail cigarettes on reserve would need to be addressed, as would cigarettes being purchased from outside of the community, but less purchasing of cigarettes on reserve may lead to decreased smoking initiation and increased smoking cessation. Within a supportive environment, ending community cigarette sales could improve community health.

This discussion about community policies raises two important matters: individual versus community interests, and the extent to which on reserve cultural values and governance affect the planning and execution of policies and interventions. While these matters are important, a detailed discussion is beyond the scope of this thesis. As it appears that no tobacco- and Ontario-focused document on these matters exists, the creation of such a document may serve well as a discussion piece for leaders within and outside of First Nations communities. This piece may encourage the most informed and useful offers of policy and intervention support to First Nations communities wishing to improve their tobacco-related health.

The economy, children's health, and value for culture and tradition appear to be strongly interconnected realities. As mentioned, for example, the allowance of cigarette smoking at bingo generates revenue for programs at the Community Centre and cigarettes used for traditional purposes can interfere with cultural activities. This interconnectedness accords well with the phrase, "All my relations", a phase common among some First Nations peoples and which recognizes the interconnectedness of all reality (Lem, 2011). It seems that crucial for improving tobacco-related health on reserve is an understanding of economics, children's health, value for culture and tradition, and their various interactions.

Summary

Public health has a focus "on the social, environmental and economic factors affecting health, as well as the communities and settings where people gather and live" (Assembly of First Nations, n.d.). This study provided insight on a variety of social and economic factors affecting tobacco-related health in Fort William First Nation, insight adding to the few studies that exist on tobacco use realities in First Nations communities in Ontario. Among other findings, members of Fort William First Nation value traditional uses of tobacco highly, cigarette smoking is seen as prevalent in the community and as harming community health, and tension exists between the benefits and losses of the selling of cigarettes and allowing cigarette smoking in public places on reserve.

Along with knowledge about tobacco use realities, this study raised a variety of ideas for improving tobacco-related health in First Nations communities. As detailed above, these ideas include messaging that home grown tobacco is not necessarily healthy for cigarette smoking, improving on reserve economic realities so that something other than cigarette sales and smoking can effectively generate revenue for community centres, minimizing barriers so that communities wishing to end cigarette sales in their community can do so as easily as possible, discouraging the use of cigarettes for traditional purposes, developing a nicotine- and carcinogen-free tobacco that can be grown on reserve for traditional use only, encouraging more teachings for children on traditional uses of tobacco, and reducing cigarette smoking in public places. Where community interest exists, further research and discussions may help for elucidating the health-promoting potential of these ideas.

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Appendix A

The Reason Why Choi et al.'s Study Did Not Find That American Indian Adults Who Felt That Traditional Tobacco Was Important Were Less Likely to Use Commercial Tobacco

Choi et al.'s (2006) study involved focus group discussions with 41 American Indian and Alaskan Native adult smokers in the United States. The purpose of Choi et al.'s (2006) study was to "assess [participants'] smoking and quitting history," (p. 36), to discuss "cultural and traditional uses of tobacco" (p. 36), and to inquire about "attitudes/reactions toward the Second Wind smoking cessation curriculum" (p. 36).

When presenting participants' views about traditional uses of tobacco in their Results section, Choi et al. (2006) wrote, "Many participants felt that using tobacco in a traditional way would not influence whether a person could quit smoking. Participants saw no problem in using tobacco traditionally and remaining abstinent from recreational use" (p. 38). Choi et al. (2006) also wrote, "A few participants stated directly that ceremonial use was not compatible with recreational use" (p. 38). Choi et al.'s (2006) Discussion section then reads, "Several participants mentioned the incompatibility of traditional use with recreational use. This incompatibility may be a key to the promotion of abstinence from recreational use among more traditional AI [American Indians]" (p. 39).

The reason why Choi et al.'s (2006) study did not find that American Indian adults who felt that traditional tobacco was important were less likely to use commercial tobacco is that this finding was not presented in their Results section. No participants in Choi et al.'s study were found to be less likely to use commercial tobacco because they felt that traditional tobacco was important, and no participants were reported as saying that this phenomenon was true for other people.

A note should be made about Choi et al.'s (2006) statement that "a few participants stated directly that ceremonial use was not compatible with recreational use" (p. 38). A claim that ceremonial use was not compatible with recreational use is not equivalent to a claim that valuing traditional tobacco made a person less likely to use commercial tobacco. The former claim speaks of particular manners in which tobacco is used (ceremonial use and recreational use), but the latter claim speaks of particular types of tobacco (traditional tobacco and commercial tobacco). Although Choi et al.'s study does mention traditional tobacco use, traditional tobacco and commercial tobacco are not mentioned.

Appendix B

Participant Survey

Introduction: Welcome to the Tobacco Hearts and Dreams Study. Your information will be kept secure and it will not be used outside of this study.

Section: Personal Information

What is your first name? ________________________________

What is your age (in years)? ______

Are you male or female? □ male □ female

Do you have children? □ yes □ no □ prefer to not say

If you have children, how many? _____

Section: Cigarette Smoking

1. At the present time, do you smoke cigarettes?

   □ Not at all --> Go to question 2
   □ Daily --> Go to question 5
   □ Occasionally --> Go to question 4
   □ Prefer not to say

2. Have you ever smoked cigarettes?

   □ Yes, daily
   □ Yes, occasionally
   □ No --> If you answered no, go to question 8
   □ Don't know
   □ Prefer not to say

3. At what age did you quit smoking cigarettes? (age in years) (ex-smokers only)

   _____ --> Go to question 7

4. On average, how many days per week do you smoke cigarettes (approximately)?

   _____

5. On average, how many cigarettes do you currently smoke each day (approximately)?

_____

6. In the past 12 months, how many times have you tried to quit smoking?

□ 0 (never tried to quit)
□ 1 – 2 tries
□ 3 – 4 tries
□ 5 or more tries
□ Don't know
□ Prefer not to say

7. At what age did you begin smoking cigarettes? (age in years)

_____

Section: Traditional Tobacco

8. At the present time, do you use tobacco in traditional ways?

□ Yes
□ No --> If you answered no, go to question 12
□ Don't know --> If you answered don't know, go to question 12
□ Prefer not to say

9. If you use tobacco in traditional ways, check all that apply for you:

□ I smoke it (and I inhale the smoke into my lungs)
□ I smoke it (and I inhale the smoke into my mouth, but not into my lungs)
□ I use it for smudging
□ I offer it as gifts
□ I offer it in prayer
□ I use it for ceremony
□ Other (you may write a description here) ____________________________
□ Prefer not to say

10. If you use tobacco in traditional ways, check the most common activity for you:

□ I smoke it (and I inhale the smoke into my lungs)
□ I smoke it (and I inhale the smoke into my mouth, but not into my lungs)
□ I use it for smudging
□ I offer it as gifts
□ I offer it in prayer
□ I use it for ceremony
□ Other (you may write a description here) ___________________________
□ Prefer not to say

11. If you use tobacco in traditional ways, what kind of tobacco do you use?

(check all that apply for you)

□ Bought from store
□ Home grown
□ Bark from tree
□ Nicotiana rustica (this is a species of tobacco. If you don't know it, don't check it)
□ Nicotiana tabacum (this is a species of tobacco. If you don't know it, don't check it)
□ Other (you may write a description here): ___________________________
□ Prefer not to say

Section: Non-Traditional Tobacco

12. At the present time, do you use tobacco in non-traditional ways?

□ Yes
□ No --> If you answered no, go to question 16
□ Don't know --> If you answered don't know, go to question 16
□ Prefer not to say

13. If you use tobacco in non-traditional ways, check all that apply for you:

□ I smoke it (and I inhale the smoke into my lungs)
□ I smoke it (and I inhale the smoke into my mouth, but not into my lungs)
□ I chew it
□ I snuff it (inhale with nose)
□ I place it behind my lip
□ Other (you may write a description here): ___________________________
□ Prefer not to say

14. If you use tobacco in non-traditional ways, check the most common activity for you:

□ I smoke it (and I inhale the smoke into my lungs)
□ I smoke it (and I inhale the smoke into my mouth, but not into my lungs)
□ I chew it
□ I snuff it (inhale with nose)
□ I place it behind my lip
□ Other (you may write a description here): ___________________________
□ Prefer not to say

15. If you use tobacco in non-traditional ways, what kind of tobacco do you use?

(check all that apply for you)

□ Bought from store
□ Home grown
□ Bark from tree
□ Nicotiana rustica (this is a species of tobacco. If you don't know it, don't check it)
□ Nicotiana tabacum (this is a species of tobacco. If you don't know it, don't check it)
□ Other (you may write a description here): ___________________________
□ Prefer not to say

Section: Other Tobacco

16. Check all that apply for you (at the present time)

□ I chew tobacco every day
□ I chew tobacco, but not every day
□ I do not chew tobacco

□ I snuff tobacco every day (inhale with nose)
□ I snuff tobacco, but not every day (inhale with nose)
□ I do not snuff tobacco (inhale with nose)

□ I place tobacco behind my lip every day
□ I place tobacco behind my lip, but not every day
□ I do not place tobacco behind my lip

□ Prefer not to say

17. The survey is now complete. Thank you for participating!