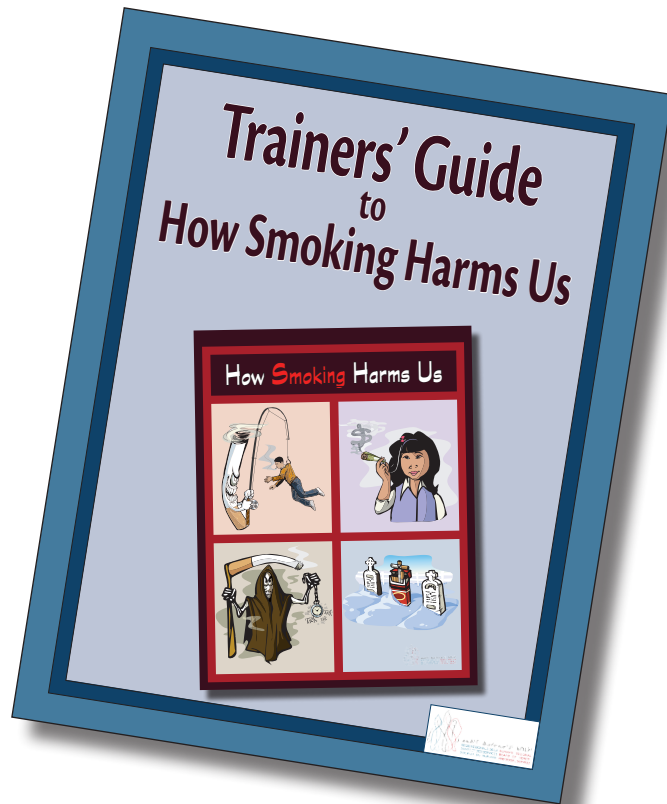


# Trainers' Guide to How Smoking Harms Us



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Merryl Hammond, PhD • Rob Collins



## Trainers' Guide to How Smoking Harms Us

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July 2023

ISBN 978-1-989298-09-1

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## Contents

How to use this Trainers' Guide .....	1
Definitions of educational terms used in this Guide.....	2
Explanation about the Tables in this Guide.....	4
Learning from the cover and first pages of HSHU.....	5
1. Smoking was never part of Inuit culture (HSHU pg. 1–2).....	7
2. People smoke for very good reasons, but . . . (HSHU pg. 3–5).....	21
3. Smoking is an addiction (HSHU pg. 6–7).....	26
4. Smoking burns our cash (HSHU pg. 8–9).....	31
5. Smoking makes tobacco companies super rich (HSHU pg. 10).....	35
6. Smoking steals our looks and beauty (HSHU pg. 11).....	38
7. Smoking harms our health (HSHU pg. 12–15).....	40
8. Smoking kills (HSHU pg. 16–17).....	48
9. Second-hand smoke affects everyone (HSHU pg. 18–21).....	52
10. Smoking harms unborn & newborn babies (HSHU pg. 22–23).....	59
Conclusion: What do you think? (HSHU pg. 24).....	64

## List of Tables

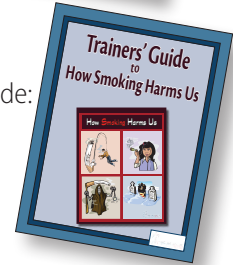
Table 1	Age at which Nunavimmiut (currently smoke daily) started smoking .....	10
Table 2	Smoking habits of Nunavimmiut living in 5 selected communities .....	11
Table 3	Number of cigarettes smoked per day (CPD) for Nunavimmiut who smoke daily, in 5 selected communities .....	12
Table 4	Nunavimmiut living in 5 selected communities who have tried an electronic cigarette in the past 12 months .....	13
Table 5	Nunavimmiut living in 5 selected communities who have tried an electronic cigarette (vaping) in the past 12 months, by age group .....	14
Table 6	Perceived risk of occasional and regular smoking for Nunavimmiut living in 5 selected communities .....	42
Table 7	Exposure to second-hand smoke (SHS) in the home of Nunavimmiut living in 5 selected communities .....	54
Table 8	Smoking status during their last pregnancy for Nunavimmiut aged 40 years or less living in 5 selected communities .....	60

## How to use this Trainers' Guide

The *How Smoking Harms Us* (HSHU) booklet is a key part of the tobacco reduction program of the Nunavik Regional Board of Health and Social Services. It's an illustrated introduction to the problems of smoking written for Nunavimmiut youth, adults and Elders. It motivates smokers to quit smoking, and non-smokers to stay smoke-free, and is available in Inuktitut, English and French.



This Trainers' Guide will help you make the best use of the HSHU booklet with community members—both smokers and non-smokers. Please study HSHU carefully before you start working through this Trainers' Guide: everything in here builds on the information in HSHU.



This Guide encourages you to be an active learner, to reflect on your own experience, and think of ways to effectively engage community members to promote their learning.

## How the Guide is organized

1. Each chapter of this Guide starts with a Question and Answer (Q&A) section so you can test your knowledge of the relevant content in HSHU.
2. In some chapters, this is followed by a section with "Additional Information" about the topic that was not included in HSHU. This background information will help you as a tobacco educator to better understand the seriousness of the problem. You may choose to share some or all of the additional information with community members, if you think they would benefit from it. (In some cases, we include Tables with regional data in this "Additional Information" section. Please see page 4 for "Explanation about the Tables in this Guide.")
3. Next, there is a section "Reflections for Tobacco Educators" where we encourage you to think critically about issues before you share your knowledge with others.
4. Finally, we include suggested "Activities for Tobacco Educators." Where relevant, we divide these into Activities for you as a Tobacco Educator to initiate, Activities to use with individuals, Activities to use in a group, and Activities to use with individuals and/or groups.

*Please note: We have included many different activities—all of which we have found useful and motivating in our own tobacco-related work in the North over nearly thirty years. You can choose to use any sections of the booklet in any order.*

*Of course, you may not feel comfortable or confident about implementing some of these suggestions. No problem! Simply skip over those and keep scanning the section until you find activities that seem appropriate to you in your context. Or better still, design and implement educational activities of your own!*

## Definitions of educational terms used in this Guide

*You may already know what some or many of these terms mean, but if not, here are brief explanations for terms used in this Guide, arranged alphabetically.*

### **Brainstorm:**

Ask a question or describe a problem and ask the client or group to think of as many answers or solutions as possible in a short period of time. Say, "Don't argue with others or censor ideas: even the most far-out suggestions may trigger a very useful response!"



### **Brief/Debrief:**

Briefing is done before an exercise to explain the context, etc., and debriefing is done afterwards to draw out insights and consolidate learning. Debriefing is also very important after emotional activities in which people may feel sad, or upset, or guilty, etc.

### **Creative activities:**

Ask people to draw, compose a poem or song, tell a story (true or made up), choreograph a dance, write a letter (to a real or imagined person, alive or dead), journal, compose a prayer or blessing, etc.



### **Debrief:**

(See Brief/Debrief above.)

### **Demonstration:**

This often involves use of a prop (see below) like a balloon or educational model to *show* people something rather than simply *tell* them about it. This can be a very memorable and powerful technique.

### **Group round:**

Ask the people in your group session/class to take turns (e.g. go round the circle) either introducing themselves, or sharing a story about how they started smoking, or tips about how to create a smoke-free home, etc. (If someone is too shy to speak in the group, they can simply say "Pass.")



### **Mime:**

To mime means to "act out." In this Guide, we suggest an activity where people mime some of the symptoms (e.g. coughing) of illnesses caused by smoking.



### **Plenary:**

Divide a large group into smaller groups or pairs to discuss or brainstorm. When done, bring them back into the large group (plenary) to share insights and conclusions with the others.



**Preview:**

Before studying a section, learners may benefit from previewing the content, e.g. by reading the sub-headings, or studying the artwork before reading the text.

**Prop:**

In theatre, a prop (from “property”) is any object used on stage by an actor (e.g. cup, picture on the wall, etc.) In our context, you may use a prop like a “giant cigarette” or empty cigarette box or cigarette butt, etc. to illustrate a point.



**Review:**

After working through a section, it’s useful for learners to review (or revise) the content before moving on to the next section. This helps them to consolidate their learning.

**Reflection exercise:**

To reflect means to think deeply about something, or to seriously consider it. Personal reflection on an issue helps us to learn, to remember, and to plan appropriate actions.



**Role-play/Skit:**

This is a powerful educational technique in which learners play the role assigned to them by the educator to “experience” an issue from a particular point of view. For example, you may ask someone to role-play a smoker who still smokes indoors, and another person could role-play a child who asks that smoker please to smoke outside. After the role-play, debrief by asking these questions:



1. What did we see happening in the role-play?
2. Does (or could) this kind of thing happen in real life?
3. How do we feel about what we saw in the role-play?
4. What can we do to change the situation in our community?

**Visual aid:**

An aid to help illustrate a point, e.g. poster, flipchart, photo, Powerpoint, video clip, handout, etc. Props (see above) and educational models are types of visual aids.



**Visualize:**

This means the same as “imagine” or “dream” e.g. visualize a smoke-free community; visualize becoming an ex-smoker.





## Explanation about the Tables in this Guide

1. The data in the Tables in this Guide are from the *Qanuippitaa? 2017 Health Survey* (abbreviated to "Q2017") conducted in the 14 Nunavik communities.
2. The survey sample included a random selection of about 10% of the total population, and consisted of 1,326 beneficiaries aged 16 and up. (People who self-identified as Caucasians but are listed by Makivik as beneficiaries were included in the Q2017 survey, but their numbers were very small: just 16 respondents of the total 1,326.)
3. Only 5 selected communities are included here (many of the values from smaller communities were too small and had to be excluded).
4. We don't identify or name specific communities in the Tables to ensure confidentiality and avoid stigma; we just label them "Community 1," "Community 2," etc.
5. Occasional missing values have been excluded from the analyses here.
6. Please see the footnote below each Table for phrasing of the relevant survey question.
7. "Range" is the lowest to the highest relevant number (e.g. age, number of cigarettes smoked per day, etc.).
8. "Average" (same as "the mean") is calculated by adding the totals and dividing by the number of communities that had relevant data (usually 5, but sometimes less if the statistician determined that there was not enough reliable information to present in a Table. In that case, the relevant cells in the Table will be blank.)
9. We have rounded off the averages to whole numbers: any value of 0.1–0.4 inclusive is rounded *down* to the nearest whole number, while 0.5–0.9 is rounded *up*. (For example, an average of 5.4 is rounded down to 5, while 5.7 is rounded up to 6.)
10. After each Table, we give a summary of main "take-away lessons." Please add any other insights you draw from studying the data in each Table.

***Thanks:** We would like to thank Philippe Dufresne, Analyst: Inuit Health Survey, Public Health Department of the Nunavik Regional Board of Health and Social Services for his collaboration and support. He was always willing to clarify, answer questions, and create additional Tables at the request of the Regional Tobacco Team. We hope you as a Tobacco Educator will find the data provided in the Tables both interesting and motivating.*

# Learning from the cover and first pages of HSHU

## Learning from the cover-of HSHU

Before we begin with section 1 in HSHU, let's study and "interpret" the cover of that booklet.

- Q1 Please look at the drawing at the top left of the HSHU cover. What do you see happening?



- A1 *There's no single correct answer; you may see something different than we do. We see a smoker being "hooked" by an evil-looking giant cigarette: the smoker is hooked on or addicted to nicotine.*

- Q2 What do you see happening in the drawing at the top right of the HSHU cover?

- A2 *We see a young woman smoking a \$20 bill, and there are \$ signs in the smoke: she's wasting a lot of money on cigarettes. Her cash is "going up in smoke!"*



- Q3 What do you see in the drawing on the bottom left?

- A3 *We see the grim reaper (representing death) coming to claim another victim. His harvesting tool (scythe) is made from a cigarette—instead of a blade—to show that smoking kills.*



- Q4 Finally, what do you see happening in the drawing on the bottom right?

- A4 *We see three graves, and the headstone on the one in the middle is a cigarette box. This reminds us that about one out of every three deaths in Nunavik is caused by smoking.*



## Activities for Tobacco Educators

**Activity 1:** When you're working with a group of youth or adults, give each person a copy of HSHU and ask them the same questions as Q1–4 above: "What do you see happening...?" Once they've given their own interpretations of each drawing, give yours.

**Activity 2:** Bring art supplies (paper, markers, pencil crayons, etc.) and ask each person to design a new cover for the HSHU book. If they like, they could choose a new title for the book as well. Share their artwork with the whole group, and encourage them to explain why they chose certain images and/or text for the new cover. (If people are shy or if they prefer, they can work together in pairs or small groups on this project.)

## Learning from the Table of Contents

Q1 Before you look at the list of Contents in HSHU, use the space below to write down as many ways as you can think of about how smoking harms us. In other words, why is smoking such a big concern? What health and other problems (e.g. social, economic, cultural, etc.) does smoking cause?

.....

.....

.....

A1 *Did you know: It helps learners to remember information better if they “preview” (look ahead at) the material before studying it. We will also ask you to “review” (look back over) your learning at the end of this Guide. The combination of previewing and reviewing is very powerful in the learning process.*

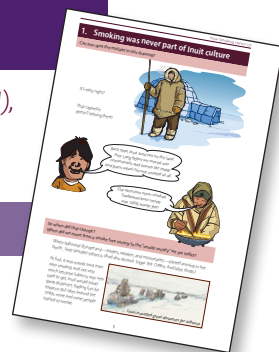
*With that explanation, please study the Contents page of HSHU (on page iii) to remind yourself what topics are included. Compare the list of sections there with your list from Q1 above.*

- What do you notice when you compare the two lists (your answer to Q1 and the HSHU list of contents)?*
- Did you have any ideas that are not included in HSHU?*
- Were there any important sections in HSHU that you forgot to mention in your list?*

Contents	
Assessment by Nicky Gray	iv
1. Smoking isn't other parts of most cultures	1
2. People wonder the very good reasons, but...	2
3. Smoking is an addiction	3
4. Smoking makes you cough	6
5. Smoking makes tobacco companies super rich	8
6. Smoking steals our health and beauty	10
7. Smoking harms our health	11
8. Smoking kills	12
9. Second hand smoke affects everyone	14
10. Smoking harms unborn babies	18
Conclusions: What do you think?	20
	26

# 1. Smoking was never part of Inuit culture (HSHU pg. 1–2)

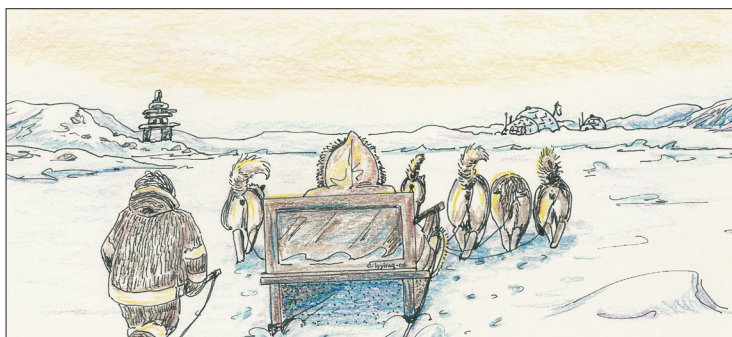
Please start by reading about this topic on pages 1–2 in *How Smoking Harms Us* (HSHU), and then do the quick quiz below as a review.



## Questions and answers

Q1 In traditional Inuit society before colonization, when people lived out on the land, Inuit used tobacco for ceremonies and rituals. *True/False.*

A1 *False. Traditional Inuit society was 100% smoke-free. "Our ancestors never smoked!" It was certain First Nations—not Inuit—who grew their own tobacco and used it for ceremonial and sacred purposes. Inuit did not use tobacco at all back then.*



Q2 Which groups of Europeans first introduced tobacco to Inuit?

A2 *Traders, whalers, and missionaries.*

Q3 When did this happen: mid-1800s, early 1900s, or mid-1900s?

A3 *Early 1900s (a bit earlier in Labrador where Europeans arrived earlier than elsewhere in the North).*



Q4 At first, it was mainly Inuit men who smoked. *True/False.*

A4 *True.*



Q5 Still today, more Inuit men smoke than women. *True/False.*

A5 *False. More women (74%) than men (69%) smoke, according to the Qanuilirpitaa? 2017 Health Survey (Q2017).*

Q6 Today, less than 50% of Nunavimmiut smoke daily. *True/False.*

A6 *False. The answer is actually over 70% (72% according to the Qanuilirpitaa? 2017 survey). And another 8% smoke occasionally. It's fair to say that smoking is "epidemic" in Nunavik.*

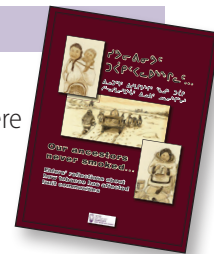


## Additional information for Tobacco Educators

The following was not included in **How Smoking Harms Us**, but may be useful background information for you as a Tobacco Educator.

### What Inuit Elders say about smoking

In 2006, we worked with Pauktuutit Inuit Women's Association on a project where youth from Puvirnituq and Aklavik (Inuvialuit Settlement Region) were trained to interview Elders about their experiences with and memories of smoking. The publication from this work is *Our Ancestors Never Smoked*. Some quotations from the Elders follow:



- *"My ancestors never smoked because there was no colonization at that time. When the colonization came in, the tobacco came in with them."* Putugu Qumaluk
- *"The tobacco came to the north when the boats started to come here."* Rebecca Ivilla
- *"Before, when there was no tobacco and store food, people were strong and less tired; less and less tired, and they were very strong."* Niaqu Irqu

### Inuit used to travel very far to get tobacco

Of course, in the old days when Inuit lived out on the land, they would travel very long distances by dog sled to find animals to hunt, or to visit people in other camps, and so on. Later, when tobacco was introduced, people would travel very long distances to trade for tobacco. Some more quotations from *Our Ancestors Never Smoked*:

- *"We had to work hard in order to get tobacco. For example, we had to go hunting first so the dogs can eat. When the dogs have eaten, then we would travel by dogsled to go get some tobacco."* Markoosie Nunga Kuananack
- *"People had to travel in order to get some tobacco even when the ice was dangerous, cracking or opening up."* Juanasi Tulugak
- *"I used to travel [from the Puvirnituq area] for tobacco to Moose Factory, just a little bit further than Kuujjuaraapik. We would leave by boat and by dog team and we would come back by float plane. We used to over-night in Kuujjuaraapik and Inukjuak and come back the third day depending on the weather because of the float plane."* Mattiusi Amarualik
- *"Sometimes, people would walk about 30 miles, just for a cigarette, or tobacco."* Danny A. Gordon



### Tobacco was very “precious”!

Many Elders remember their grandparents telling stories of how the men used to chew the pockets of their parkas to extract every last bit of tobacco! And when there was no tobacco left, some men mixed lichen or other plants or even feathers in their pipes to stretch the tobacco...

- “When someone was rolling tobacco and dropped a few flakes, they would pick up the flakes with a needle. That’s how important it was.” *Daniel Aupalu*
- “My grandfather and my grandmother would even start scraping their pipes, then chew the scrapings [to extract the nicotine].” *Mattiusi Amarualik*

### Cigarettes came in after other forms of tobacco

- “My first memory of tobacco was when I was still on the back of my mother, in an amautik. She was smoking a long twist of chewing tobacco.” *Markosie Nunga Kuananack*
- “Women had small pipes with a cover, and men had the big ones without a cover.” *Mattiusi Amarualik*
- “My parents used pipes and chewing tobacco.” *Putugu Qumaluk*
- “I saw a cigarette for the first time around 1956, when they didn’t have any filters yet.” *Daniel Aupalu*
- “People chewed tobacco, used pipes, and cigars.” *Mabel Firth*



### People started smoking at an older age than today

In the *Our Ancestors Never Smoked* project, most Elders who smoked reported that they only started smoking when they were old enough to buy their own cigarettes. Some were 17, or 20, or even 22 before they started smoking. An exception from then was this Elder:

- “I started smoking between the ages of 4 and 6.” *Markosie Nunga Kuananack*



## Today, many Nunavimmiut start smoking at a young age

In the Tables below we discuss the question of Inuit children smoking at a very young age.

Note: For a quick explanation about the Table below and throughout this Guide, please see the blue text on page 4.

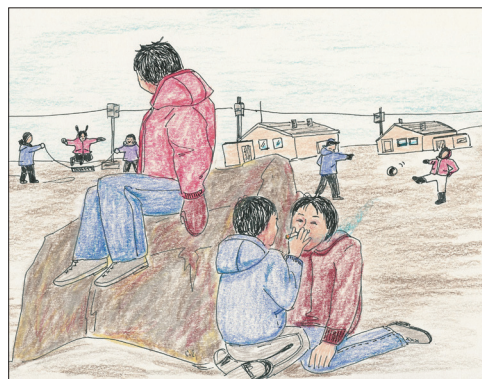
Table 1: Age at which Nunavimmiut (currently smoke daily) started smoking*			
	Age started smoking		
	Minimum age	Maximum age	Average age
Community 1	4	27	13
Community 2	7	22	14
Community 3	6	26	14
Community 4	4	22	12
Community 5	6	25	13
<b>Average</b>	<b>5 years</b>	<b>24 years</b>	<b>13 years</b>

\* Collected by asking the question "At what age did you smoke your first whole cigarette?" The question was only asked of people who reported smoking daily.

### From Table 1 we see that:

1. Some children (in Communities 1 & 4) smoked their first whole cigarette at age 4; range 4–7 years; average of the minimum group is age 5. (As discussed in HSHU section 7, smoking can have major effects on brain development, hearing, mental health, etc. Young children and youth deserve to be protected!)
2. Some smokers (in all 5 communities) only started smoking in their twenties; range 22–27 years; average in this group was age 24.
3. The average age that daily smokers in the 5 communities smoked their first whole cigarette was 13 years (range 12–14). But note how the average "masks" the highs and lows (minimums and maximums).
4. So, tobacco education needs to target very young children and young adults.
5. Did you see any other points from Table 1?

Children pick up butts and steal—or are given—cigarettes by smokers, and sneak away to smoke. How can we discourage children from starting to smoke in this way?



### Did you know:

The Q2017 survey found that more than half of smokers (54%) were younger than 14 when they had their first cigarette. And half of daily smokers (52%) had started smoking every day by the age of 16.

### Today, a large majority of Nunavimmiut are smokers

Note: For a quick explanation about the Table below and throughout this Guide, please see the blue text on page 4.

Table 2: Smoking habits of Nunavimmiut living in 5 selected communities*								
	Total		Smoking habits (Frequency of smoking)					
			Daily smoker		Occasional smoker		Non-smoker	
	Number	% of whole sample	Number	% in each community	Number	% in each community	Number	% in each community
Community 1	177	22%	136	77%	6	3%	35	20%
Community 2	156	19%	97	62%	19	12%	40	26%
Community 3	211	26%	120	57%	28	13%	63	30%
Community 4	121	15%	95	79%	10	8%	16	13%
Community 5	151	19%	107	71%	12	8%	32	21%
<b>Total</b>	816	100%	555		75		186	
<b>Average</b>		<b>100%</b>		<b>69%</b>		<b>9%</b>		<b>22%</b>

\* Collected by asking "At the present time, do you smoke cigarettes daily, occasionally, or not at all?"

### What do we see from Table 2?

1. First, we see that an average of 69% of all respondents smoke daily. Another 9% smoke occasionally. (That's a total of 78% smokers.) Only 22% don't smoke at all.
2. There is a considerable range between communities. For example, in the community with the highest rate of daily smokers (Community 4), that rate was 79%, while in the community with the lowest rate (Community 3), it was 57%. These same two communities had the widest range of non-smokers, with 13% in the first and 30% in the second.
3. Occasional smokers are a small minority.
4. Did you see any other important trends or issues in Table 2?





## Are Nunavimmiut heavy smokers?

In general, a light smoker is considered to be someone who smokes less than 10 cigarettes per day (CPD). Someone who smokes a pack a day or more is considered to be a heavy smoker. An average smoker falls in between.

The Q2017 survey found that some Nunavimmiut who smoke daily are very light smokers (between 1–4 CPD), while others smoke much more (see below).

Note: For a quick explanation about the Table below and throughout this Guide, please see the blue text on page 4.

<b>Table 3: Number of cigarettes smoked per day (CPD) for Nunavimmiut who smoke daily, in 5 selected communities*</b>			
	Number of cigarettes smoked per day (CPD)		
	Minimum	Maximum	Average
<b>Community 1</b>	4	50	14
<b>Community 2</b>	3	50	11
<b>Community 3</b>	3	25	10
<b>Community 4</b>	4	75	14
<b>Community 5</b>	1	50	14
<b>Average</b>	<b>3 CPD</b>	<b>50 CPD</b>	<b>13 CPD</b>

\* Collected by asking the question "How many cigarettes do you smoke each day now?" The question was only asked to people who reported smoking daily.

### From Table 3 we can see:

1. The minimum number of cigarettes per day (CPD) averages 3 for light smokers (the "minimum" column), and ranges from 1–4.
2. The maximum number of CPD averages 50 cigarettes per day for heavy smokers (the "maximum" column), with a range from 25–75.
3. The average number of CPD is 13, with a range from 10–14.
4. Did you see any other important information in Table 3?



According to the 2017 Canadian Tobacco, Alcohol and Drugs Survey (CTADS), in Canada, the average CPD was 13.7, essentially unchanged from 13.8 CPD in the 2015 survey. So the often-stated belief that Nunavimmiut are generally "light smokers" is really not true!

The CTADS 2017 survey found that male daily smokers smoked an average of 15 (14.9) cigarettes per day compared to 12 (12.1) CPD for female daily smokers.



## What about vaping (use of e-cigarettes)?



Vaping or the use of electronic cigarettes (e-cigarettes or vapes) is a growing trend in many countries, especially among youth. According to the 2018-19 Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) which is done among students in secondary I to V, 34% of Canadian students had ever tried a vaping product and 20% had used them within the last 30 days. Interestingly, most students who had tried vaping had also tried smoking a cigarette.

In Nunavik, the Q2017 survey found that 12% of Nunavimmiut of all ages had used or tried an e-cigarette in the past year. (Please note that this time period of “past year” is much longer than “last 30 days” used in the CTADS survey.) We show these findings in Table 4, and then in Table 5 below we compare youth versus adult vaping rates.

Note: For a quick explanation about the Table below and throughout this Guide, please see the blue text on page 4.

Table 4: Nunavimmiut living in 5 selected communities who have tried an electronic cigarette in the past 12 months*						
	Total		Yes		No	
	Number	%	Number	%	Number	%
Community 1	177	100	16	9	161	91
Community 2	156	100	21	14	135	87
Community 3	210	100	30	14	180	86
Community 4	121	100	11	9	110	91
Community 5	150	100	20	13	130	87
<b>Average</b>		<b>100%</b>		<b>12%</b>		<b>88%</b>

\* Collected by asking the question “In the past 12 months, have you used or tried an electronic cigarette (or e-cigarette/vape), even just a few puffs?”

### Table 4 shows that:

1. An average of 12% of Q2017 respondents (of all ages) *had* tried vaping in the past 12 months, while 88% had not. So we can see that in 2017, vaping was not (yet) a common practice.
2. Among those who had tried vaping, the range was from a low of 9% in 2 communities to a high of 14% in 2 others.
3. Do you see anything else of interest in Table 4?



*How do these vaping rates in Nunavik compare to vaping elsewhere in Canada? The following facts are from:*

<https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/canada.html>

- In the 2017 CTAD Survey, 15% of Canadians aged 15 and over had tried vaping.
- Youth had the highest rates of trying vaping. (See Table 5 below for youth vaping rates in Nunavik.)
- 32% of current or former cigarette smokers who had ever used vaping products reported using it as a quit-smoking aid. (This survey did not include questions about the rate of success of attempts to quit smoking using vaping products.)

*Now let's ask: Do youth in Nunavik vape more than adults? Table 5 shows the answer.*

Table 5: Nunavimmiut living in 5 selected communities who have tried an electronic cigarette (vaping) in the past 12 months, by age group*						
	Total		Has tried vaping in the past 12 months			
	Number	%	16–30 years old		31+ years old	
Number			%	Number	%	
Community 1	16	100	11	69%	5	31%
Community 2	21	100	12	57%	9	43%
Community 3	30	100	19	63%	11	37%
Community 4	11	100	Too few data	—	Too few data	—
Community 5	20	100	12	60%	8	40%
<b>Average</b>				<b>62%</b>		<b>38%</b>

\* Collected by asking the question "In the past 12 months, have you used or tried an electronic cigarette (or e-cigarette/vape), even just a few puffs?"

**From Table 5 we can see:**

1. As expected, and as in the rest of Canada, experimenting with vaping is definitely more common among Nunavik youth aged 16–30. Of all those who have tried vaping in the past 12 months, 62% were youth aged 16–30 years and 38% were adults aged 31 and over.
2. But vaping is surprisingly common among adults in Nunavik, too. (38% is a relatively high percentage for a new practice like vaping.)

1. Smoking was never part of Inuit culture (HSHU pg. 1–2)
3. However, the numbers are very small, and in Community 4, the numbers were too small for the statistician to separate out youth and adults.
4. There is not a very big range between communities: among youth, the range was 57% to 69%, and among adults from 31% to 43%.
5. Remember, these data are from 2017. What are vaping rates like now?
6. Did you see anything else of interest in Table 5?



*Now, let's ask, just for interest: How many youth are vaping elsewhere in Canada? The following facts are from:*

<https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-summary.html>

- The Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) surveys students in Secondary I–V (Grades 7–12 outside of Quebec) every two years. The most recent survey was in 2018/19.
- Note that CSTADS includes much younger youth (high school students only) than the youth data from Q2017 (ages 16–30 years). (Unfortunately, we couldn't find directly comparable statistics for youth ages 16–30 in the south.)
- In CSTADS, 34% of Canadian students had ever tried vaping, and 20% reported vaping in the past 30 days.
- 28% of Canadian students had tried vaping with a nicotine-containing e-cigarette, and 29% had vaped without nicotine. (Some had tried both.)
- Significantly, most students who had tried vaping had also tried smoking a cigarette.
- E-cigarette use has doubled among students since the last CSTADS in 2016/17.
- Also increasing is so-called “mixed use” or “dual use”: vaping plus smoking cigarettes. 16% of students were dual users.
- Vaping rates were higher among more senior high school students.
- 40% of students who vape report daily or almost daily use of a vaping product.

As well, while e-cigarette use is an emerging practice among Nunavimmiut, smoking of regular (combustible) cigarettes has not decreased. Given the trends elsewhere in Canada, we can likely expect use of vaping to increase in Nunavik in future.



***Is vaping “safer” than smoking?***

Vaping is still very new. It was first introduced in Canada in 2004 and became legal in 2018. So we don't have a lot of studies about it yet.

Some research shows that vaping has its own side effects, while other studies show that vaping—while not exactly “safe”—is definitely “safer” than smoking conventional (combustible) cigarettes.

Vapes have many fewer toxic chemicals than cigarettes. But still, a person who vapes is inhaling foreign substances into their lungs...

Some adult smokers who want to quit have found it useful to switch from smoking to vaping, and then to wean off vaping.



But beware: youth should be strongly discouraged from starting to vape, as many of them might eventually become smokers or “mixed users” (“dual users”) of both vapes and cigarettes.



*Some people end up vaping and smoking cigarettes. This is called “mixed use” or “dual use.”*

## Reflections for Tobacco Educators

1. Imagine our ancestors, living on the land. They had never heard of tobacco. There was no addiction, no nicotine cravings, no negative health effects, no spending a lot of money on cigarettes...



2. Think back to your own childhood. At what age did most of your friends and relatives start to smoke? And you, if you ever did? Have things changed since then? If so, how? What can you learn from reflecting on your own experiences with tobacco?



1. Smoking was never part of Inuit culture (HSHU pg. 1–2)



3. Some Inuit adults and Elders give cigarettes to children and youth as a treat or sign of love. Back in 2004, the Nunavik Regional Board of Health and Social Services launched an educational campaign (posters, flyers, radio announcements) to educate about the dangers of children smoking, and to discourage this practice. The messages showed children saying: “Please, never give cigarettes to children and youth” and “Please don’t poison us with smoke.” What could you do in your community to help protect young children from the harms of smoking?



4. It’s never too early to start educating children about the harms of tobacco. In the photo below, we animated brief sessions with children in the daycare, using class participation, games, and movement to keep them engaged. For example, we used a model of a “giant cigarette” to be the bad guy, and asked the children to run and hide so the cigarette couldn’t find them. And we played catch, with the cigarette trying to catch and addict a new “smoker.” And we role-played a smoker coughing, and struggling to breathe, and asked the children: “What do you think can cause such sicknesses?” “Would you consider doing something similar with children in daycare or kindergarten in your community?”

*We asked these children in daycare: “Hands up if you would like to be a non-smoker when you grow up?”*



5. Look back at HSHU pages 1–2 and select one or two points that you think are the most important to share with community members. Highlight or underline them in your book, and memorize them if necessary.

.....

6. Look back at the section “Additional information for Tobacco Educators” with all the Tables above, and highlight a few points you feel are important to share with community members in addition to what is included in HSHU pages 1–2.

.....

## Activities for Tobacco Educators

### 1. Activities for you as a Tobacco Educator to initiate

1. Go on local radio or Facebook Live to talk about the problems of young children and youth starting to smoke, and invite community members to call in with stories and suggestions. If possible, do some lucky draws to encourage active participation.
  2. Invite ex-smokers to share stories about how they managed to quit smoking. This could be done in-person with a group of community members, or on local radio or Facebook Live.
  3. Organize a "pick up butts" campaign to clean up your community and prevent children from picking up and smoking old butts. Maybe arrange funding for some lucky draws for participants, and encourage smokers never to drop their butts in the street or outside buildings.
  4. Organize a smoke-free picnic, dance, sleepover in the school gym, camping trip, or other fun activity to send the message that "not smoking" is cooler than smoking!
- Children from Aupaluk playing on a large rock by the water's edge. Their school won the Quit to Win School Challenge and the staff decided to use some of the \$5,000 prize money for a smoke-free camping trip out on the land.*
5. Start a non-smokers' club for kids or youth and organize regular events and activities to encourage them to stay smoke-free, and to build a strong smoke-free identity.
  6. Sponsor prizes for a smoke-free activity (e.g. quiz, story-telling, comedy show) in the gym during Halloween or Christmas or New Year's celebrations.



*High school students from Rankin Inlet preparing a presentation to the community*

## 2. Activities to use in a group setting

1. Invite an Elder to light a qulliq and share stories about life in the old days before tobacco was introduced, and when the qulliq was the only source of heat and light. Do they remember stories their parents or grandparents told about life before Europeans brought tobacco to the North? Maybe some Elders could go on local radio to share their memories.



2. Animate a session with children in grades 5 and/or 6 (or with your own children/grandchildren), and explain that many young people their age want to look and act older than they are: that's normal! Say that some think that smoking will make them seem older, but it has so many problems (the cost, the impact on their looks and health, etc.), they'd be much better off finding other ways to act older. Ask them to think of young people they admire, who seem more responsible and mature than their classmates. Let them share ideas about these inspiring youth (e.g. youth who hold down a job while they're still in school; the captain of the hockey team; a youth who helps care for her sick parent; youth who learn how to do throat singing; youth who participate in protests inspired by the "Idle No More" or "Me too" or anti-global warming movements, etc.). End with: "No one needs to smoke to act older! You have plenty of other options to show your maturity."



3. Divide the group into pairs or small groups, and use this question as a discussion starter: "We know that smoking rates among Inuit are much higher than in the rest of Canada. Why do you think this might be the case?"





### 3. Activities to use with individuals and/or groups

1. Ask people to share stories they've heard about the old days when tobacco was first being introduced to Inuit.
2. Invite people to visualize (imagine) these two scenarios:



- a. Hundreds of years ago, our people were living a healthy, traditional lifestyle out on the land. Nobody was using tobacco.
- b. Sometime in the future, everyone will quit smoking, and we will have a smoke-free culture again!

For artistic participants, invite them to draw or paint one or both of these scenarios. Others may prefer to write a poem, song, prayer, blessing, letter, or story about either or both scenarios, or do a dance. Share the results of this creative exercise with other community members (e.g., display artwork at the school or community centre; sing a song or tell a story on the radio; ask an Elder or minister to read the composed prayer or blessing at a church service or funeral etc.).



*This drawing by Igloolik artist Celina Iyyiraq shows a young woman determined to quit smoking!*

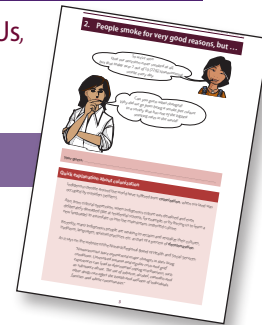


3. Use some or all of the questions in the Q&A section above to do a casual quiz after people have read the first section of HSHU. (Remind participants that the quiz is not a "test," just a fun way to review their learning.)



## 2. People smoke for very good reasons, but... (HSHU pg. 3–5)

Please start by reading about this topic on pages 3–5 in *How Smoking Harms Us*, and then continue with the review quiz below.



### Questions and answers

- Q1 Many things changed for Inuit when ..... was introduced to the North.
- A1 *Colonization. (Note: For an explanation about colonization, please see the shaded box at the bottom of HSHU page 3.)*
- Q2 To try to escape from the impacts of major cultural disruptions, many Inuit turned to addictions. *True/False.*
- A2 *True.*
- Q3 Three examples of addictions include: ....., ....., and .....
- A3 *Any 3 of these (or others you thought of): smoking, drinking alcohol, using street drugs, misusing prescription drugs, overeating, gambling.*
- Q4 In what way might we see addiction as a “survival strategy”?
- A4 *Some people may feel so controlled and oppressed by their circumstances and lack of opportunities in life that “escaping” into an addiction seems like the only answer to them; the only way to survive.*
- Q5 How can we as Tobacco Educators encourage people to start thinking about other options to replace their addictions?
- A5 *As it says in HSHU page 5, people need to explore and use healthier survival strategies (e.g., support groups, exercise clubs, cultural or recreational activities) that will eventually contribute to community and even cultural renewal and regeneration.*



## Additional information for Tobacco Educators

*The following was not included in How Smoking Harms Us, but may be useful background information for you as a Tobacco Educator.*



1. Many addicts are trying to bury an emotional pain of some kind. For example, they may have been exposed to family violence, or child abuse (physical, emotional, verbal, sexual), or child neglect (e.g. alcoholic parents, unsuitable foster homes), or bullying, or an abusive relationship, or be a rape victim. Did you think of other things that cause emotional pain?
2. We all carry our burdens of emotional pain— heavier for some than for others—either from our childhood, our youth, or adulthood. Have you ever

stopped to think about how your emotional pain might be affecting you, and what you could do to manage it in a health-promoting, life-affirming way?



3. Had you ever considered that smoking (and drug and alcohol abuse, and other addictive behaviours) might be a way for people to “bury emotional pain”? How does this insight affect how you view smokers and other addicts? And yourself, if relevant? (For example, will you be less judgmental of them/yourself in future?)

4. If you have identified that you yourself are carrying emotional pain, try doing a personal healing project that involves seeking help and support from a trusted friend, relative, Elder or mental health worker or counsellor so that you can come to terms with the pain, and finally move forward without it. You might find that it's helpful to keep notes in a diary; or do a drawing or write a poem that illustrates your healing journey; or write letters to the person/people who hurt you or failed to protect you from harm (you don't need to send the letters, but often just writing them is a key part of the healing process). If you work on your own healing, you will be much better prepared to help others with their recovery!



5. This is a suggestion specifically for Tobacco Educators who are smokers and who decide that they want to quit. Keep a daily journal for at least two weeks before your quit date, and for at least a month after your quit date.



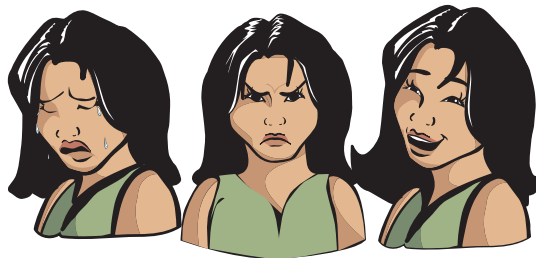
Focus especially on your emotions, and how you deal with them each day. The title of the journal could be "Learning to accept and live with all my emotions."



If possible, ask a trusted friend, relative or Elder to advise and counsel you through the whole quitting process, and by all means ask your colleagues on the Regional Tobacco Team for support as well.

## Reflections for Tobacco Educators

1. For personal reflection (not to be shared in a group, because it's too private). Ask: Is it possible that I smoke (or used to smoke) to control my own emotional pain? What might be the deep rooted cause(s) of such pain? How can I learn to let go of that pain and move on with my life, without holding on to my addiction(s) any longer?



2. Would you be confident explaining the concepts of colonization and decolonization to people? (See shaded box on HSHU page 3.) If necessary, do some research about these topics on the internet, or ask a sympathetic history or social studies teacher to explain more about this. Make special note of how colonization has impacted Inuit culture and resulted in high rates of addictions of all kinds. Then, reflect on what we can do today to regain a sense of control over our lives, families, communities, and culture.
3. How is colonization related to smoking (and other addictions, and many other social problems including cultural disruption, poverty, etc.) in Inuit and other Indigenous communities?
4. Look at the drawing of the young woman on the right. What kinds of worries and anxieties might she be dealing with that keep her wanting to smoke? How might she deal with those concerns in a different way so she can live without smoking?



5. Would it help some smokers to quit smoking if they could think of smoking as something that oppresses them (pushes them down) and weakens their true cultural identity as Inuit who come from a proud, 100% smoke-free tradition?
6. Can you think of examples of “victim-blaming” where people judge or blame others who are only doing their best to survive? Instead of blaming the victims, how could we offer meaningful support instead?
7. A special note if you are a health worker or community educator who is a smoker yourself. Please don't feel bad. Each smoker has to make her/his own personal healing journey. Don't feel pressured to quit before you are ready. Make that decision for yourself.



But in the meantime, please DO pass on your knowledge to others who may be more ready to quit than you are right now. In that way, you can become part of the solution, even while you are still a smoker yourself.

8. Please re-read section 2 in HSHU, and highlight or underline the most important points that you'd like to share with community members.



## Activities for Tobacco Educators

### 1. Activities for you as a Tobacco Educator to initiate

Encourage smokers and their friends and family members to participate in smoke-free traditional cultural activities (such as throat singing, drumming, Inuit games, hunting, and sewing) to promote Inuit pride and strengthen Inuit culture. For many Inuit and other Indigenous smokers, re-connecting with their cultural roots is a key part of their recovery process.



## 2. Activities to use in a group setting

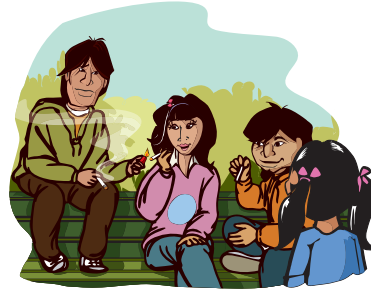
1. Ask the group to brainstorm a list of reasons for smoking. In each case, ask: "And does smoking solve the problem in any way? What might solve it?"
2. Use some or all of the questions in the Q&A section above to quiz group participants after they have studied this section together, or make up new quiz questions yourself.

## 3. Activities to use with individuals and/or groups

1. Before reading through the text in HSHU pages 3-5 in a session, ask people to interpret the artwork at the top of page 4. What do they think the artist had in mind when he drew the man smoking five cigarettes at the same time? (He's heavily addicted!) And what do you think the young woman with the cloud over her head is thinking and feeling? (She looks anxious and depressed.) And the woman beside her with clouds of smoke all around? (She looks very sad.)



2. Share stories about how people started smoking (age when you started smoking, who you were with, where did you hide, etc.) or, for those who have never smoked, how did you manage to stay smoke-free while so many of your friends and relatives were smoking?

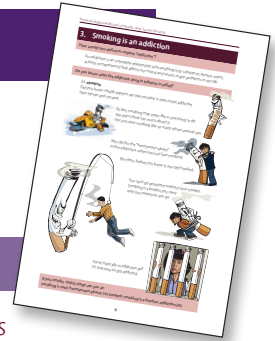


3. Ask smokers to reflect on their own personal reasons for smoking. Ex-smokers can think about their reasons for smoking back when they did. And people who have never smoked can reflect on why they think they never felt the need to smoke. Did (or do) they have other addictions instead? (For example, alcohol, drugs, sniffing, food, gambling, video games, etc.)



### 3. Smoking is an addiction (HSHU pg. 6–7)

Please start by reading about this topic on pages 6–7 in *How Smoking Harms Us*, and then continue below.



#### Questions and answers

All the answers to these questions are in HSHU pages 6–7, so this section will serve as a quick review.

Q1 Definition: An addiction is an unhealthy 1) ..... with anything (e.g. person, event, activity, experience, or substance) that affects our 2) ..... and causes major 3) ..... in our life.

A1 1) *relationship* 2) *mood* 3) *problems*

Q2 What is the name of the addictive drug in tobacco?

A2 *Nicotine.*

Q3 Nicotine is even more addictive than heroin and cocaine. *True/False.*

A3 *True.*

Q4 After the early “honeymoon phase,” smokers may get “hooked” on nicotine. *True/False.*

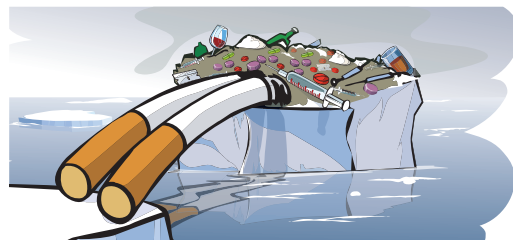
A4 *True.*

Q5 What does it mean when we say many smokers are “in denial” about their addiction?

A5 *To be “in denial” means that they don’t accept the reality or truth of their addiction. For example, they may say, “I could quit smoking anytime I choose to, no problem!” But year after year, they can’t quit, and they just keep on smoking, in denial that they are addicted to nicotine.*

Q6 What do you understand by the statement: “nicotine is a gateway drug”?

A6 *A gateway is something that leads to something else, like from the street into a building. When we say that nicotine is a gateway drug, we mean that people often start with smoking, but end up with other addictions as well (e.g. alcohol, other drugs, gambling, etc.).*



## Additional information for Tobacco Educators

*There are several points that refer to addictions in Section 2 above (“People smoke for very good reasons, but...”). Please refer back to those sections now (e.g. Questions and Answers, #3–5 on page 21, and much of the section “Additional information for Tobacco Educators” on pages 22–23).*

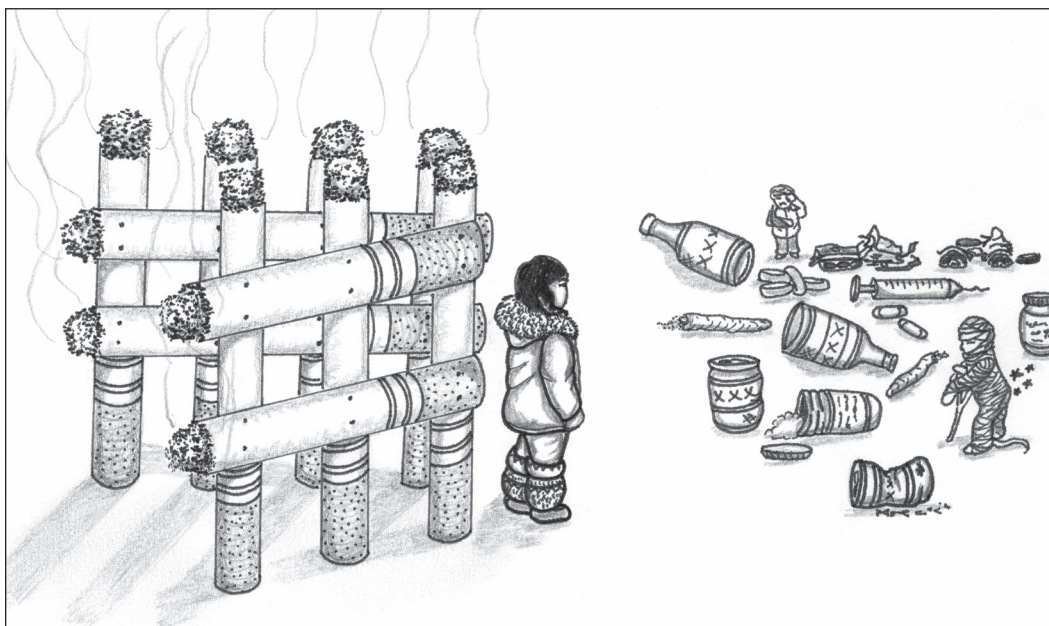
## Reflections for Tobacco Educators

1. Look at the drawing at the bottom right of HSHU page 6. What do you see happening there? Can you relate to how she feels? Why or why not?

*We see a young woman behind bars that are made of cigarettes. Nicotine addiction has stolen her freedom. She’s in “nicotine addiction jail.”*



2. On page 7 in HSHU, the quick quiz about “Are you addicted to nicotine?” is simple to memorize. Please do that now so you can always mention those 3 points without having to look them up.
3. Use the same 3 quiz questions to see if they apply to alcohol addiction, or any other addiction you know about. (Addiction is addiction!)
4. Study this drawing of nicotine as a gateway drug. We see a young woman walking through a gateway made of cigarettes. What is waiting on the other side of that gate? Do you find the drawing too dramatic or is it realistic? Why or why not?



5. “Risky behaviours” may include things like smoking, vaping, binge drinking, using drugs, drunk driving, speeding, taking risks out on the land or on the water, and practising unsafe sex. In your experience, do youth who smoke also tend to engage in other risky behaviours more than non-smokers?



6. For personal reflection (unless someone wants to talk about their experience as part of their healing journey): How many of us started smoking and then moved on to experiment with other substances including alcohol? How long was the gap between starting to smoke and starting to use or abuse other substances? If we had never started smoking, is it possible that we may have stayed away from the other substance(s) as well?



7. Look back at HSHU pages 6–7 and choose one or two points that you think are the most important to remember, and to share with community members. Highlight or underline them in your book.

## Activities for Tobacco Educators

### 1. Activities for you as a Tobacco Educator to initiate

Interview some smokers from the prenatal clinic, school, a sports team, or even just in your own circle of family and friends, etc. How and why did they start smoking, who gave them cigarettes if they are underage, what do they like about smoking, and have they ever thought about quitting? Use HSHU to teach what you've learned about addiction, and do the quiz in the middle of page 7 in HSHU with them to assess if they're addicted or not. Finally, ask them what it would take to convince them to quit.



### 2. Activities to use in a group setting

1. To reflect on what a powerful drug nicotine really is, share stories about times when we ran out of tobacco: what withdrawal symptoms did we experience? What did we do to try to get hold of some tobacco to relieve those symptoms? (You could ask people to act out or role-play different amusing scenarios.)
2. Ask the group: What are the most common addictions in our community? (They may suggest things like smoking, alcoholism, drug addiction, sniffing, gambling, video games, TV, junk food, etc.) If you feel comfortable doing so, and if the group members are relaxed with and trust each other, invite people to share personal stories about how various addictions (either their own or those of family or friends) have affected them. Caution: this can be a very emotional session for some participants. If possible arrange for an Elder or mental health counsellor to attend to offer support. Expect some tears, but note that for many people, sharing personal experiences—even very painful ones—is a crucial part of their healing process.



3. In pairs or small groups: If you had known then what do you know now about smoking, what would you have done instead of starting to smoke? Do you think you could have survived without your addiction all these years? What other survival strategies or coping mechanisms could you have used to manage life's problems? How can we help young people not to make the same mistakes we did?



4. Do a short skit involving simple movement and a prop to illustrate what nicotine addiction—and recovering from it—feels like. (Or invite a youth or someone comfortable performing in public to do this.) To start, hold a large, empty cardboard box (representing a giant pack of cigarettes, but don't say this) in your arms. At first, walk around the room normally, just holding the box in front of you. Then, after a while, pretend that the box has become very heavy, and bend forwards to lift the box onto your back. Start breathing heavily, and stumble and stagger under the growing weight of the burden. At last, pretend that you can hardly move, and fake-cough loudly and gasp for air. In desperation, you realize that you have to get rid of the box: it's killing you! With a huge effort, dramatically throw the box into a corner of the room. Still bent forward and breathing hard, take a few careful steps. Then slowly straighten up, lift your head, and start smiling. Without the box to weigh you down, you can walk faster and faster, then start trotting, and eventually run or dance around the room with your arms stretched out like a bird and a huge grin on your face, as if to say, "I'm free at last!" Finally, ask the group what they saw happening in the skit, and what the box represented, etc.

5. Use short skits to engage participants and illustrate the addictive power of nicotine. See photos and captions below.

6. Play a game of catch to emphasize how nicotine wants to "catch" us all and make us slaves to the addiction. This works equally well with children, youth and adults. For example, at a tobacco training in Happy Valley-Goose Bay (Nunatsiavut), we played "catch" with the health worker participants:



we pretended to be a cigarette chasing them round and round the conference room, trying to catch them to get them addicted (see photo). The laughs and shrieks from the whole group brought the hotel manager rushing in to see what disaster had occurred! It was a fun way to re-energize the group between sessions, and to make the point that nicotine is always on the hunt for new "recruits."



*Left: At a youth training in Puvirnituq in 2005, one person pretends to be nicotine, choking an addicted smoker who can't escape.*

*Right: In a role-play about the addictive power of nicotine, the girl in pink plays "nicotine," and the one in black plays an addicted smoker trying to escape.*

### 3. Activities to use with individuals and/or groups

1. Use some or all of the questions in the Q&A section above to quiz participants after they have studied this section together, or make up new quiz questions yourself.
2. Before reading through the text in a session, ask people in your group to look at and interpret the drawings in HSHU page 6, starting with the cigarette leaning against a skidoo at the top and ending with the "girl in addiction jail" at the bottom. Ask: From these drawings, can we identify some of the key phases of nicotine addiction?

*(Answer: "Smoking is cool," "Honeymoon phase," "Hooked," "Smoking is a burden," and "Addiction jail.")*



3. Ask participants: Can you relate to how the smokers in these drawings feel at each stage of addiction? Why/not?
4. Ask group members to study the drawings in HSHU page 6. Then, challenge them to draw a cartoon that "explains" nicotine addiction. (For people who don't like to draw, invite them to make up a joke or funny story, song, radio announcement or any other creative message on the same theme.) Share their work with others in the group.
5. Invite smokers to take the quiz from HSHU page 7.
6. Share stories about "How I got addicted when I wasn't looking" or "How I became addicted to nicotine when I was just a child," etc.

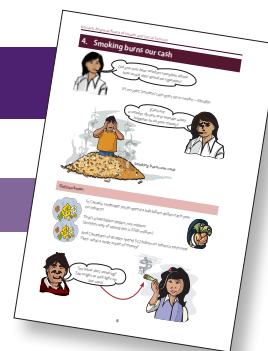


*At a Smoking Sucks Workshop in Iqaluit for youth from communities in the Qikiqtaaluk region, participants present a session to their peers in Inuksuk High School.*

## 4. Smoking burns our cash (HSHU pg. 8–9)

### Questions and answers

All the answers to these questions are in HSHU pages 8–9, so this section will serve as a quick review.



- Q1 What do you see happening in this drawing from page 8 in HSHU? (Did you notice the shapes hidden in the smoke around his body?)



A1 A man is standing in a pile of butts up to his hips (or up to his butt!); he smokes a lot! The smoke rising from the pile has dollar signs in it: he has wasted a lot of money on cigarettes. He's holding his forehead as if he realizes what it all means: "How on earth did I let this happen to me? I've wasted so much money on cigarettes!" or "Help! What can I do to stop smoking?"

- Q2 In Canada, underage youth spend a half million dollars each year on tobacco. True/False.

A2 False. This is a trick question. They spend much, much more than that: a half BILLION dollars, or \$500 million!

- Q3 Canadians of all ages spend \$52 billion on tobacco each year. True/False.

A3 True.

- Q4 What is this young woman from the bottom of HSHU page 8 "smoking"? And what do you think is the message of this drawing?

A4 She is smoking a \$20 bill rolled up to look like a cigarette. And the smoke rising from the end of the cigarette is in the shape of dollar signs, to make the point that when people smoke their money really does "go up in smoke." As the guy next to her is saying, "She might as well light up her cash!"



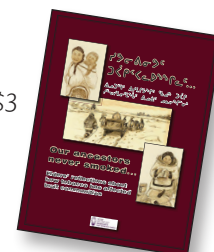
## Additional information for Tobacco Educators

The following was not included in *How Smoking Harms Us*, but may be useful background information for you as a Tobacco Educator.

### Insights from Inuit Elders

Here are some quotations about this topic from *Our Ancestors Never Smoked*:

- "When I was still a child I remember a pack of tobacco used to cost \$2 or \$3 and the smaller pack cost less than \$1." *Rebecca Ivilla*
- "Smokes were only about 55 cents then [in the old days], now they are \$15.00 a pack." *Nellie Arey*
- "I would tell others not to start smoking, because it is too expensive, and also what it can do to your health. Why do people still smoke, when the prices are so high?" *Moses Kayotuk*
- "If you decide to start smoking, be sure that you have the dollars to smoke as tobacco nowadays is very expensive." *Annie B. Gordon*



### Reflections for Tobacco Educators

1. Think about this: when so many smokers around the world are all spending so much money on cigarettes, who benefits? (See next section about "Big Tobacco"!)
2. Look back at HSHU pages 8–9 and select one or two points that you think are the most important to remember, and to share with community members. Highlight or underline them in your book.

### Activities for Tobacco Educators

#### 1. Activities for you as a Tobacco Educator to initiate

1. Go on local radio to share information about how much money individual smokers are burning. Challenge families to calculate how much they as a family spend on tobacco, and motivate them to support each other to reduce or quit smoking and to use their "tobacco savings" on a special family treat (e.g. a vacation, a new vehicle etc.).



2. On local radio, discuss some of the Elders' quotations from the section "Additional information for Tobacco Educators" above. Maybe invite people to call in with their own memories and insights about how smoking costs a lot of money. If possible, arrange for cash prizes or gift certificates from the co-op or store for one or more lucky winners, to encourage more people to call in.

3. Organize a community meeting, or meet with the prenatal women, or do a radio or Facebook Live show where you share what you've learned about the financial costs of smoking. Tell people about the billions of dollars spent on tobacco each year, and encourage all smokers (and their family members) to calculate how much money they are spending on cigarettes every month, multiply that by 12 to get costs per year, and multiply that by 10 to get costs per 10 years, etc. Ask people to tell you (or call in about) what they'd like to spend that amount of money on if they could quit smoking today. Make a poster to summarize some of the responses and put it up at the school or clinic to stimulate discussion in the community.

## 2. Activities to use in a group setting

1. Try this quick exercise with your group to demonstrate how much money smoking wastes. Roll up several \$20 bills in the shape of cigarettes and secure them with elastic bands or paper clips. Place them inside an empty cigarette pack. When you are ready to start discussing the costs of smoking, say: "Let's do a quick exercise" and pretend to offer a cigarette to someone in the group. When s/he pulls out a "\$20 bill cigarette" and pretends to puff on it, ask the group to explain why they think you did this exercise. If you like, you could then show them the drawing of the girl smoking a \$20 bill on page 8 in HSHU.

2. **Simulation:** Do a simulation exercise to show how much money smokers waste on tobacco.

### Preparation:

- a. Set up a "mock store" with groceries and cigarettes for sale. (You could bring actual groceries from your home to make this more realistic. Otherwise, collect empty cereal boxes, milk cartons, and cigarette boxes, etc., or just make slips of paper that say "Cereal," "Milk" etc.)
- b. Give two participants (A and B) the same amount of Monopoly money (or fake money e.g. pieces of paper with \$5, \$10 and \$20 written on them), and identical shopping lists for the same basic items like fruits, food, soap, diapers, etc.



**The simulation:** Person A pretends to be a smoker, so she will always buy one or two packs of cigarettes every time she goes to the store to buy food for her family. Person B acts as a non-smoker, so she only buys the food on the list.

**Debrief:** Ask: What did you notice about how fast Person A's grocery money got spent compared to Person B's over a month of shopping? Why did that happen? (Because Person A spent a lot of money on cigarettes.) Does this happen in real life? Does anyone have personal experiences or stories to share about this topic?

3. **Art project:** Ask children, youth and others to collect empty cigarette boxes from all their relatives who smoke. When you have a big pile, ask your group to create an art project with an anti-smoking message. For example, one year for the Quit to Win Challenge, children at the school in Akulivik sorted empty cigarette boxes by brand (colour) and used the red ones to make big red circles for giant "no smoking" posters (see photos on next page). Or, people could create a tall "castle" of empty boxes, and then invite someone to kick it to the floor in disgust.



School children and staff from Akulivik created giant posters using empty cigarette boxes for the Quit to Win School Challenge. So creative!

### 3. Activities to use with individuals and/or groups

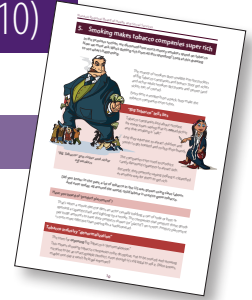
1. Before reading through the relevant HSHU text in a session, ask your client or people in your group to look at the drawings on HSHU page 8 (the man standing up to his hips in butts, and the young woman smoking a \$20 bill). Just from looking at these drawings, can they understand the main point of this section of the book?
2. Ask participants to do the exercise about burning cash on page 9 in *How Smoking Harms Us*. (You may need a calculator.) Then ask people to brainstorm:
  - a. What could I have done with all the money I have already spent on tobacco?
  - b. What could I do with all the money I could save over the next 5, 10, 20, or 30 years if I quit NOW? Depending on the ages of participants in your group, limit the number of years into the future. For example with young people, you could go higher to 40, 50, or even 60 years; but for Elders, maybe limit yourself to one, three, and five years, etc. (Note that the kinds of things that adults and Elders might want to save up for will probably be very different for youth.)
3. Add the amount of money the whole group could save over a certain number of years if everyone in the group quit smoking today! (Or add up the amount of money up we would “burn” if all the non-smokers suddenly started smoking!)
4. Suggest that people make a savings jar to keep their “tobacco savings” in as they quit smoking. They will soon see the money piling up and that can motivate them to stay quit.
5. **Creative expression:** Get enough containers for each smoker in your group and bring art supplies and labels for them to decorate the container as a savings jar. For example, they might write “I can quit!” and illustrate it with hearts and flowers, etc.
6. Use some or all of the questions in the Q&A section above to quiz participants after they have studied this section in HSHU.



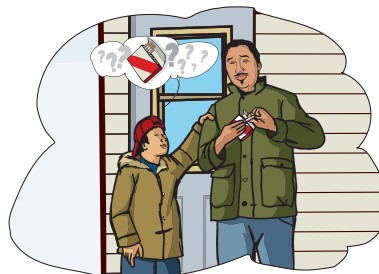
## 5. Smoking makes tobacco companies super rich (HSHU pg. 10)

### Questions and answers

All the answers to these questions are on HSHU page 10, so read that first and then use this quiz as a quick review.



- Q1 When smokers buy cigarettes, big tobacco companies get richer.  
*True/False.*  
A1 *True. The companies get richer, and smokers get poorer (and sicker).*
- Q2 What was the biggest lie that tobacco companies told about nicotine for many years?  
A2 *The companies lied and said that nicotine is not addictive. They also said that smoking was "safe."*
- Q3 In the past, a lot of tobacco in Europe was grown using slave labour.  
*True/False.*  
A3 *False. Slave labour was used to grow tobacco in the US (not Europe).*
- Q4 Even today, all around the world, child labour is often used to grow tobacco. *True/False.*  
A4 *True.*
- Q5 What does "product placement" mean?  
A5 *Product placement is when the director of a movie or TV show deliberately shows an actor holding a pack of a certain brand of cigarettes, or a can of a certain brand of soda, etc. The companies whose brands are "placed" on-screen pay huge amounts for this kind of advertising.*
- Q6 "Denormalization" of the tobacco industry means that people work to expose tobacco companies as deceptive and untrustworthy. *True/False.*  
A6 *True. It also means exposing nicotine as an unacceptable product that should be made illegal.*





## Reflections for Tobacco Educators

1. Look at the drawing at the top of HSHU page 10, with the "fat cat" rich guy. Do you see how he's "standing on" the poor smokers under his feet? If you were ever a smoker, did you ever feel like one of those smokers, holding up the fat cat? In other words, being exploited by the big tobacco companies?
2. For years, Big Tobacco companies repeatedly lied and said that nicotine was *not* addictive, and that smoking was "safe." Later, company documents showed that the tobacco bosses had known many years before that they were selling highly addictive and toxic products. Imagine! It would be like soda companies denying that their products contain sugar, and saying they were "safe" for diabetics to drink! Can you think of any other examples of how big companies might lie to or mislead customers just so the companies could get richer?
3. How could you help community members become more aware of product placement, so that seeing famous actors smoke on-screen doesn't influence them to want to smoke (or keep on smoking).
4. Can you think of some ways you could help in the global struggle to denormalize Big Tobacco? What small steps could you take in your community to help make a difference? Who could help or support you with this challenging task? What barriers would you need to overcome?
5. In March 2017, Health Canada hosted a "National Forum on the Future of Tobacco Control in Canada." Representatives from many Indigenous organizations and communities attended. A national goal was set to reduce smoking rates to less than 5% by 2035 ("less than 5 by '35"), but many of us pointed out that this goal is totally unrealistic in many Indigenous communities where smoking rates are much higher than in southern communities. Even so, we all agreed that massive efforts are needed to reduce smoking rates in all communities. Forum participants were also encouraged to start thinking in terms of "tobacco elimination," not simply "tobacco control." Who might you approach to help you with the very ambitious goal of eventual tobacco elimination in your community? Is it possible to "dream big," without getting disillusioned if progress seems slow?
6. Look back at HSHU page 10 and select one or two points that you think are the most important to remember, and to share with community members. Highlight or underline them in your book.



## Activities for Tobacco Educators

### 1. Activities for you as a Tobacco Educator to initiate

Make a workplan to denormalize Big Tobacco in your community, then recruit youth and/or other community members to help you implement it.

### 2. Activities to use in a group setting

It can be fun to use a teaching technique known as “human sculpture” to explain the concept of “Big Tobacco”. A human sculpture uses human bodies instead of stone, clay or metal etc. to sculpt the shape of something.

In a group, ask for volunteers to act out the roles of sick smokers, and one person to pretend to be “Big Tobacco.” Give the smokers slips of paper cut to the size of \$20 bills to represent cash (or you can use Monopoly money), and should sit, crouch, kneel or even lie on the floor. They are weak, and should cough a lot (smokers’ cough). Then the person playing Big Tobacco strides confidently into the area, looking very pleased. He can (gently!) put one foot on the backs or shoulders of the smokers, to show his dominance. Then he greedily snatches their “money”, and climbs up onto a chair, and then even higher onto a table/desk, again to show dominance. (Be careful that he doesn’t fall!) The smokers all crawl or drag themselves to be as close as possible to Big Tobacco, because they are addicted to his cigarettes. Big Tobacco then throws his head back and laughs cruelly, while waving all the fake money in the air. He’s so happy to get even richer than before!

Take a photo of this final pose (the “human sculpture”), or video the entire performance, and share this with all the participants as a memento. Finally, debrief by asking the “smokers” how they felt to be at the mercy of the tobacco company, and ask “Big Tobacco” how he felt to be so superior to the addicted smokers. Debrief with the audience as well, if relevant. Ask: what did we learn from this activity?



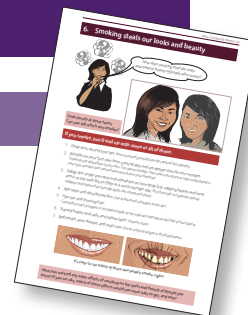
### 3. Activities to use with individuals and/or groups

1. Use some or all of the questions in the Q&A section above to quiz clients or group participants after they have studied this section.
2. Ask your client or group to look at the “fat cat” drawing on HSHU page 10. Ask them questions including: 1) Do you think the big man is well-dressed? Why? 2) What is he holding in his fist (and what is peeking out of his pants’ pockets)? 3) Whose money is he holding? 4) What kind of smile do you think he has: happy, kind, cruel, greedy, or what? 5) Who are the “small people” under his feet? (Why are they shown as small? Do you see that they are all smokers, giving their money to the rich guy?)
3. **Creative expression:** Ask participants to design a truthful advert (poster or radio or TV advert) that realistically informs potential customers what they can expect if they buy a particular brand of cigarettes. (For example, chronic cough, yellow teeth and fingers, lung and heart disease, etc.)

## 6. Smoking steals our looks and beauty (HSHU pg. 11)

### Questions and answers

All the answers to these questions are on HSHU page 11, so this quiz will be a quick review.



Q1 Smokers get more wrinkles and deeper wrinkles on their faces than non-smokers. *True/False.*

A1 *True. Why? Because smoking cuts the blood flow to skin. Also, smokers often squint to avoid getting smoke in their eyes, and they get wrinkles around their lips from pursing their lips to inhale from a cigarette.*



Q2 Smoking reduces two important substances that keep skin strong and elastic. These are ..... and .....

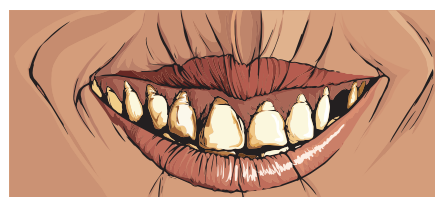
A2 *Collagen and elastin.*

Q3 Smokers get age spots and discoloured skin caused by low levels of ..... to the skin.

A3 *Oxygen.*

Q4 Apart from the points above, can you name at least one other impact that smoking has on looks and beauty?

A4 *Any of these: hair loss and thinning hair; nicotine-stained fingers, nails and teeth; bad breath, gum disease, and tooth loss.*



## Reflections for Tobacco Educators

1. Think about people you know: those who have smoked for many years, and those who have never smoked. Who has more and deeper wrinkles for their age? Who has healthier teeth and gums? Whose skin and hair looks healthier?
2. Look back at HSHU page 11 and select one or two points that you think are the most important to remember, and to share with community members. Highlight or underline them in your book. Maybe use one colour to highlight points that would most interest girls and women, and another colour for boys and men.
3. To feel confident as a Tobacco Educator, study and then test yourself about the causes of the problems of smoking. (These are listed in *italic text* after each numbered point on HSHU page 11.) For example, can you answer confidently if someone asks, "But why does smoking cause hair loss?" (See point 5 on HSHU page 11.) And so on...



## Activities for Tobacco Educators

### 1. Activities for you as a Tobacco Educator to initiate

Make a poster showing how smoking prematurely ages a smoker twin compared to her non-smoker twin. Write a caption to provoke thought, e.g. "Can you tell which twin smokes?" or "How is smoking affecting your looks and beauty?" Put your poster up in the high school, or clinic, or store, etc., and then move it to another location after a few weeks so it will be seen by other community members.

### 2. Activities to use with individuals and/or groups

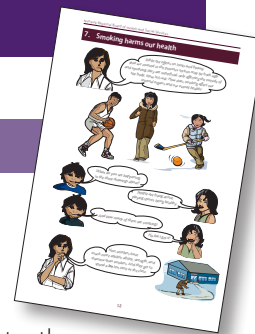
1. Use some or all of the questions in the Q&A section above to quiz your client or group participants after they have studied this section.
2. Before reading through the text in a session, ask your client or your group to look at the drawings of the twins in HSHU page 11 at the top and bottom. From the drawings, can they list two or three negative effects of smoking on looks and beauty? (Early and deep wrinkles, hair thinning, yellow teeth, tooth loss, etc.)
3. Bring photos of smokers and non-smokers and ask your client or the group to guess who's who just from looking at their faces.
4. Do a face painting exercise with your client or group. Bring an eyebrow pencil or face paint to a teaching session. Before the session, ask for a volunteer to be "made up" and "prematurely aged" to look like a smoker in 20 or 30 years from now. Draw deep wrinkles on the forehead and around her eyes, and especially around her mouth (ask her to hold a pencil or pen in her mouth to show where the "puffing on a cigarette" lines would form). If you want to add another effect, she could wrap yellow paper (or use washable yellow marker) on the first two fingers of her hand. When she is made-up, "reveal" her prematurely aged self to the group, and invite them to react, say what they see, and share stories about what they have noticed about how smoking affects people's youth, looks and beauty.



## 7. Smoking harms our health (HSHU pg. 12–15)

### Questions and answers

All the answers to these questions are in HSHU pages 12–15, so read that first and then do this review quiz.



Q1 In the previous section, we learned about how smoking affects the *external*, visible parts of a smoker's body: their skin, hair, nails, teeth, and so on. Smoking does *not* affect a smoker's *internal* organs, however. *True/False.*

A1 *False. Since smoking affects the external parts of the body, it's only reasonable that it must also affect a smoker's internal organs and overall health. In fact, smoking affects all internal organs and anatomical structures like blood vessels, etc.*

Q2 Non-smokers have much more athletic ability, strength and stamina than smokers. *True/False.*

A2 *True.*

Q3 Can you list at least 3 health problems caused by smoking?

A3 *Any 3 of these from the list on HSHU page 13: cancer of the lung, mouth, throat, breast, pancreas, bladder, cervix; heart disease; chronic lung disease (bronchitis, emphysema, asthma); blindness; stomach ulcers; arterial disease; reproductive problems; weak bones (osteoporosis). (As well, smoking causes many problems for unborn babies, as we'll discuss in section 10.)*



Q4 Which of the following groups has the highest rate of lung cancer in the world: First Nations women; First Nations men; Inuit women; Inuit men.

A4 *Inuit women. (Remember, in section 1, we saw that in Nunavik, even more women than men are smokers.)*

Q5 Which part of the brain has been found to be smaller in smokers?

A5 *The frontal cortex (responsible for problem solving, memory, emotions, impulse control, social interaction, and movement).*



Q6 Smoking is a risk factor for dementia, together with 8 other risk factors. Can you list at least 3 of them?

A6 *Any 3 of these: low educational level, hearing loss, high blood pressure, obesity, depression, physical inactivity, social isolation, diabetes.*

Q7 Smoking can cause hearing loss, but quitting smoking can eliminate the risk of hearing loss. *True/False.*

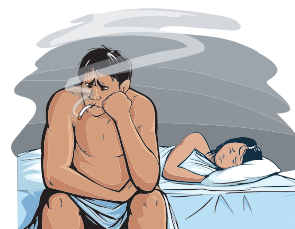
A7 *True.*

Q8 Smoking can cause serious mental illness including .....

A8 *Schizophrenia.*

Q9 Smoking affects sexual health. Another name for erectile dysfunction (ED) is .....

A9 *Impotence.*



Q10 Genetic mutations caused by smoking are passed down from mothers to their children. Girls and women should therefore stop smoking well before motherhood to avoid transmission of harmful genetic mutations to the next generation. *True/False.*

A10 *False. Genetic mutations are passed from fathers to their children, so boys and men should stop smoking well before fatherhood...*

Q11 Studies have shown that cutting down to just one cigarette a day dramatically reduces risk of death from heart disease or stroke.

*True/False.*

A11 *False. "No safe level of smoking exists..." That's why quitting is by far the best option!*



## Additional information for Tobacco Educators

*The following was not included in **How Smoking Harms Us**, but may be useful background information.*

## What Inuit Elders say about how smoking harms our health

*As mentioned before, in 2006, youth interviewed Elders from Puvirnituaq and Aklavik about their experiences with and memories of smoking. The title of the publication from this work is **Our Ancestors Never Smoked**. Some quotations from Puvirnituaq Elders follow:*

- *"Cigarettes are ruining the whole body, and cause a lot of sickness, like shortness of breath." Rebecca Ivilla*
- *"I would want cigarettes to stop. It makes you short of breath. Breath is important. I remember when my parents were dying and looking at them was hard for me, they were so uncomfortable." Leela Angutigirk*
- *"In these days, we now know how cigarette is dangerous, how it affects the whole body. I first understood that cigarettes were dangerous when the nurse told us that my mother's health condition got worse because of tobacco. That's how she died... We know that cigarettes are dangerous to our health and they are getting more and more chemicals that want to make the body to smoke more. Me, I know that it affects the body." Leah Surusila*
- *"Nowadays, cigarettes have too many chemicals. That's why people get sick from cigarettes." Minnie Assappa*

## What Nunavimmiut believe about the risks of smoking

Note: For a quick explanation about the Table below and throughout this Guide, please see the blue text on page 4.

Table 6: Perceived risk of occasional and regular smoking for Nunavimmiut living in 5 selected communities*									
Occasional smoking									
		No risk		Slight risk		Moderate risk		Great risk	
	Total	Number	%	Number	%	Number	%	Number	%
Community 1	170	16	9	35	21	58	34	61	36
Community 2	153	18	12	35	23	33	22	67	44
Community 3	205	10	5	37	18	73	36	85	42
Community 4	112	15	13	26	23	33	30	38	34
Community 5	149	13	9	27	18	44	30	65	44
<b>Average</b>			<b>8%</b>		<b>21%</b>		<b>30%</b>		<b>40%</b>
Regular smoking									
Community 1	172	13	8	19	11	37	22	103	60
Community 2	152	10	7	20	13	29	19	93	61
Community 3	208	6	3	17	8	33	16	152	73
Community 4	114	14	12	20	18	17	15	63	55
Community 5	148	12	8	14	10	26	18	96	65
<b>Average</b>			<b>8%</b>		<b>12%</b>		<b>18%</b>		<b>63%</b>

\* Collected by asking the question "How much do you think people risk harming themselves when they: 1) Smoke cigarettes once in a while? 2) Smoke cigarettes on a regular basis?"

Please note: the figures in the Total column in the top half of the Table are slightly different from those in the bottom half. Some respondents didn't answer both questions about occasional and regular smoking.

## What can we learn from Table 6?

In the top part of this Table concerning occasional smoking, we see:

1. 29% (8% + 21%) believe that people who smoke occasionally either face no or only slight health risks from smoking. This is troubling, given that medical research has found that there is "no safe level" of smoking.
2. 30% believe occasional smokers face moderate risks, and 40% believe they could face great risks.
3. Did you notice anything else of interest concerning beliefs about occasional smoking?

In the bottom part of this Table concerning regular smoking, we see:

1. 8% believe that people who smoke regularly face no risks, and 12% believe they'll face only slight health risks. This too is troubling and indicates that there is much education needed.

2. 63% believe that regular smokers face great risks. This is good news, but we still need to educate the remaining 37% who underestimate the risks of smoking.
3. Did you notice anything else of interest concerning beliefs about regular smoking?

### Reflections for Tobacco Educators

1. Which age groups do you suppose would be most interested in the point about how smoking affects athletic ability, strength and stamina? Why?
2. Do you know any smokers who suffer from any physical health problems (cancer, lung disease, etc.) listed on page 13 of HSHU?
3. If you yourself are or were a smoker, have you experienced any of these problems?
4. Inuit women have the sad distinction of having the world's highest rate of lung cancer. What is our duty to them (and their families) to help them reduce that rate?



5. From the bottom of HSHU page 13 (Smoking affects the brain) to page 15 (Smoking affects fertility and genes), which sub-section was most interesting or surprising to you? Why? And which do you think community members would be most interested in learning about? Why?



6. Had you ever heard that smoking can cause mental health problems?
7. How could you teach community members about the links between smoking and mental illness in a way that's both effective and sensitive towards people who have mental health challenges? Who might assist you with this (e.g. an Elder, school counsellor, mental health nurse, etc.)?



8. Why do you suppose the cigarette in this drawing at the bottom of HSHU page 14 is shaped like that?

It illustrates that smoking can cause erectile dysfunction (ED) or impotence. Did you know: in most cases, ED affects men in their fifties or older, but research shows that some smokers in their thirties also suffer from ED. Smoking is the top cause of ED in young men, followed by excessive use of alcohol and drugs, heart disease, diabetes and obesity. The best way to prevent smoking-related ED is to quit smoking, or never to start.



9. Look back at HSHU section 7 (pages 12–15) and select one or two points that you think are the most important to remember and to share with community members. Highlight or underline them in your book.

Are there any other points about how smoking harms us to add to this section?



## Activities for Tobacco Educators

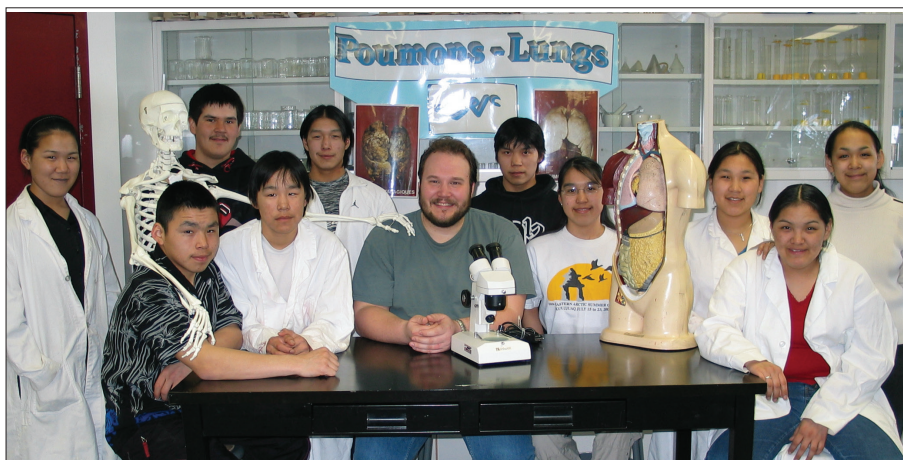
*This section and section 9 about second-hand smoke are the two longest sections in HSHU, each of them taking 4 pages. For this reason, you may decide to split your teaching sessions about these topics into two or even more shorter sessions.*

### 1. Activities for you as a Tobacco Educator to initiate

In Nunavut, staff ran a campaign to encourage local athletes and sports heroes to encourage their peers to quit smoking, or not to start. With the help of teachers and coaches, youth created posters featuring a colour photo of them (e.g. in action playing a sport, or having a medal placed around their neck, etc.) and a personalized caption saying things like: "I quit smoking so I can be a better hockey player. You can quit too" and "I'm not smoking so I can beat Hall Beach at hockey" and "FACT: The best athletes in Igloolik are not smokers." A simple but very effective campaign. Could you do something similar in your community?

### 2. Activities to use in a group setting

1. Work with a high school science or biology teacher to create lesson plans about the harms of tobacco, and teach the students about this from a scientific perspective. In the photo below, a teacher in Puvirnituk worked with what he called "youth researchers" to explain how smoking affects the lungs and other parts of the body.



*At the high school in Puvirnituk, "youth researchers" dressed in white lab coats pose with their science teacher and a skeleton, microscope, and model of the human torso and poster about the lungs*

2. To show how smoking affects athletic ability and stamina, ask the gym teacher at the high school to organize a demonstration. Divide the class into teams of smokers and non-smokers, and have the two teams compete against each other running races, playing volleyball, basketball, or doing other physical activities that demand fitness and stamina. Keep score. In this way, the youth will see with their own eyes how smoking is affecting them even at such a young age.
3. Ask students to interview local sports heroes to find out: a) if they smoke, and b) if so, how many cigarettes a day, for how many years, and what would they recommend to young athletes about smoking or not smoking. At the next session, compile the results to see to what extent playing competitive sports protects youth from smoking.

4. Make stick-on labels (or use small slips of paper and sticky tape) with the names of all smoking-related diseases from the top of page 13 in HSHU. Ask a volunteer to come up to the front and stick the labels to the appropriate parts of their body. (Give them a beanie to wear so the labels don't stick to their hair!) When necessary, ask members of the group to try to explain what the particular disease is. (Have definitions you can refer to if necessary.) If the volunteer agrees, take a photo of them with all the labels, and use that to create a poster to raise awareness in the community.

5. **Mime:** Before your session, cut pieces of cardboard and write the names of some diseases from the list on page 13 of HSHU. Hand the labels out to the group. Say: "Don't let anyone see what your label says!" Then ask each person to act out or mime a person suffering from that particular health problem. (For example, for emphysema, they could pretend to cough and have difficulty breathing, etc.)



Ask the other participants to guess what tobacco-related disease or problem is being mimed. This is a very powerful exercise and people will remember the diseases for a much longer time if they act out the symptoms rather than just brainstorming or reading a list. (Make the point that many smokers will suffer from two or more of these problems at the same time...)

6. Although this could be emotional or even controversial, in some teaching sessions people with chronic diseases caused by smoking have agreed to speak to the group about their experiences. It can be very powerful to have such personal testimonies by people who have suffered from smoking. For example, in one session a lady with emphysema caused by smoking was too ill to attend in person, so instead she wrote a letter that her daughter read to the whole group of high school students and their parents. She begged people to quit smoking, or even better, to never start. What an emotional moment!



7. Ask members of your group to interview several smokers who are willing to share their experiences with others. Ask about how and when they started smoking, how they got hooked, and what smoking has done to their health. Ask them what message they'd like to share with young people: both smokers and non-smokers. Ask them to reflect on what they would have done differently if they had known back then what they know today about the dangers of smoking. Finally, ask group members to share the results of their interviews with each other, and debrief about what we've learned from this exercise.



8. **Brainstorm:** What can we each do to protect children and youth today from tobacco? (As we've seen, many Inuit children start smoking at a very young age. In some communities, we can see children aged 4 or 5 years old picking up butts or sneaking cigarettes. That's why it's so important to include children and youth in our tobacco education work.)



### 3. Activities to use with individuals and/or groups

1. Use some or all of the questions in the Q&A section above to quiz your client or group participants after they have studied this section of HSHU.
2. Before reading through the text in HSHU section 7 in a session with your client or group, ask them to skim through the drawings: what do they see happening? (People are playing sports and being active; one woman is sick and going to the clinic; etc.) This will help them to preview the information in the section.
3. **Brainstorm:** "Let's make a list of diseases that have been proven to be associated with smoking." For example: chronic lung diseases (bronchitis, emphysema, asthma), cancer (of the lungs, mouth, throat, cervix, pancreas, bladder), heart disease, blindness, stomach ulcers, arterial disease (causes poor circulation in arms and legs resulting in amputation), reproductive problems, osteoporosis.



4. Share stories about people we know who have developed health effects from smoking.
5. **Demonstration:** Give each person a straw, and ask them to put the straw in their mouth, block their nose, and try breathing through the straw while marching in place. This will make them experience what emphysema feels like. Now imagine having to fight for every breath like that, all day, every day. . .
6. **Demonstration:** What effect would smoking have on a child's lungs that are not fully developed yet? Do a demonstration with two balloons. Blow slowly into a pink balloon to show a child's lung developing year by year. Fully inflated represents a normal, healthy adult lung. Tie that balloon closed and start blowing up another balloon (preferably a black or dark-coloured balloon to represent a smoker's lung). But when it is only about half full, stop blowing. This represents the lung of a child who starts smoking at a young age. This lung will never grow to its full size. Blow small puffs of air into the half-inflated balloon to show limited growth, and tie the balloon at about 70% full to show the stunted adult young lung of a smoker who started smoking at a young age. Finally, hold the two balloons up side by side to show the difference between a smoker's and non-smoker's lung.

- Demonstration:** At the start of your session, hold up a cigarette, and then dramatically break it in half. Say: "I wish we could all quit smoking right now!" Drop the broken cigarette into about an inch of water in the bottom of a clear glass. "Let's watch how the clear water changes colour. The chemicals that soak into the water are normally inhaled into our lungs when we smoke. . ." After about five minutes, pass the glass around, and again after half an hour or more. It's a very dramatic demonstration to see the water turn tea-coloured and then even darker so quickly. Say: "Imagine; with every single cigarette, this is what a smoker inhales into their lungs."
- Visual aids:** Ask at the clinic or school if they have any educational models (e.g. "Smokey Sue," "Jar of Tar," "Giant cigarette," etc.) or posters you can borrow for your presentation to demonstrate how the chemicals from cigarettes accumulate in the lungs, etc. Each community received funding to purchase educational models like these in the early 2000s.



R: "Smokey Sue" demonstration doll: a lighted cigarette is "smoked" and the tar collects in a test tube hidden under the doll's sweater.



"L: Jar of Tar" visual aid: pass this jar around the group so people can see up close what is going into a smoker's lungs, year after year. The label on the top says "A year's worth of tar." People usually react with "Gross!" and "Disgusting" and "Ew!"



L: This "Giant Cigarette Model" is a realistic, 3-foot long visual aid. Flowing like smoke out of the end of the cigarette is a banner listing dozens of the poisonous chemicals in cigarette smoke. (We have also adapted the model to add the names of tobacco-related diseases inside, and we pull each disease out and explain it to the group.)

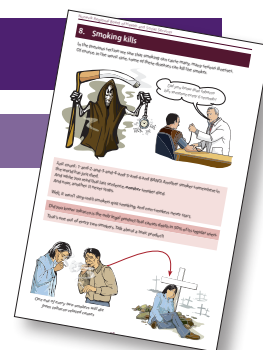
- Art project:** Ask children and youth to design a poster to illustrate how smoking harms people's physical health. Display the posters in the school, or at the clinic, or the store. If you can, get a budget for prizes (or ask the store to sponsor prizes) to encourage more people to participate.



## 8. Smoking kills (HSHU pg. 16–17)

### Questions and answers

All the answers to these questions are in HSHU pages 16–17, so after you read that, do this quiz as a quick review.

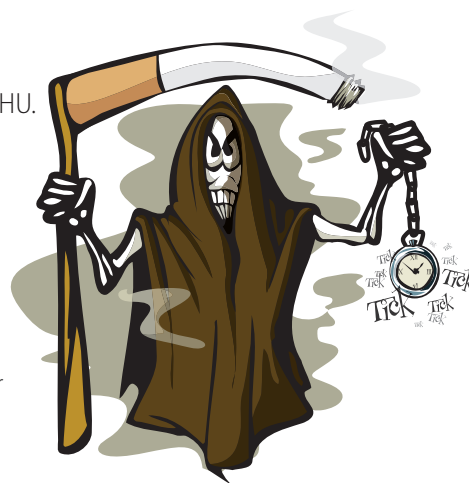


Q1 Tobacco kills someone every 6 minutes. *True/False.*

A1 *False. This is a trick question!  
The correct answer is "every 6 seconds."*

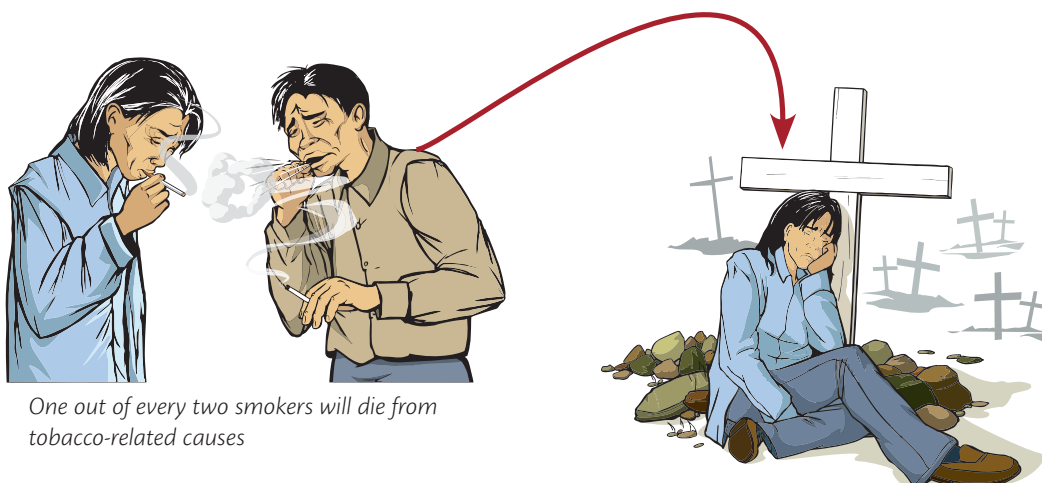
Q2 Look at the drawing at the top left on page 16 in HSHU. What do you see happening?

A2 *The "grim reaper" (representing death) has come with his scythe (a tool with a blade meant for harvesting crops, but in this case, for "harvesting" the dead). But the blade is shaped like a cigarette. And he's holding a ticking clock to remind us that smokers will die at a younger age than non-smokers. (Did you understand anything else from this drawing?)*



Q3 What percentage of regular smokers will be killed by tobacco?

A3 *50%, or one out of every two. (Note that in the drawing at the bottom of HSHU page 16, there were two smokers in the first part, and in the second, the woman is alone, grieving at the grave of her partner.)*



One out of every two smokers will die from tobacco-related causes

Q4 About one out of every . . . . funerals in Nunavik (and elsewhere in the far North) is caused by tobacco.

A4 *Three.*



Q5 How many Canadians does tobacco kill every year?

A5 48,000.

Q6 Around the world, how many people die from tobacco each year?

A6 *8 million. (That's the equivalent of the total population of Quebec including Nunavik, every year.)*

Q7 Why do you think the text with the drawing of a man holding a "cigarette gun" to his head says smoking is like "suicide in slow motion"?

A7 *First, smoking is a form of self-harm, just like other methods of suicide and attempted suicide. But smoking doesn't immediately kill smokers. It often takes many years or even many decades for the health effects to get so serious.*



## Reflections for Tobacco Educators

1. Look back at HSHU pages 16–17 and select one or two points that you think are the most important to remember and to share with community members. Highlight or underline them in your book, and try to memorize them so you can easily quote them to others.
2. Study all the drawings in this section: the grim reaper with his clock going "Tick-tick", the doctor telling his patient that someone is killed by tobacco every 6 seconds, the smoking couple where the man dies leaving his partner to grieve at the graveside, and the graveyard where one-in-three "gravestones" is a giant cigarette box. If you could choose just one of these images to share with a smoker you know, which would it be, and why?
3. Visit the community graveyard and think about how various people you know died. How many of the people buried there were smokers who died from smoking-related diseases?

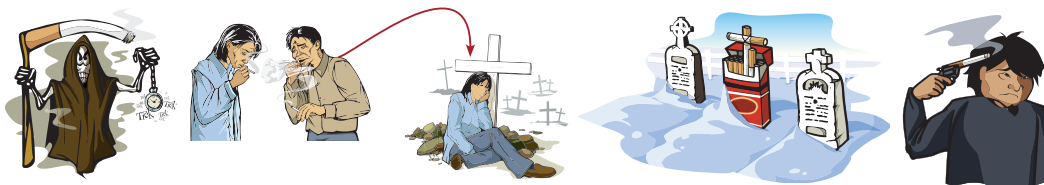
## Activities for Tobacco Educators

### 1. Activities to use in a group setting

1. Visit the clinic or hospital and invite a nurse or home care worker who has worked with tobacco victims to share stories of how their patients have suffered and died. Let participants take turns to move around in a wheelchair, breathe through an oxygen mask, and walk with a walker etc. to experience a small bit of what it would be like to have emphysema, chronic bronchitis, lung cancer, or heart disease, etc.
2. To illustrate the awful reality and frequency of tobacco deaths worldwide, ask the group to pretend to be smokers from around the world. Ask one person to be the timer and use a stopwatch on their smart phone or just count out seconds: "1 and 2 and 3 and 4 and 5 and 6." Every 6 seconds, the timer shouts "Die!" When that is yelled, another volunteer who plays the "grim reaper" points randomly at one of the "smokers," and that person pretends to die either by putting their head down on a table, or by collapsing back in a chair, or groaning and falling dramatically to the floor. If the "smokers" want to, they can act up as they pretend to die (e.g. clutch their throat or chest, gasp for air, cough loudly, shriek in pain, or whatever). But by then, the timer will already be yelling "Die!" again... Keep going until all the "smokers" have died. Debrief: how did this demonstration make you feel, and why?

### 2. Activities to use with individuals and/or groups

1. Use some or all of the questions in the Q&A section above to quiz group participants after they have studied this section.
2. Before reading through the relevant text in a session, ask participants to study the artwork, and choose one image that makes the biggest impression on them. If they're comfortable sharing with you/the group, ask them to do so. (Bear in mind, this topic will be sensitive for some participants who have lost loved ones to smoking. If possible, invite an Elder to join the session to provide emotional support if needed.)



3. Ask participants to scan section 8 in HSHU, looking for any statistics or numbers about smoking. There are 6 facts:
  1. *Tobacco kills someone every 6 seconds.*
  2. *Tobacco kills 50% [or one of two] regular users.*
  3. *In Nunavik, about 15 of 50 (1 in 3) deaths each year are due to tobacco.*
  4. *Each day, more than 100 Canadians die from smoking.*
  5. *That's 48,000 tobacco deaths a year.*
  6. *Around the world, 8 million people die from tobacco.*

Write the numbers on a flipchart to reinforce their learning.

4. Make a quiz or game show out of all the numbers and statistics above. For example, ask: “What happens every 6 seconds?” and “How many people die from smoking in Canada each year?” etc.



5. Ask the group to share stories about family or community members they know who have died from tobacco abuse. Some participants may want to write a poem or song, do a drawing, or create a skit, role-play, or dance instead of sharing a story. Any form of creative expression can be very emotional and powerful, both for the person creating it and for the audience.
6. Before your session, prepare this emotional visual aid. Cut a cigarette into two pieces, the piece with the filter a bit longer than the other. Tie the two pieces together into the shape of a cross to look like a small gravestone, using an elastic band or tape, with the filter end as the bottom of the cross. Now place it inside an empty cigarette box, with the filter end pointing up. For the demonstration, walk up to one of the participants in your group and say: “This is just a demonstration. Don’t worry; I’m not encouraging you to smoke! Please, take a cigarette.” When they pull out the cross-shaped cigarette, ask them to hold it up so everyone can see it. Ask: “Why do you think I made this visual aid for today’s session?” Usually, even very young children get the point: Smoking kills.
7. Visit the graveyard and invite participants to put flowers, messages, or prayers on the graves of people they know who have died from smoking. Ask an Elder or minister/ priest to say special prayers for tobacco victims who have passed away, and for all smokers who would like to quit.

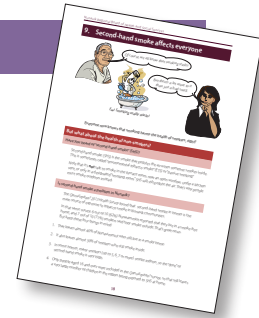




## 9. Second-hand smoke affects everyone (HSHU pg. 18–21)

### Questions and answers

*The answers to these questions are in HSHU pages 18–21, so you can use this section as revision.*



- Q1 Non-smokers are protected from the harmful effects of smoking. *True/False.*  
 A1 *False, because second-hand smoke is toxic, and even third-hand smoke, too (see HSHU section 9 for definitions).*
- Q2 Other terms for second-hand smoke are ..... tobacco smoke (ETS) and ..... smoke.  
 A2 *Environmental tobacco smoke and passive smoke.*
- Q3 Second-hand smoke (SHS) pollutes the air when someone smokes indoors or inside a vehicle. *True/False.*  
 A3 *True.*
- Q4 To avoid exposing family members to SHS, smokers should smoke near a vent or open window. *True/False.*  
 A4 *False. The only safer place to smoke is outdoors.*
- Q5 The *Qanuilirpitaa?* 2017 Health Survey found that about .....% of Nunavimmiut live in a smoke-free home.  
 A5 *62%. (But that still leaves nearly 40% who live in a smoky home.)*

- Q6: The survey also found that about .....% of Nunavimmiut smokers said they smoke outside.  
 A6 *71%. (So that leaves about 30% of smokers who still smoke indoors.)*



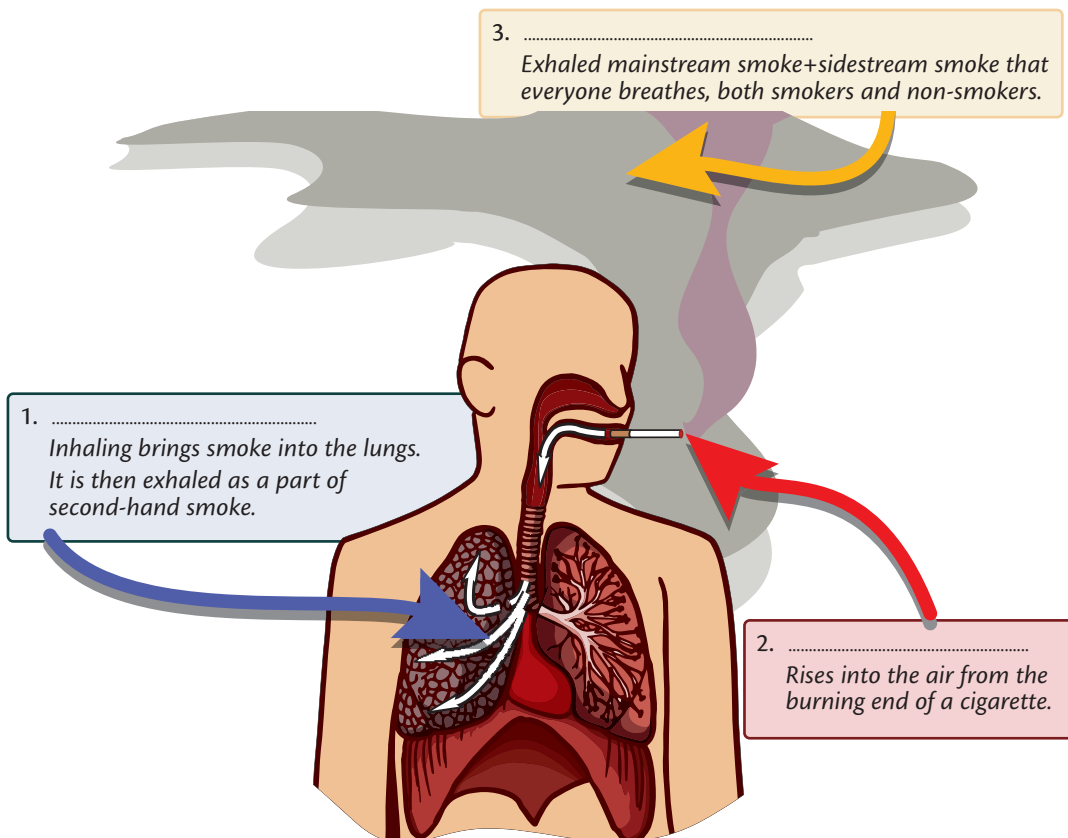
- Q7 Why are health workers concerned that the “dose” of SHS in smoky Nunavik homes could be extremely high?  
 A7 *Due to overcrowding of many homes in Nunavik, and the prevalence of smoking, in some homes there may be as many as 5, 6, 7, or more smokers who smoke indoors. This would result in a very high “dose” of SHS (and third-hand smoke) that children and others would be exposed to.*



Q8 Second-hand smoke is the smoke in the air that comes from: 1) .....  
 smoke from a smoker plus the smouldering smoke that comes from the  
 2) ..... of a cigarette.

A8 1) Exhaled... 2) burning tip.

Q9 This diagram shows 3 labels. Please fill in the dotted lines.



A9 1. Mainstream smoke 2. Sidestream smoke 3. Second-hand smoke.

Q10 SHS is extremely toxic and can even kill non-smokers. True/False.

A10 True. About 3,000 non-smoker Canadians die from SHS exposure every year.

Q11 Children exposed to SHS may develop 1) .....  
 problems, 2) ....., and other 3) ..... illnesses.

A11 1) Neuro-behavioural, 2) asthma, 3) respiratory (lung).

Q12 When smokers go outside to smoke, they will be protected from  
 their own SHS. True/False.

A12 True; they will only breathe in the mainstream smoke, and avoid  
 breathing in sidestream plus second-hand smoke. So smoking  
 outdoors will protect smokers themselves, and the non-smokers  
 (and other smokers) in their homes.



Q13 Second-hand smoke goes into the air, while third-hand smoke is found in and on .....

A13 *Furniture, carpets, surfaces, bedding, vehicle upholstery, and clothing.*

Q14 Why are infants and young children especially at risk for exposure to third-hand smoke?

A14 *Because they crawl on the floor and put things that are contaminated with third-hand smoke into their mouths.*

Q15 Infants exposed to third-hand smoke are at higher risk for dying from Sudden Infant Death Syndrome (SIDS). *True/False.*

A15 *True.*

### Additional information for Tobacco Educators

*The following was not included in **How Smoking Harms Us**, but may be useful background information for you as a Tobacco Educator.*

Note: For a quick explanation about the Table below, please see the blue text on page 4.

Table 7: Exposure to second-hand smoke (SHS) in the home of Nunavimmiut living in 5 selected communities*							
	Exposure to SHS in the home						
	Total	Every day or nearly every day		About 1–4 times a month		Less than once a month, or never	
	Number	Number	%	Number	%	Number	%
<b>Community 1</b>	177	40	23	12	7	125	71
<b>Community 2</b>	156	42	27	12	8	102	65
<b>Community 3</b>	211	34	16	12	6	165	78
<b>Community 4</b>	120	39	33	9	8	72	60
<b>Community 5</b>	151	46	31	8	5	97	64
<b>Average</b>			<b>26%</b>		<b>7%</b>		<b>68%</b>

*\* Collected in the Q2017 survey by asking the question "Currently, how often are you exposed to second-hand smoke in your home?"*

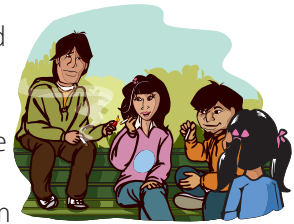
### What can we learn from Table 7?

1. The first section of the Table (grey background) shows the bad news: in 2017, an average of 26% of survey respondents said they were exposed to SHS either every day or nearly every day. That's more than one in four Nunavimmiut. The range went from a low of 16% in Community 3 to a high of 33% in Community 4.

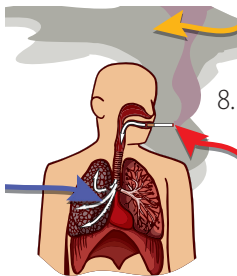
2. The middle section of the table (pale blue) shows that an average of only 7% were exposed to SHS about one to four times a month, and the range was from a low of 5% in Community 5 to a high of 8% in Communities 2 and 4.
3. Finally, the last column (darker blue) shows that there is some good news: an average of 68% of respondents said they were never or only very seldom (less than once a month) exposed to SHS in their homes. The range here was quite large, from a low of 60% in Community 4 to 78% in Community 3.
4. Did you see anything else in Table 7 you'd like to make a note of?

## Reflections for Tobacco Educators

1. When did you first become aware that SHS is a health risk? (Back in the 1970s and even 1980s, most people were still unaware of SHS. Everyone smoked indoors — even in hospitals and on airplanes! Can you remember how you learned about it?)
2. How can we motivate people to smoke outdoors only?
3. How much SHS have you been exposed to during your life?
4. In A5 above we saw that nearly 40% of Nunavimmiut still live in a smoky home. What can we do to reduce that percentage and protect as many people as possible from SHS exposure?
5. In A6 above, we saw that about 30% of smokers still smoke indoors. Again, what can we do to reduce that percentage and protect as many people—smokers and non-smokers—as possible from SHS exposure?
6. Think about it: because so many Nunavimmiut live in overcrowded homes, and because smoking rates are so high, that means that some children and others are exposed to very high doses of second-hand smoke in their homes. In a door-to-door survey done in two Nunavik communities in 2005, some respondents reported having 5, 6, 7 or even 8 smokers living in their household. What can we do to change this?



7. **Consider:** What can we as community members do to protect young children from tobacco? (Think about reducing exposure to second- and third-hand smoke, as well as preventing uptake of smoking.)
8. Can you guess which kind of smoke is more toxic, and why: mainstream or sidestream smoke?



*Sidestream smoke is more toxic. First, it burns at a lower temperature so it has more chemicals at a higher dose than mainstream smoke. Second, it's unfiltered (hasn't passed through the filter tip of the cigarette, or the smoker's lungs which filter off some toxins).*

9. Did you know: Research has shown that children who grow up with parents who smoke are at much greater risk of becoming smokers themselves. The same is true about friends: children and youth with friends who smoke are much more likely to become smokers. How can we encourage everyone in our community to become better role models for children and youth by quitting smoking?
10. Did you have smoking role models as you were growing up? How do you think they influenced you to smoke or not smoke? What kind of a role model are you?
11. Look back at HSHU pages 18–21 and select one or two points that you think are the most important to remember, and to share with community members. Highlight or underline them in your book.

## Activities for Tobacco Educators

*Note: This section and section 7 about how smoking harms our health are the two longest sections in HSHU, each of them taking 4 pages. For this reason, you may decide to split your teaching sessions about these topics into two or even more shorter sessions.*

### 1. Activities for you as a Tobacco Educator to initiate

1. Organize a smoke-free march through the streets of your community, with children, youth and adults all participating. If possible, have the municipal council make a giant "broken cigarette" mounted on a truck, like in the photo from Puvirnitug below. The truck could then drive very slowly at the head of the march.



This would be a great activity to mark National Non-Smoking Week in the third week of January each year, or World No Tobacco Day (sponsored by the World Health Organization) on 31 May each year.



- The blue light campaign was a very successful community-based initiative to promote protection from SHS. The project raised awareness of the dangers of SHS and encouraged smokers to smoke outside homes. People received information about SHS and were asked to sign a pledge to keep their homes smoke-free. In return, they received a free blue light bulb to place in their outside entrance and a certificate. The campaign was very effective at reminding everyone in the community about the harmful effects of SHS. It was started in the Cree region of James Bay and then adapted for the whole of Quebec and Labrador—including Nunavik—by the First Nations of Quebec and Labrador Health and Social Services Commission. It then spread across the country to many other Indigenous communities. See:

<https://healthytogethernow.net/wp-content/uploads/2011/09/Blue-Light-Project-Summary.pdf>

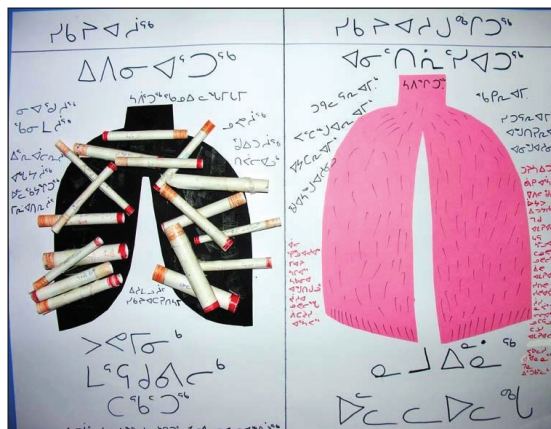
## 2. Activities to use in a group setting

Do a role-play of “children” (adult participants seated on chairs or kneeling to make themselves look small) breathing through “gas masks” (people can just cup their hand over their nose and mouth to make a fake gas mask, or you could borrow oxygen masks from the clinic) while “adults” pretend to smoke rolled-up paper fake cigarettes indoors, blowing imaginary smoke into the air around the kids. Debrief afterwards: What did we see happening in the role-play? Does this kind of thing happen in real life? How did we feel watching the role-play? What can we do to prevent this problem in our community?

## 3. Activities to use with individuals and/or groups

- Use some or all of the questions in the Q&A section above to quiz group participants after they have studied this section together.
- Before reading through the relevant HSHU text in a session, ask people in your group to look at the 3 drawings on page 20 of HSHU. What do we see happening?
- Ask people:** How many of us still breathe SHS in our a) homes, b) workplaces, c) social situations, d) vehicles? What can we do to end our exposure to SHS?
- Creative expression:** Ask participants to pretend they are children living in a smoky home. Write a letter, do a drawing, design a poster, create a role-play, or politely ask the adults and youth in the home please to smoke *outside* instead. (Or, work with children to create a poster, etc.)

This powerful poster of “smoky lungs” next to healthy lungs was created by school children in Puvirnituk as part of the Quit to Win Challenge.



5. Ask the group to design posters or other educational materials (e.g. a pamphlet, a script to be read on local radio, a quiz, etc.) to inform community members about third-hand smoke. Display the posters etc., and after a week or two, informally interview a variety of community members to see if the message was communicated or not. If necessary, adjust your strategy and try again.
6. Work with members of your group to design "smoke-free homes" signs that can be copied and distributed so people can display them by their front door or in the window to advertise that theirs is a smoke-free home.
7. Ask your client or people in your group to share stories: Did you have smoking role models as you were growing up? How do you think they influenced you to smoke or not smoke? Role-play different scenarios to show the power of role models.
8. Using role-plays, ask participants to practise asking family members or friends please to smoke outside. For example, one person can role-play a child, and another the parent who still smokes inside. Or one could role-play the husband, and the other the wife...

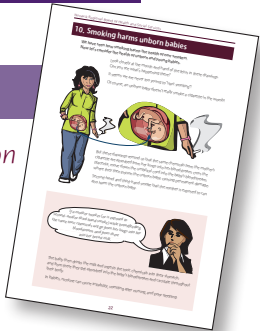
After the role-play, debrief: How did that feel? What went well? Not so well? What would you change next time? What did participants think as they watched the role-play?



# 10. Smoking harms unborn & newborn babies (HSHU pg. 22–23)

## Questions and answers

All the answers to these questions are in HSHU pages 22–23, so you can use this section to review your learning.



Q1 When a pregnant woman smokes, the chemicals from her cigarette are filtered out by her lungs, so her unborn baby is protected from the poisons. True/False.

A1 *False! The chemicals move from the mother's lungs into her bloodstream, cross the placenta, go down the umbilical cord into the baby's bloodstream and body. That's why we encourage all pregnant women to quit smoking and stay smoke-free throughout their pregnancy.*

Q2 If the mother is exposed to second-hand or third-hand smoke, this can also affect the unborn baby. True/False.

A2 *True.*



Q3 When a smoking mother breastfeeds, the toxic chemicals in cigarettes do **not** pass into her breastmilk. True/False.

A3 *False. The toxic chemicals move from her lungs into her bloodstream, and from there into her breastmilk.*



Q4 When a baby drinks breastmilk with nicotine and other toxic chemicals from cigarettes, this can cause 1) ....., 2) ..... and 3) .....

A4 *1) Irritability, 2) vomiting after nursing, 3) poor sleeping.*



Q5 Can you list at least 3 problems caused by "Fetal Tobacco Spectrum Disorder"?

A5 *Any 3 of these: genetic changes, birth deformities, less oxygen to the unborn baby's body, permanent lung damage in the unborn, bleeding during pregnancy, premature birth, low birth weight, stillbirth, Sudden Infant Death Syndrome (SIDS), childhood cancer.*

Q6 Given all this, it's clear that all pregnant women who smoke should be offered ..... to quit smoking.

A6 *Extra help and support (counselling).*

Q7 How can men protect their unborn babies?

A7 *Men can encourage and support their pregnant partners to quit and stay quit, and they (the men) can quit smoking themselves.*



## Additional information for Tobacco Educators

The following was not included in *How Smoking Harms Us*, but may be useful background information for you.

Note: For a quick explanation about the Table below, please see the blue text on page 4.

Table 8: Smoking status during their last pregnancy for Nunavimmiut aged 40 years or less living in selected communities*							
		Frequency of tobacco smoking during last pregnancy					
	Total	Daily		Occasionally		Not at all	
	Number	Number	%	Number	%	Number	%
Community 1	Too few data	—	—	—	—	—	—
Community 2	50	32	64	8	16	10	20
Community 3	61	19	31	15	25	27	44
Community 4	32	22	69	5	16	5	16
Community 5	42	31	74	5	12	6	14
<b>Average (in 4 communities only)</b>			<b>60%</b>		<b>17%</b>		<b>24%</b>

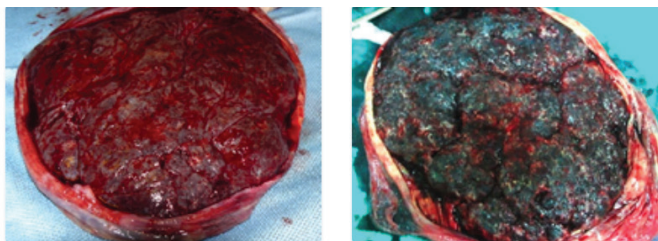
- Collected by asking the question "During your last pregnancy, did you smoke daily, occasionally, or not at all?"
- Please note: In Community 1, there was insufficient data for one of the columns, so to simplify matters, we have excluded that community. Averages are calculated by adding the percentages and dividing by 4 (instead of 5).

### Table 8 shows:

1. (Orange columns:) By far the majority of women smoked *daily* during their last pregnancy: an average of 60%, with a range from 31% to 74%.
2. (Yellow columns:) An average of 17% smoked *occasionally* (range 12% to 25%).
3. So that's an average of  $60\% + 17\% = 77\%$  who smoked while pregnant.
4. (Green columns:) An average of 24% did not smoke at all. In this group, there was a very wide range from only 14% in Community 5 to an impressive 44% in Community 3. (What might account for this wide range, and how can we encourage more women to remain smoke-free while pregnant?)
5. Did you see anything else of interest in Table 8?

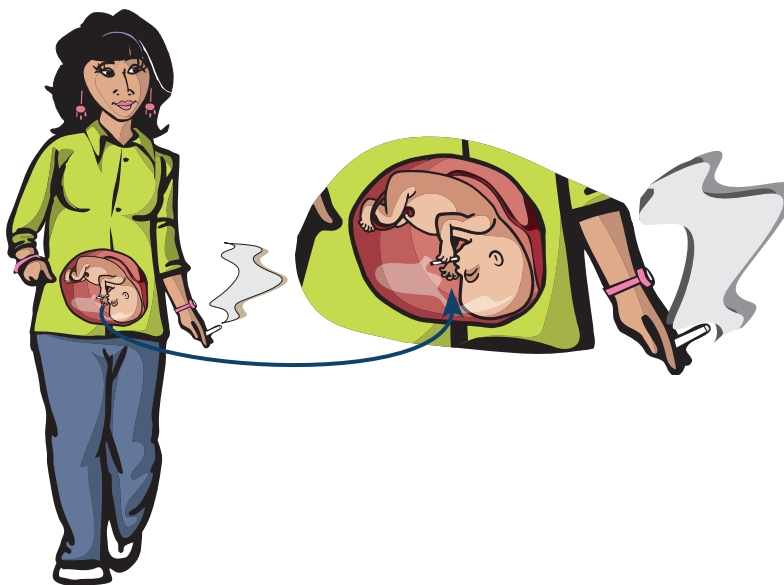
## Reflections for Tobacco Educators

1. Look at these two photos of placentas. Can you guess which one is from a woman who smoked during pregnancy, and which is from a non-smoker?



*The placenta on the left is a healthy one from a non-smoking mother; the one on the right is from a smoker: it is irregular shaped and discoloured, with many calcifications.*

2. In the drawing in HSHU page 22, the unborn baby is shown smoking a cigarette in the womb. Why do you suppose we show that image?



*It's a bit of a shocking image, meant to "wake people up" about how a mother's smoking affects her unborn baby. Also, it illustrates that all the toxic chemicals breathed in by a mother who smokes go directly into body of the developing fetus. Did you think of any other reasons?*

3. Do you suppose the same problems can happen to an unborn baby whose mother does not smoke but is exposed to second-hand and/or third-hand smoke?

*Yes. Exactly the same thing happens. Whatever the mother is exposed to will affect her unborn baby. That's why we need to educate partners, family, and community members about the importance of always smoking outside and keeping homes and vehicles smoke-free.*

4. We must be very sensitive when teaching prenatal women about smoking: we don't want to lay any guilt trips or shame them in any way. Maybe they themselves had a mother who smoked while she was pregnant. Then they grew up surrounded by smokers, so smoking seems normal and natural. Many of their close family and friends are smokers. As well, for many women, pregnancy can be a very stressful time, and smoking may seem like some kind of a solution. How could you approach the issue with them in a respectful, non-judgmental way? What key messages from section 10 in HSHU are most likely to have an impact on them, and why?
5. At the same time, since the health effects of SHS exposure on the unborn baby can be both permanent and severe, we owe it to all pregnant women and community members to educate them about this issue. How can we do so in the most effective way possible?
6. Look back at HSHU pages 22–23 and select one or two points that you think are the most important to remember and to share with community members. Highlight or underline them in your book.



## Activities for Tobacco Educators

### 1. Activities for you as a Tobacco Educator to initiate

Ask at your clinic and school if they have a demonstration model featuring a pregnant doll and unborn baby called “Smokey Sue Smokes for Two.” Each community received funding to purchase these models in the early 2000s. If you can find the model, practise using it so you can demonstrate the effects of maternal smoking with your clients, prenatal mothers, or school students, etc.



### 2. Activities to use in a group setting

Teach this section to a group of prenatal women. If possible, involve the fathers of the babies as well, and other family members, too, since we know that it's very hard for a woman to quit smoking on her own while her partner and close family members continue to smoke around her. (Also, exposure to second-hand and third-hand smoke is also harmful to unborn babies.)

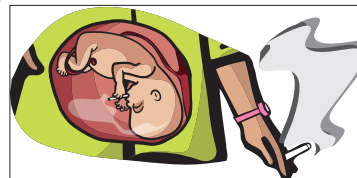


### 3. Activities to use with individuals and/or groups

1. Before reading the text of Section 10, ask your client or group to study the drawing at the top of HSHU page 22. What do they see happening?

*Did they notice the unborn baby holding a cigarette?*

*What is that meant to represent? Clarify that an unborn baby obviously doesn't actually smoke a cigarette when the mother lights up! This drawing reminds us every time a mother smokes her unborn baby is exposed to the same toxic chemicals from that cigarette.*



*Then ask: "Why do you suppose we use that image?" (The image is meant to shock people and to wake them up about how a mother's smoking affects her unborn baby.)*

2. **Say:** "Hands up if you were already aware that smoking during pregnancy is so harmful to the baby. Where did you learn that?"  
Then brainstorm: "How can we help others become aware?"



3. In pairs or small groups, brainstorm ways to support pregnant women to either cut down or quit smoking. Ask: "Is it fair to expect women to do this alone, while their male friends and relatives continue smoking as much as before?" Beware of "blaming" pregnant women who smoke. Remember that pregnancy can be a very stressful time for some women, so they may feel the need to smoke even more than before.

4. **For mothers:** Share stories. Did you smoke during your pregnancy? Did you try to reduce or quit? Why or why not? What worked for you? What would you recommend for pregnant women who smoke? etc. If people are willing, ask them to go on local radio or Facebook Live to share their experiences with others.



5. Use some or all of the questions in the Q&A section above to quiz your client or group participants after they have studied this section.

## Conclusion: What *you* think? (HSHU pg. 24)

### Reflections for Tobacco Educators

1. On the last page of HSHU, we ask people to look back at the table of contents on page iii) of that book, and to choose one topic that made the biggest impression on them. Which of the ten topics in HSHU made the biggest impact on *you*, and why?
2. Are there any other topics or issues you would have like to learn more about that were not discussed in HSHU? If so, what?
3. Now that you've studied this HSHU Trainers' Guide, do you feel confident about sharing what you know about "How Smoking Harms Us" with others in your community? If not, what more do you need to learn? How could you get more information about those topics?

### Activity for Tobacco Educators

Consider joining up with an event planned for the community (e.g. Halloween party, New Year's Eve celebration, Easter parade, graduation party, etc.), or organize an event in which the people you've worked with share their knowledge with their families, friends and other community members. Ask the municipal council, clinic or store for funding or donations of snacks and prizes to make the event more attractive and fun. Display relevant artwork, do a quiz, share stories, or do a role-play, etc.



*At the end of an educational session with the entire elementary school squeezed into the amphitheatre, we asked, "Now that you've heard how harmful smoking is, please raise your hand if you promise to go home and share what you've learned with your parents and other family members."*

# Trainers' Guide to How Smoking Harms Us

## Contents

How to use this Trainers' Guide

Definitions of educational terms used in this Guide

Explanation about the Tables in this Guide

Learning from the cover and first pages of Y Smoking Sux

1. Smoking was never part of Inuit culture
2. People smoke for very good reasons, but...
3. Smoking is an addiction
4. Smoking burns our cash
5. Smoking makes tobacco companies super rich
6. Smoking steals our looks and beauty
7. Smoking harms our health
8. Smoking kills
9. Second-hand smoke affects everyone
10. Smoking harms unborn babies

Conclusion: What do you think?

