

Bringing it Back: The Meaning of Tobacco to Manitoba's Metis Peoples

by

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ABSTRACT

Tobacco has a long-standing history within Aboriginal culture, with many Aboriginal people believing that tobacco is sacred. For First Nations people, tobacco is deeply connected with ceremonial, spiritual and cultural aspects of First Nations beliefs, and holds a historical place as a traditional substance for First Nations people. At the same time tobacco misuse among other Aboriginal groups, including the Metis, is significantly higher than in the general population. While it is recognized that the relationship First Nations peoples have with tobacco is sacred, it is unknown whether Metis people share this cultural perspective of tobacco and whether this perspective may influence misuse. Accordingly, an interpretive descriptive was conducted to provide insight into the meaning of tobacco and tobacco control from the unique perspective of Metis people living in Manitoba.

Through the use of a framework for Aboriginal-guided decolonizing research that is in keeping with oral tradition, this study explored the perspectives of seven Metis adults living in Winnipeg, Manitoba, Canada, to examine the role that tobacco has in the lives of Metis peoples. Ages of participants ranged from 35 to 62 years. Two of the participants were male and five were female. Annual incomes ranged from \$20,000.00 to \$40,000.00 for five of the participants to \$40,000.00 to \$60,000.00 for two of the participants. Six of the participants currently misuse tobacco, and all except one of the participants also use tobacco for traditional purposes.

Qualitative content analysis was used to analyze the data. Eight themes ultimately emerged from the data and have been identified as: (1) between two worlds;

(2) memories in smoke; (3) first times; (4) to quit or not to quit; (5) where are we now?; (6) the role of tobacco in the lives of Metis peoples; (7) sacred ground: using tobacco traditionally; and (8) who is in control?: feelings about tobacco control policy in Canada.

These findings provide some insight into the beliefs and values that Metis people may have towards tobacco use and misuse, and the role that tobacco plays in the lives of these Metis participants.

Based on the findings presented, recommendations for future research, nursing practice, and policy and programming development are made.

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This study would not have been possible without the continuous support of my family and friends who never lost faith in me and who listened (often tirelessly) when I needed to share all of my fears, frustrations, and accomplishments. I would also like to honour to the following:

The Creator who makes anything possible and to those who share the teachings of our culture.

My father who taught me the invaluable lessons of patience and perseverance.

My mother who exemplified inner strength and who has shown me (and still does) how to find strength from within.

My son who has taught me the meaning of true and uncomplicated love.

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I also want to thank my financial supporters who made this journey possible: the University of Manitoba, the Aboriginal Capacity and Development Research

Environments (ACADRE), the Canadian Institute of Health Research and the Manitoba Metis Federation.

Finally I wish to share the words of Ponca Chief White Eagle that inspire me in times of weakness:

Go Forward With Courage

When you are in doubt, be still, and wait;

when doubt no longer exists for you, then go forward with courage.

So long as mists envelop you, be still;

be still until the sunlight pours through and dispels the mists

-- as it surely will.

Then act with courage.

Ponca Chief White Eagle (1800's to 1914)

DEDICATION

This Thesis is dedicated to all Metis peoples, but in particular to the beautiful Metis people who believed so much in this work and its possibilities, and who so kindly and willingly shared their personal journeys.

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CHAPTER ONE: INTRODUCTION

Introduction

It is said that for traditional Aboriginal people, tobacco is always first. It was a gift of the Creator, to be used as a doorway to open communication between those of us on earth and our ancestors in the spirit world. When we offer tobacco we share our thoughts and feelings through the tobacco, offering prayer for ourselves our family or others. When we offer tobacco to an Elder or Healer, it is implicitly understood that a sacred request is about to be made.

Assumptions

I am a Metis woman, and because this is very much at my core, this research contains some of my assumptions about tobacco and how it may be used and/or misused. It is important that I state, up front, my personal thoughts about tobacco, because as an Aboriginal person, I recognize that I may not look at tobacco use or misuse or tobacco control policy with the same lens as others.

I have very strong memories of both of my parents smoking tobacco. As a child I can remember my father blowing smoke into my ear whenever I suffered with an earache telling me “it will make it feel better”. I cannot be sure whether it was the smoke from the cigarette, the warmth of his breath in my ear, or simply the comfort of sitting on his knee, but I do know that it always felt better. I can also remember being mesmerized by the rings of smoke he would blow, and that watching them drift up and up until they finally dissipated into the air was something I never tired of. But I also remember the

negative things too – of listening to both of my parents cough uncontrollably every morning when they took their first inhale of a cigarette. And going to bed at the end of a New Year’s Eve party only to lay there for what seemed like hours as I waited for the burning in my eyes to subside. My father ultimately quit smoking tobacco but turned to chewing “snuff”. I remember being disgusted when seeing him spit the dark juices into an old tin cup or on the ground. But I loved the way it smelled! I would take the tin carefully out of the pocket of his work shirt, cautiously open the lid and I would inhale deeply the earthy smell of spice and sweetness combined.

I sometimes struggle to reconcile the positive memories I have of tobacco with the devastation it causes in peoples lives. I must also reconcile my relationship with tobacco today, and my knowledge of tobacco as a sacred substance, a powerful medicine that has a strong place in our history as it is used traditionally with meaning and in the spirit of giving.

I have also made the following assumptions concerning Metis people, tobacco and tobacco control:

1. Tobacco plays a significant role in the lives of First Nations Canadians.
2. Metis people share many of the same values and beliefs as First Nations Canadians.
3. Tobacco has unique meaning to Metis people in Manitoba.
4. There is an absence of understanding by tobacco control workers of the significance that tobacco has in the lives of Metis people.

5. Failing to recognize and understand the significance that tobacco has in the lives of Metis people will result in the development of tobacco control policy and programs that are not culturally relevant to Metis people.

The Metis and Tobacco

Historical Use of Tobacco

The Metis belong to a distinct culture that combines European and First Nations heritage and traditions, with many Metis people being raised in the tradition of their First Nations mothers and grandmothers. The influence of First Nations culture is evident in the Metis worldview that includes a social obligation and responsibility that is equal and mutual. According to MacDougall (2006), it is this “relatedness” that brings order to Metis society and that ultimately guides decision-making. Due to the influence of First Nations culture and heritage, it is often presumed that tobacco may have an equally important historical relationship and meaning to Metis people. Barkwell, Dorion and Hourie (2006) acknowledge the relationship that Aboriginal people, including the Metis, have with tobacco, stating that tobacco is considered to be sacred, and is often offered as a gift to Elders when seeking guidance or advice.

Tobacco use by Native American peoples is expressed through stories, such as the Cherokee lore of how Hummingbird brought back the tobacco plant from Dagul'ku in the South to end the suffering of the Cherokee peoples. Tobacco in First Nations and American Indian culture is also depicted in photographs and through art, illustrating the traditional and non-traditional use of tobacco by Aboriginal peoples. While in some instances the cultural use, and therefore the sacredness of tobacco is evident, the

depiction of tobacco from a commercial perspective blurs the relationship that Aboriginal peoples have traditionally had with tobacco.

The photo of Dance Hall Chief “Big Tobacco” (circa 1900) shown in Illustration 1 is a typical depiction of the significant role that tobacco has had in the lives of many Aboriginal people (in this case American Indian).



Illustration 1. “Big Tobacco” Dance Hall Chief circa 1900 (U.S. Geological Survey Department of the Interior, 2010).

The Dance Hall Chief would seek permission from Federal agents whenever tribal members wanted to hold a dance. The purpose of the Dance Halls was to preserve Native American traditions, but only with the prior approval of the U.S. Federal government. There is nothing that indicates how or where Big Tobacco received his name, however it seems unlikely that this was his Indian name. More likely it was the name given to him

in jest by US Federal agents who perhaps misunderstood the importance of tobacco to Native American peoples.

Images such as the one of Big Tobacco are not uncommon. The image of a Native American or First Nations person holding a peace pipe is often seen as a representation of Aboriginal people, and the influence that tobacco had in the lives of Aboriginal people is evident. Images such as the one of Crow Eagle (undated) in Illustration 2 shows this clearly. What is not captured, however, is that the pipe is used for ceremonial purposes *only*, and therefore it is highly unlikely that Crow Eagle is “smoking” for recreational purposes.

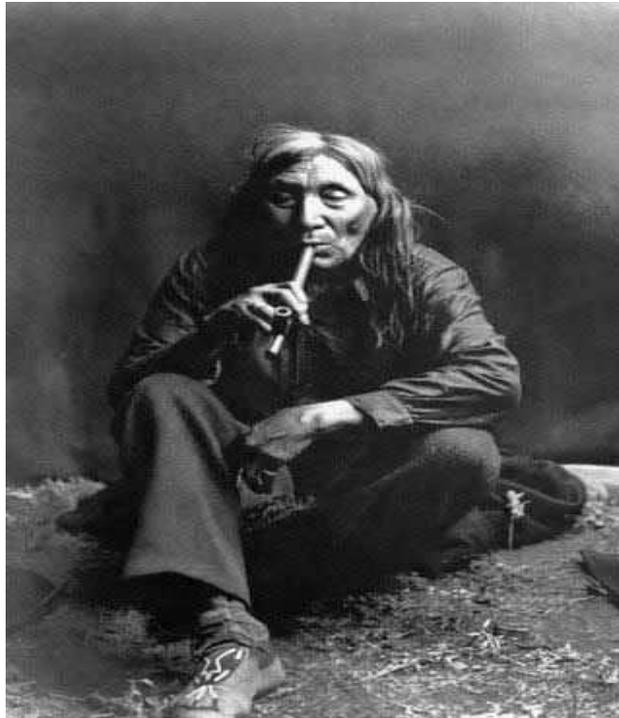


Illustration 2. Crow Eagle, undated (U.S. Geological Survey Department of the Interior, 2010).

Certainly this relationship has not been lost on the manufacturers of tobacco products who use names such as All Natural Native cigarettes, Black Hawk cigarettes, Buffalo cigarettes, Natural American Spirit (manufactured in the United States the Santa Fe Natural Tobacco Company, a wholly-owned independent subsidiary of Reynolds American, 42% of which is owned by British American Tobacco, and Red Man Tobacco (originally made by the Pinkerton Tobacco company of Owensboro, Kentucky but now owned by the Swedish Match company). Images on tobacco packaging that depicts Aboriginal culture capitalizes on the historic relationship that Aboriginal peoples have had with tobacco, and can perhaps be attributed to the higher rates of tobacco use among Aboriginal peoples.

Whether through historic photographs or art, one can see that tobacco has been and continues to be important in the lives of many Aboriginal peoples, and for that reason, the relationship and connection that many Aboriginal people have with tobacco today is complex. This study attempts to provide a glimpse into the beliefs and perceptions that Metis people have about tobacco, and the role that tobacco has in their lives.

Prevalence of Tobacco Misuse

The World Health Organization has estimated that more than 100 million adults smoke worldwide, and that almost half of the world's children are exposed to air at home that is polluted by tobacco smoke. As the second major cause of death in the world, the World Health Organization declared tobacco a priority for public health (World Health Organization, 2007). It is estimated that by 2020 tobacco will be responsible for 10

million deaths worldwide, and that half of current smokers, or approximately 650 million people will die as a result of tobacco misuse (World Health Organization, 2007).

In Canada alone, it is estimated that 45,000 people will die annually as a result of commercial tobacco use (Canadian Lung Association, 2007), and that lung cancer is the leading cause of death of Aboriginal people between the ages of 45 to 64 (Canadian Lung Association, 2007).

Although rates of tobacco misuse in the general population in Canada have been declining since the mid-1960s, the rate of use in the Canadian Aboriginal population is often two or three times higher. The results of the 2001 Aboriginal Peoples Survey indicate that rates of smoking among Canada's Aboriginal people is higher than in the general population across every age group, and that 57% of Metis people are current smokers (Health Canada, 2003), inferring that Aboriginal people, to date, have been resistant to tobacco control policy.

Although there is some data available that describes health indicators of Canada's First Nations people, equivalent data with respect to Metis people is non-existent. In his review of Canadian research that examines the health of Aboriginal Canadians, (Young, 2003) concluded that current research fails to accurately represent Canada's Aboriginal people, and that the Metis in particular are severely underrepresented. In spite of a dearth of Metis specific data, the rate of tobacco use among Metis people is significantly high. It is therefore reasonable to conclude that Metis people suffer similar negative health consequences as a result of tobacco use, similar to their non-Aboriginal counterparts.

While the available data has determined that rates of tobacco misuse by Aboriginal Canadians is significantly higher, very few studies explore the potential

causes of tobacco use that result in the high rates of use by Aboriginal people. Some studies (Pego, Hill, Solomon, Chisholm & Ivey, 1999; Rhoades, Rhoades, Jones & Collins, 2000) conducted in the North American Indian population have examined the role and meaning that tobacco has to Native Americans historically and traditionally, and how this may influence current rates of tobacco misuse. While this research may provide some insight into the unique perspectives of Native Americans in regards to tobacco and its misuse, there is little research that examines this phenomenon from a Canadian Aboriginal perspective, and certainly no research that addresses the meaning of tobacco and its use from the unique view point of Metis people. According to Young (2003), this is evident in that, at 62%, the prevalence of smoking is high among Aboriginal people, while only 3% of current publications focus on smoking specific to Aboriginal people.

Aboriginal Canadians currently experience significant health disparities in comparison with Canada's general population (Young, 2003). Tobacco misuse and the consequences of misuse will continue to burden Canada's Aboriginal people, including the Metis. While the available data is helpful in determining that rates of tobacco use by Canadian Aboriginals is significantly higher, there is limited research that provides any insight into the possible causes of higher rates of tobacco misuse by Aboriginal people. By exploring the meaning of tobacco and tobacco control to Metis people in Manitoba, this study will potentially provide some insight into the reasons and/or causes underlying the higher rate of tobacco use by Metis people.

A review of the literature demonstrates an absence of research that could improve knowledge and understanding of the meaning of tobacco and tobacco control from the perspective of Metis people. Because Metis people bear a disproportionate burden of

health disparities as a result of tobacco misuse, there is a need for research that examines tobacco misuse from a Metis perspective to reduce the disparities experienced by Metis people as a minority group (Fagan, Moolchan, Lawrence, Fernander & Ponder, 2007). In addition, because this research is grounded in Aboriginal knowledge specific to Metis people and was conducted by an Aboriginal researcher, Aboriginal knowledge and ways of knowing are acknowledged and promoted through this research.

Research Purpose and Questions

The purpose of this study was to examine and ultimately provide insight into the meaning of tobacco and tobacco control from the unique perspective of Metis people living in Manitoba. Specifically, this study used an interpretive descriptive approach to provide a voice to the Metis people of Manitoba to share their views and beliefs about their relationship with tobacco and tobacco control policy. The research questions that were addressed in this study include:

1. What meaning does tobacco have in/to the lives of Metis people?
2. What is the understanding of Metis people with respect to the historical and/or traditional use of tobacco by Metis people?
3. What role does tobacco play in the lives of Metis people?
4. What meaning does tobacco control have in the lives of Metis people?
5. How do Metis people perceive current tobacco control policy and/or programs?

Definition of Terms

For the purpose of this study, the major constructs were defined as follows:

Tobacco: The term “tobacco” describes non-traditional or commercial tobacco, as that found in cigarettes, cigars, chewing tobacco and snuff.

Tobacco control: A means to reduce and ultimately eliminate harm (individual and public) resulting from tobacco use. Tobacco control includes policy implemented by both the federal and provincial governments to achieve this goal.

Tobacco misuse: The use of commercial or non-traditional tobacco for recreational purposes, such as smoking (in the form of cigarettes, cigars, non-sacred pipes), and/or chewing tobacco or snuff. Using tobacco for traditional or ceremonial purposes (e. g., gifting, smudging or in sacred pipes) is not considered misuse for the purposes of this study.

Aboriginal: For the purposes of this study, the definition of “Aboriginal” is the one used by *The Constitutional Act, 1982* and includes Indian, Inuit and Metis peoples (Department of Justice Canada, 1982).

Metis: People of mixed (First Nation and European) ancestry. Indian and Northern Affairs Canada (2006) defines the Metis as a “distinct Aboriginal peoples, neither First Nations nor Inuit.” This distinction was reflected in the amendment of the Canadian Constitution in 1982 when Metis people were included under the definition of Aboriginal people. They are people of mixed (First Nations and European) ancestry who maintain a unique heritage, language, cultural practices and spiritual beliefs (Bartlett, Iwasaki, Gottlieb, Hall & Mannell, 2007).

According to the 2006 Canadian Census, approximately 41% of Aboriginal people living in Manitoba self-identified as Metis (Statistics Canada, 2008). In Winnipeg, the province’s capital city, approximately 60% of Aboriginal people are Metis.

The spelling of the word “Metis” throughout this proposal and thesis should be mentioned. Throughout Canada an *accent aigu (é)* to spell “Métis” is often used.

However, because the Manitoba Metis Federation was instrumental in completing this study and the Metis people of Manitoba do not use the accent, this study uses the word “Metis” rather than “Métis”.

Significance of this Study

The results of this study provide some insight and understanding into the beliefs and perspectives of Metis people regarding tobacco use and control. It is believed that by understanding the meaning of tobacco and tobacco control to Metis people, future Aboriginal tobacco control initiatives will be impacted. In addition, those individuals working in tobacco control and cessation may develop policy and programs that are relevant and appropriate to Metis peoples.

Chapter Summary

This chapter discussed the high prevalence of tobacco use among Aboriginal Canadians, and the health disparities experienced by Aboriginal people as a result of tobacco use. In addition, the research questions were identified, the study’s major constructs defined, the assumptions of the researcher identified, and the significance of this study has been stated.

The following chapter presents a review of the literature, which clearly indicates the need to conduct this study to examine and describe the meaning of tobacco and tobacco control from the perspective of Metis people.

CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction

This chapter reviews the literature in an effort to establish a comprehensive understanding of what we know about the meaning of tobacco and tobacco control from the unique perspective of Metis people living in Manitoba. A review of the research related to historical uses of tobacco by Aboriginal peoples, tobacco use and Metis peoples, current rates of use and Aboriginal culture, tobacco use and the health of Aboriginal peoples, health effects of tobacco misuse, tobacco control policy in Canada, and tobacco control policy and Aboriginal peoples was conducted.

Historical Use of Tobacco by Aboriginal Peoples

Tobacco has a long-standing history within Aboriginal culture, with many Aboriginal people believing that tobacco is sacred, holding the power of healing, transformation and creation. Tobacco is deeply connected with ceremonial, spiritual and cultural aspects of First Nations beliefs, and holds a historical place as a traditional substance for First Nations people (Reading, 1996; Manitoba Health, 2004).

In his examination of the cultural spread of tobacco, Seig (1963) states that tobacco has had a significant role in the evolution of certain parts of human culture, as it often influenced social custom, and promoted prosperity in both the old and new worlds. Von Gernet (1996) believes that the tobacco plant was absorbed by North American cultures as it easily lent itself to the shamanistic beliefs already in existence that stressed altered states of consciousness aid in communicating with spiritual beings. The relationship between Native Americans and tobacco is based on tradition that predates

Columbus's arrival in the New World (Samet, 2000). Today, tobacco is identified as one of the most important plants used in religious practices by indigenous North Americans (Reading, 1996).

Ultimately, two species of tobacco became widely used - *Nicotiana rustica* and *Nicotiana tabacum*, the latter of which is now used commercially. According to Seig (1963), *Nicotiana rustica* was raised and smoked by the North American Indians east of the Mississippi and by most of the tribes immediately to the west of it. Due to its strong narcotic properties that could produce a state of altered consciousness or hallucinations, *Nicotiana rustica* was used *only* for ceremonial purposes (Seig, 1963; von Gernet, 1996; National Indian and Inuit Community Health Representatives Organization (NIICHO), 2002). It is believed that *Nicotiana tabacum* was brought by the Caribs up the West Indian chain to Cuba, and by the beginning of the 1700's had made full circle when it was ultimately introduced to the Alaska Natives from Siberia (Seig, 1963).

Seig (1963) and Reading (1996) agree that there is an abundance of evidence to suggest tobacco was initially used for both ceremonial and medicinal purposes, and that these uses generated from the belief that tobacco was a gift from the "Great Spirit". In eastern North America tobacco was also cast into fires, onto water and into rock crevices, a practice that was based on the belief that all objects had souls, that spirits occupied every domain, and that humans coexisted with spirits in a world that was governed by an implied contract or obligation (von Gernet, 1996; Manitoba Health, 2004). Tobacco was offered to the spirits in prayer or in gratitude for a gift received from the spirit world (Reading, 1996; von Gernet, 1996; Manitoba Health, 2004). It was also common to sprinkle tobacco on fires during rites of passage such as funerals, or at a ceremonial sweat

lodge (Reading, 1996; von Gernet, 1996; Smoke-free Calgary, 2008). According to von Gernet (1996), it was also common for travellers to carry extra tobacco to thank the spirits for particularly good weather, to praise the spirits for invoking violent storms, or to appease the spirits when navigating a particularly dangerous river or portage.

Because tobacco was considered as sacred, it was highly valued by Aboriginal people, and was one of their most treasured possessions. Although originally used in sacred ceremonies, Seig (1963) states that “hedonistic uses” became a later development through the spread of tobacco which started with the discovery of the new world by Columbus. Von Gernet (1996) contends that smoking was not limited to ceremonial or ritual occasions, and that by the time of European contact tobacco use in eastern North America had become commonplace. However, he further adds that although tobacco use had become popular among eastern North American tribes, “to describe it as secular would be to misconstrue the fundamentals of native belief systems and the role of tobacco in them” (von Gernet, 1996, p. 71).

Reading (1996) and NIICHO (2002) agree that tobacco use for non-religious purposes became more commonplace with the arrival of the Europeans who introduced a new, non-traditional type of tobacco (*Nicotiana tabacum*) for use in trading (Reading, 1996; NIICHO, 2002), and it was because of the sacredness of tobacco that First Nations people welcomed the trading of this good with Europeans (Reading, 1996). Although First Nations people would continue to use “true tobacco” (*Nicotiana rustica*) in religious ceremonies, *Nicotiana tabacum* was not used in this fashion, and so recreational use of this type of tobacco has become widely accepted, and more prevalent (Reading, 1996).

In her account to Wilson (1987), Buffalo Bird Woman recollects the Maxi'diwiac observations that the young men of her tribe did not smoke as they were told that smoking would “injure their lungs and make them short winded so that they would be poor runners” (Wilson, 1987, p. 121). She also indicated that when a man reached the age of about sixty years of age, his days of war and hunting were over, and so it was believed that smoking was acceptable at that time, resulting in much of the tobacco gardens being planted and maintained by older male tribe members (Wilson, 1987).

Tobacco continues to be considered a sacred plant by many Aboriginal people, including the Metis (Barkwell, Dorion & Hourie, 2006; Winter, 2006; Smoke-free Calgary, 2008), and is one of the four sacred medicines (National Aboriginal Health Organization, 2003; Lallie, 2007). Tobacco, in the form of cigarettes, pouch tobacco or tobacco ties (loose tobacco wrapped in a square piece of cloth) is often gifted to Elders to establish a relationship between the giver and the Elder, and as an offering of respect and acknowledgement of the knowledge that the Elder will share (NAHO, 2003).

NIICHO (2002) recognizes the integral part that tobacco plays in First Nations culture, stating that tobacco has been used in rituals, ceremonies and prayers practiced by Aboriginal people for thousands of years. Many Aboriginal people continue to believe that tobacco signifies cleansing, and provides a communication link between the giver of tobacco and the spirit world receiving this gift (Reading, 1996; NIICHO, 2002; Manitoba Health, 2004; Lallie, 2007; Smoke-free Calgary, 2008). Used traditionally, tobacco is burned in either a pipe or on a fire, and the smoke is typically not inhaled, but is left to ascend to carry prayers or words to the Creator (Reading, 1996; Smoke-free Calgary, 2008). Tobacco may also be used in ceremonies that signify rites of passage,

such as a birth, wedding or funeral, or to seal the peace with enemies (peace pipe) or to give thanks to the Creator, Mother Earth or other spirits (Reading, 1996; Smoke-free Calgary, 2008). Tobacco continues to be offered to the spirits by placing it on the ground or on water, or by leaving it in sacred places. When plants or animals are taken for use, tobacco is often left in its place as an offering as a sign of respect and gratitude and to acknowledge the gift of life received. Medicinally, tobacco may be used to treat earaches, snakebites and other wounds, to sooth the pain of a toothache (when chewed), and to purify the mind and rid the body of negative spirits (Winter, 2006; Smoke-free Calgary, 2008).

It is important to note that not all Aboriginal people across Canada use tobacco as a sacred or traditional part of their culture, and that tobacco use varies depending on culture, climate and environment. Some Nations use other sacred plants such as willow bark, sweet grass, cedar and sage (Reading, 1996; NIICHO, 2002; Smoke-free Calgary, 2008).

Although tobacco is at the heart of Aboriginal tradition and while many Aboriginal people continue to use tobacco in a sacred manner, others use it in non-traditional ways, and in the same manner as non-Aboriginals (Winter, 2006). NIICHO (2002) has defined “misuse” of tobacco as recreational use, and in particular describes it as “as any use of tobacco in a non-traditional way”, and would include smoking of commercial tobacco in the form of cigarettes, chewing commercial tobacco (snuff), smoking non-traditional tobacco in non-sacred pipes, or smoking cigars. In his discussion of Aboriginal tobacco use, Winter (2006) shares the accounts of a Navajo friend who grows mountain tobacco (*Nicotiana attenuate*) for ceremonial purposes.

According to Winter (2006), the Navajo believe that the misuse of tobacco, that is, not respecting the power that tobacco holds, is the direct cause of tobacco-related diseases in their people. It is suggested by others that the misuse of non-traditional tobacco not only poses a threat to the health of Aboriginal people, it undermines the significance of the role that tobacco has in the culture and tradition of Aboriginal people (Reading, 1996; NIICHO, 2002; Winter, 2006; Smoke-free Calgary, 2008).

While tobacco is still used sacredly in a number of traditional ways, there is also a dichotomy presented by Rhoades, Rhoades, Jones and Collins (2000) who note that tobacco can also play an important role in the economic development of some Aboriginal communities where it is sold in “smoke shops” for recreational consumption. Pego, Hill, Solomon, Chisholm and Ivey (1999) suggest that the long historical relationship that American Indian people have had with tobacco, or what they describe as “ethnohistorical factors” have a role in the higher rates of tobacco use seen in that population today. Reading (1996) blames colonization and industrialization that ultimately led to the destruction of their environment, causing a decrease in the socioeconomic status of First Nations, Inuit and Metis people. It is the culmination of these losses, according to Reading (1996) that is the ultimate cause of the use of recreational tobacco and addiction within the Aboriginal communities.

Tobacco Use and Metis Peoples

The Metis in Manitoba

While recognizing that the Metis are from the mixed unions of European and First Nations or Inuit, Indian and Northern Affairs Canada (2006) has identified the Metis as

“distinct Aboriginal people” who have been independent of First Nations and Inuit for many generations, a position that was recognized in 1982 when the Canadian constitution was amended to include the Metis as Aboriginal people (Department of Justice, Canada, 1982).

Although identified as a “distinct culture”, many Metis people were raised in the tradition of their First Nations mothers. First Nations culture is seen in the Metis, who also express a worldview that includes a social obligation and responsibility that is equal and mutual. According to MacDougall (2006), it is this sense of “relatedness”, similar to First Nations that brings order to Metis society and ultimately guides decision-making. Because First Nations culture is threaded throughout the culture of the Metis, it is reasonable to conclude that tobacco may also have significant cultural meaning in the lives of Metis people.

Manitoba Aboriginal and Northern Affairs (2000) has recognized that health research that is specific to Metis people, both in Manitoba and Canada is minimal, if not non-existent. This is credited to the absence of a Metis registry and the lack of an organization charged to “deliver, oversee or fund health services specifically directed to Metis people” (Manitoba Aboriginal and Northern Affairs, 2000). However, according to Iwasaki, Bartlett and O’Neil (2004), it is important to distinguish between First Nations and Metis through research to identify the unique perspectives of Metis people.

As in other Aboriginal cultures, the rate of tobacco use by Metis people is significantly higher than in the general population, with an estimated 57% of Metis people being current smokers (Health Canada, 2003). While the rate of tobacco use by Metis people remains high, there is no research that examines or explores the meaning or

perceptions of tobacco use by Metis people, or the social context in which Metis people use tobacco.

Current Rates of Use and Aboriginal Culture

The literature that explores the perceptions of Aboriginal people towards tobacco is sparse and controversial.

In examining US data obtained from the 1999 National Youth Tobacco Survey, Unger (2003) found that Native American ethnicity was significantly associated with tobacco use, and that peer influences (especially smoking behaviour of friends) was strongest among Native Americans in comparison with other ethnic groups. Unger et al. (2003) and Johnston and Thomas (2008) similarly concluded that family, social, cultural, economic and political factors *combined* have an influence on smoking behaviour. Social pressures by family or community are commonly seen as the strongest influences to start and to continue smoking by many Aboriginal people (Unger et al., 2003; Johnston & Thomas, 2008). The findings of these studies are similar to other studies conducted by Jacobson et al. (2001) and Richter and Richter (2001) who found that attitudes towards smoking expressed by parents and friends are associated significantly with youth smoking behaviour.

In their study that examined traditionalism and risk behaviour of Hopi Indian women, Coe et al. (2004) concluded that smoking was inversely associated with traditionalism. It was found that those Hopi women who were highly traditional were 74% less likely to have ever smoked, in comparison with 46% of mid-traditional women being less likely to have ever smoked (Coe et al., 2004). They further concluded that

traditionalism was affected directly by time spent living off-reservation (the more time spent off reservation the less traditional respondents were), and these factors were significantly associated with respondents having ever smoked.

Similar results were found by Nez-Henderson, Jacobsen, Beals and the AI-SUPERPFP Team (2005) who concluded that respondents who lived *less* than 75% of their lives on reserve had higher rates of smoking than those who had lived most of their life on reserve. The researchers acknowledge that the results of their study show that smoking behaviour varies from tribe to tribe, and cannot be generalized to other American Indian or Alaska Native communities. They also state that because the study did not examine the uses of tobacco for ceremonial purposes, the importance of culture in impacting the rate of tobacco use cannot be ignored. Stephens (1994) also linked culture with smoking when he reviewed the results from the 1991 Aboriginal Peoples Survey, concluding that, regardless of age or gender, Aboriginal adults who neither spoke nor understood their language were *less* likely to smoke cigarettes than those who did speak or understand their language. The differences seen between these studies are indicative that there is a lack of coherent findings in the literature.

The impact of the historical relationship between Aboriginal people and tobacco in terms of rates of use were examined in some studies (LeMaster, Connell, Mitchell & Manson, 2002; Kegler, Cleaver, & Yazzie-Valencia, 2000; Pauktuutit Inuit Women of Canada, 2006; Morris, Wood & Dunaway, 2007; Johnston & Thomas, 2008). In their study, LeMaster, Connell, Mitchell and Manson (2002) found that of the approximately 50% of respondents who reported some type of cigarette use, feeling more connected to American Indian culture and experiencing more death/loss increased the odds of cigarette

use, and being more academically oriented decreased the odds. Conversely, in their study that used 20 focus groups with 144 non-reservation American Indian teens in Oklahoma, Kegler, Cleaver, and Yazzie-Valencia (2000) concluded that although some of the teens were aware of the role of tobacco in American Indian culture, they believed that the cultural role of tobacco did not impact or influence their own experimentation with cigarettes. Participants in other studies (Pauktuutit Inuit Women of Canada, 2006; Johnston & Thomas, 2008) identify the historical influence that tobacco has on tobacco use, adding that tobacco use did not become problematic until *after* European contact. In the Pauktuutit Inuit Women of Canada (2006) study, participants further stated that their people ultimately became addicted to tobacco post contact. Other themes that emerged through these interviews were that children start smoking at an earlier age, and that because there were no warning labels or education regarding tobacco and its use, people did not know that tobacco was dangerous and did not get “sick from tobacco” as they do now (Pauktuutit Inuit Women of Canada, 2006).

Conversely, a study conducted by Morris, Wood and Dunaway (2007) concluded that while self-control is a significant influence on health-risk behaviours (including tobacco use) of grade 9 to 12 American Indian high school students, traditionalism fails to have any influence on these behaviours. Although this study failed to link tobacco use to traditionalism, the authors acknowledge that the participants in this study reported tremendous variation by tribe, region, and reservation, and that there were significant differences between those living on-reserve versus living off-reserve (Morris, Wood & Dunaway, 2007). According to Morris, Wood and Dunaway (2007), this is evidence that the place of tradition in the lives of Aboriginal people is highly complex, and that

research is lacking, particularly in relation to health issues.

Tobacco Use and the Health of Aboriginal Peoples

Very few studies have been conducted that examine the health effects experienced by Aboriginal people as a result of tobacco use. In particular, there is a dearth of published Canadian literature that explores this phenomenon.

The literature that does exist continually and consistently identifies that the rate of tobacco misuse among Aboriginal people is significantly higher than in the general population. According to the Centers for Disease Control and Prevention, the 1998 Surgeon Generals' Report identified that American Indians and Alaska Natives have the highest prevalence of tobacco use (Centers for Disease Control and Prevention, 1998). In one study that examined the prevalence and trends of smoking in a rural area, Doescher, Jackson, Jerant and Hart (2006) determined that American Indians had the greatest prevalence of current smoking, at a rate 45.2%, or over 20 percentage points greater than members of any other racial or ethnic group residing in other rural locations.

Wolfe and Carlos (1987) conducted a study of 226 Native American adolescents enrolled in the 9th and 10th grade in a US Government boarding school at Fort Wingate, New Mexico determined that users of smokeless tobacco were nine times more likely to develop leukoplakial lesions than non-users.

According to Fagan, Moolchan, Lawrence, Fernander and Ponder (2007), data on lung cancer mortality from 1994 to 1998 indicates that American Indians/Alaska Natives have higher rates of lung cancer compared to the total US population of all racial/ethnic groups. Their conclusion is based, and supported by the report of Lanier, Holck, Kelly,

Smith and McEvoy (1999) who stated that Alaska Natives have higher tobacco-related cancers including lung, oral/pharynx, stomach, kidney, cervix and pancreatic cancers than whites (Fagan, et al., 2007). According to Fagan, et al. (2007), the incidences of cancer in American Indians and Alaska Natives may be underestimated, as evidenced by the results of the study completed by Becker, Bettles, Lapidus, Campo, Johnson and Shipley (2002) that concluded that 52.2% of cancer cases in the Oregon, Washington and Idaho cancer data registries were misclassified as 92% of those cases were coded as white. In their review of lung cancer mortality among American Indian and Alaska Natives, Fagan et al. (2007) conclude that to eliminate the health disparities experienced and that is attributable to tobacco, there is a need to address the diversity, inequity and inequality that is the life experience of American Indians and Alaska Natives.

Based on data collected from studies done between 1998 to 2002, Willsie and Foreman (2006) conclude that tobacco smoking is the number one cause of lung cancer in Asian Americans and Pacific Islanders, American Indians and Alaska Natives and Hispanics and Latinos. According to the authors, population surveys conducted in the United States show that at 40.4%, American Indians and Alaska Natives have the highest rate of tobacco use, that lung cancer is the second most common cancer occurring in American Indian and Alaska Native men and is the leading cause of cancer-related death in this population (Willsie & Foreman, 2006). The surveys also indicate that rates of lung cancer have increased by four times in Alaska Native women compared with data from 1969 to 1973. This dramatic rise in prevalence, according to Willsie and Foreman (2006) is due directly to the increased incidence of smoking tobacco, reported at 50% in Alaska Natives. The data reviewed by Willsie and Foreman (2006) further indicates that

lung cancer was responsible for 37% of all deaths in Alaska Native men and 22% of deaths among Alaska Native women and that Alaska Natives were 40% more likely to die of lung cancer than Caucasian Americans. Several other reports have suggested that American Indians and Alaska Natives have a less favourable prognosis once diagnosed with lung cancer, causing the Surgeon General to conclude that cigarette smoking is a major cause of death and disease among American Indians (US Department of Health and Human Services, 1998).

In her review of the literature that examines the disparities in health experienced by Canadian Aboriginal people, Adelson (2005) found that lung cancer is one of the leading causes of death in those aged 45 to 64, and aged 65 and over. The single Canadian study that examines the health effects that tobacco has on the health of Aboriginal Canadians was conducted by Daniel and Cargo (2003) among rural dwelling, on-reserve Aboriginal people. Daniel and Cargo (2003) determined that smoking status impacted B-cell function, with past smoking related to low B-cell function and current smoking associated with high B-cell function. According to Daniel and Cargo (2003) the results of this study are suggestive of long-term post-cessation effects of smoking on pancreatic function.

Sin, Wells, Svenson and Man (2002) acknowledge a greater prevalence of smoking in Aboriginal communities, suggesting that this may contribute to the higher rates of chronic airway obstructions (COPD and asthma) and subsequent physician and emergency room visits than for non-Aboriginal Albertans.

The 1991 Aboriginal People's Survey collected self-reported data from self-identified Metis, finding that of Metis respondents 15 years of age or older, 33% reported

one or more chronic health conditions similar to the 32% reported by First Nations respondents (Manitoba Aboriginal and Northern Affairs, 2000). Stephens (1994) reported on data from the 1991 Aboriginal Peoples Survey, finding that among daily smokers in all age groups, Metis adults had the highest smoking rates of all Aboriginal people. Metis also report higher rates of respiratory illnesses such as asthma, and similar to their off-reserve status Indian counterparts, 78% of Metis respondents report having seen a health professional within the past year (Manitoba Aboriginal and Northern Affairs, 2000).

Although the effects of tobacco use in historic times cannot be determined exactly, Pego, Hill, Solomon, Chisholm and Ivey (1999) conclude that the data available implies that the morbidities that we find as a result of tobacco use (lung cancer, etc.) either did not occur or they occurred in small numbers or were not identified as being associated with smoking. The lack of morbidities associated with smoking in historic times, allows us to conclude that American Indians used tobacco in small quantities and likely only for ceremonial purposes, and the rate of morbidity that we now associate with smoking and tobacco use is suggestive that the heavy use of tobacco is a more recent phenomenon for some American Indian people (Pego, Hill, Solomon, Chisholm & Ivey, 1999).

Samet (2000) proposes that although Aboriginal people may have suffered from chronic respiratory problems associated with the heavy use of smoke from pipes and cigars, the negative health effects of using tobacco may not have been manifested. He suggests that tobacco use by Native Americans was traditionally via oral consumption of tobacco juices or smoking, and that this contact, although intense, was often brief (Samet,

2000). Those who were exposed to nicotine during ceremonies most likely experienced nicotine toxicity (nausea, dizziness, tachycardia), however, the ultimate consequence of ritual tobacco use was addiction (Samet, 2000). He concludes that because cardiovascular diseases and malignancy associated with tobacco use are typically not seen until (approximately) the fifth decade, and because it seems that many pre-Columbian tribal people rarely lived beyond age 40, the diseases that affect smokers today did not affect early Native Americans who used tobacco (Samet, 2000). It is important to note that Samet makes no reference to the fact that historically, Aboriginal people used traditional tobacco – tobacco that did not contain the thousands of additives and toxins found in non-traditional tobacco used today, and therefore does not consider the implications that these toxins have on health.

Health Effects of Tobacco Misuse

There are multiple studies that have examined and reported the negative consequences to health due to tobacco use. The Canadian Lung Association credits tobacco as “the only product in the world that kills half of the people who use it exactly as directed”. Responsible for approximately 45,000 deaths annually, tobacco kills more Canadians than AIDS, car accidents, suicide, murder, fires and accidental poisonings *combined*. Those who smoke place themselves at a higher risk for a variety of diseases including COPD and cancer of the lung, mouth, lip, throat, pancreas, breast, cervix, stomach, liver, kidney and bladder. Smoking has also been linked with coronary heart disease, hypertension, hypercholesteremia, gum and/or tooth disease, osteoporosis and cataract development (Canadian Lung Association, 2007).

The most commonly reported negative consequence of tobacco use on health seems to be related to the development or exacerbation of respiratory disease across the lifespan (Ostro, 1989; Chan-Yeung & DiMich-Ward, 2003; Nuhoglu, et al, 2003, Annesi-Maesano, et al., 2004; and Johansson, Ludvigsson & Hermansson, 2007).

Tobacco use has also been linked to periodontal and gum disease (Calsina, Ramon & Echeverria, 2002), oral squamous cell carcinoma, verrucos carcinoma, leukoplakia and erythroplakia (Warnakulasuria & Ralhan, 2007).

Some studies discuss linkages between tobacco use and other negative health effects such as degenerative joint disease of the spine (Brotherson, Marshall, Measom & Clark, 2003) and myocardial infarction (Hergens, et al., 2007) while others find that tobacco use is a predictor of early adult social and health problems (Mathers, Toumbourou, Catalano, Williams & Patton, 2006) and poor attendance in school (Health Canada, 2003).

Tobacco Control Policy in Canada

Recognizing that tobacco is the second major cause of death, and the fourth most common risk factor for disease worldwide (World Health Organization, 2007), Canada has historically been at the forefront in the development of tobacco control policy. According to the WHO, the most cost-effective tobacco control strategies include public policies such as banning direct and indirect advertising, increasing the cost of tobacco through taxation, legislating smoke-free environments, and graphic health messages on tobacco packaging (WHO, 2007).

Canada's current national tobacco strategy is based on the population health framework, taking a broad approach in considering the determinants of health that influence tobacco use. This framework recognizes that health disparities vary widely throughout the population, and are distributed differently between populations, such as Canada's Aboriginal people (Health Canada, 2005). The directions of Canada's current tobacco control strategy include policy and legislation, public education, industry accountability and product control, research, evaluation and monitoring, and building and supporting capacity for action (Health Canada, 2005). In the past 40 years, the combination of legislation, public education campaigns and public health actions have resulted in reducing the percentage of Canadians who smoke tobacco from 50% in 1965 to 24% in 2000, the lowest rate in 50 years (Health Canada, 2005).

Taxation of tobacco products is the most effective at preventing initiation of tobacco use, promoting quitting and preventing relapse (Bardsley & Olekalns, 1999; World Bank, 1999; Jha & Chaloupka, 2000; Liang, Chaloupka, Nichter & Clayton, 2003; Aquilino & Lowe, 2004). The low cost of tobacco in Canada has, historically, been the primary obstacle to tobacco control post World War II until 1982 (Sweanor & Kyle, 2003). In the 1970's, both governments (federal and provincial) began to increase taxation in an effort to guard against erosion of the revenue base caused by high inflation, and by 1981 the price of tobacco had increased significantly, resulting in the decline of total cigarette sales for the first time in 30 years (Sweanor & Kyle, 2003). Taxation of tobacco products has continued to increase in all provinces, contributing to a decline in the rate of tobacco use (Sweanor & Kyle, 2003). Although an increase in the cost of tobacco may be effective at reducing the rate of tobacco use in the general population,

this is evidently not the case for Aboriginal people. Manitoba Health (2004) has noted that Aboriginal people who are increasingly using commercial tobacco in traditional ceremonies are faced with the financial burden of increased taxation on commercial tobacco.

Warning labels on tobacco packaging have been found to deter smoking initiation and cessation (Boreland, 1997; Hammond et al., 2007), supporting the development of the *Tobacco Products Control Act* which requires tobacco producers to display health warnings that cover 60% of the front *and* back of cigarette packages and cartons (Sweanor & Kyle, 2003). While health warnings on packaging are responsible for causing a small reduction in consumption in some populations (Bardsley & Olekalns, 1999), there appears to be no effect on consumption in the American Indian population (Burgess et al., 2007).

Believing that advertising by tobacco companies increases consumption (Bardsley & Olekalns, 1999; Aquilino & Lowe, 2004), the Canadian government, through the *Tobacco Act* of 1997, restricts the promotion of all tobacco products, including banning lifestyle advertising and sponsorship promotions by tobacco companies. Since its implementation, 6 Canadian provinces have implemented similar legislation that restricts advertising, displaying or promoting tobacco products. In addition, the *Tobacco Act* also gives the federal government executive powers to legislate tobacco companies to list toxic ingredients in cigarettes (e.g. formaldehyde, benzene and hydrogen cyanide) on package warnings. Interestingly, the practice of merely disclosing ingredients on packaging has been shown to be ineffective in reducing tobacco use in some American Indian communities because there is no understanding of what the ingredients may be

used for (e.g. formaldehyde is used to preserve bodies) and there is no indication of the impact that those ingredients may have on health (Burgess et al., 2007).

In an effort to protect non-smokers from the negative health effects of tobacco, most provincial and territorial governments and in excess of 300 Canadian municipalities and regional governments have imposed non-smoking legislation or by-laws. The effectiveness of public smoking bans on consumption is minimal or inconclusive (Bardsley & Olekalns, 1999; Liang, Chaloupka, Nichter & Clayton, 2003).

Consumer education via mass media campaigns, have also been employed to prevent initiation of tobacco use and promote cessation. It has been shown that these interventions can be highly effective when used with other interventions such as increase in pricing (Aquilino & Lowe, 2004).

Although Canada is widely recognized on an international level for its success in the development and implementation of tobacco control policies, much work remains to be done. According to Sweanor and Kyle (2003), this is evident in that there continues to be high rates of tobacco-related deaths, individuals and/or organizations with mandates to reduce disease by enacting healthy public policy are inactive, tobacco production in Canada is greater than the United States, and there are higher rates of tobacco use by certain populations such as Aboriginal Canadians.

Tobacco Control Policy and Aboriginal Peoples

The literature is suggestive that tobacco use by Aboriginal people is influenced by interconnected historical, social, cultural, psychological and physiological factors, and while tobacco misuse has become one of the most urgent health issues faced by

Aboriginal people, the sacred use of tobacco plays an important role in the lives of some Aboriginal people (Gohdes et al., 2002; Ivers, 2004; Báezconde-Garbanati, Beebe & Pérez-Stable, 2007). The high rate of tobacco use by Aboriginal people is indicative that current tobacco control policy and interventions aimed at tobacco cessation are not well received by Aboriginal people as it uses a “tobacco free” theme which is insensitive to the traditional role of tobacco in Aboriginal culture, and does not recognize that tobacco may be seen in a positive context by many Aboriginal people (Báezconde-Garbanati, Beebe & Pérez-Stable, 2007).

In order for tobacco control policy to be effective, the importance of the role that tobacco has in the lives of some Aboriginal people needs to be recognized and incorporated into policy (Ivers, 2004; Makosky-Daley et al., 2006; Báezconde-Garbanati, Beebe & Pérez-Stable, 2007; Johnston & Thomas, 2008). Makosky-Daley et al. (2006) found that acknowledging tobacco use in a traditional capacity shows respect for the customs and traditions of Aboriginal people, and that this understanding is a necessary component of tobacco control policy and smoking cessation programs as it acknowledges tradition and the importance of remembering.

Based on the assumption that tobacco control *should* become a health priority in all First Nations and Inuit communities in Canada, First Nations and Inuit Health (FNIH) developed its own strategy entitled “the First Nations and Inuit Tobacco Control Strategy” for First Nations and Inuit communities (Health Canada, 2003). This strategy proposed to increase capacity for First Nations and Inuit communities to develop and deliver tobacco control policies that are relevant to their specific community and to increase participation of First Nations and Inuit leaders to support tobacco control

strategies and activities. As of the date of this writing, the First Nations and Inuit Health has abandoned the First Nations and Inuit Tobacco Control Strategy.

At the provincial level, the Manitoba government, in an attempt to include Aboriginal people in developing a provincial Aboriginal Tobacco Control Strategy, held a forum of First Nations' elders and traditional teachers on April 30 and May 1 2004. Participants of the gathering noted the importance of tobacco, stating it was "part of a larger world view of sustainable culture, environment and healing (Manitoba Health, 2004, p. 2). While participants recognized and supported the need for a ban on public smoking, they also shared their concern that by including Aboriginal customs and practices in legislation, those practices and customs would be subject to legal limitations, misinterpretation, and potentially, the loss of intellectual property rights and control (Manitoba Health, 2004). It was ultimately the recommendation of participants that defining traditional tobacco use would *not* be acceptable as the process of definition is in direct conflict with Aboriginal values, beliefs and teachings (Manitoba Health, 2004). It was said by participants, that attempting to define the significance that tobacco has within Aboriginal culture would be akin to defining prayer and its meaning (Manitoba Health, 2004).

Chapter Summary

A review of the literature revealed that tobacco is responsible for many negative health effects. Although there are a number of studies that examine the health effects of tobacco use in the general population, there is very little literature that explores the impact that tobacco misuse has had on the health of Aboriginal people, and there is

minimal tobacco related literature conducted among or by Canadian Aboriginals.

Nonetheless, it is reasonable to conclude that not only do Metis people suffer the same ill health effects, but that they will do so at a continuous, if not increased rate in conjunction with the high rates of tobacco use reported by Metis people.

The literature is also concurrent in acknowledging the long-standing historical relationship and significant meaning that tobacco has to First Nations Canadians and that tobacco plays a significant role in the cultural lives of Aboriginal people. While the literature recognizes that the traditional use of tobacco for ceremonial or spiritual purposes distinguishes Aboriginal people from any other group, it is currently unknown whether Metis people share this view of tobacco. Although the Metis of Manitoba are a distinct cultural group, their deep connection to their First Nations roots is recognized in the literature. In reviewing the published literature, it is evident that there is currently a lack of research that examines the relationship that Metis people have with tobacco, and the meaning that they place on tobacco and/or how they perceive its use.

A review of the literature also reveals current tobacco control policy and the basis for the development of that policy in terms of Canadian policy in general, and specifically how that policy has been adapted and relates to Aboriginal Canadians. With the rate of tobacco consumption being more than twice than in the general population, it is reasonable to conclude that current tobacco control policy is not relevant to Aboriginal people.

Conclusion

This chapter provides a review of what is known to date about the meaning of

tobacco and tobacco control from the unique perspective of Metis people living in Manitoba. The review revealed that despite a significantly higher rate of tobacco misuse by Aboriginal people compared to the general population, there is an absence of literature that addresses this phenomenon in terms of the meaning of tobacco to Aboriginal people in general, and Metis people in particular. This review lends support to the purpose of this study, to examine the meanings of tobacco and the role that tobacco plays in the lives of the Metis, a distinct Aboriginal group. Gaining insight and knowledge into the meaning that tobacco and tobacco control has to Metis people in Manitoba is urgently needed in order to be able to design and implement of tobacco control policy and cessation programs that are culturally relevant to Metis people. The next chapter provides a discussion of the research design to be used to address the phenomenon under study.

CHAPTER THREE: STUDY DESIGN AND METHODS

Introduction

Although it has been determined that the rate of tobacco use by Metis people is significant, the literature fails to address how Metis people perceive tobacco and the role that tobacco has in the lives of Metis people. To answer the questions posed in this study, the qualitative research method of interpretive description has been used.

This chapter discusses the design and methods used to conduct this study, beginning with presenting the Aboriginal-guided framework that served as the foundation to this research. The rationale for conducting a qualitative study that employed an interpretive design will be reviewed, together with the processes involved in applying these methods.

This chapter will also provide details regarding participant selection, recruitment and the interview process, provide an approach for data collection and analysis, and discuss concerns surrounding ethics and how these concerns were addressed.

Guiding Framework

This study uses the framework for Aboriginal-guided decolonizing research described by Bartlett, Iwasaki, Gottlieb, Hall and Mannell (2007). According to Bartlett et al. (2007), a decolonizing framework for conducting research is culturally based and process oriented and acknowledges that for Aboriginal people, knowledge development is dependent upon the lived experiences of others. Therefore, this study attempts to develop knowledge regarding the beliefs and values that Metis people have towards

tobacco by exploring the lived experiences of seven Metis people in the context of their past and present relationship with tobacco.

The framework proposed by Bartlett et al. (2007) implements the principles of decolonizing research including avoidance of western terminology, conducting the research in a manner that is inclusive of participants, and sharing findings with participants and Aboriginal community partners. The framework includes the six processes of rationalizing, enabling, facilitating, experiencing, accepting, and enacting (Bartlett et al., 2007). *Rationalizing* decolonising research includes understanding the concept of colonization, and recognizing that, for many Aboriginal people, colonization continues to exist, as when the majority society make assumptions and then attempts to apply those assumptions through programs and/or policy that are not applicable to Aboriginal peoples (Bartlett et al., 2007). Throughout this study, rationalizing was achieved by not using western terminology throughout the interview process, and by acknowledging the role that tobacco may (or may not) have in the lives of Metis people, rather than focusing on tobacco misuse alone. For this reason, the student avoided using terms such as “smoking”, “cigarettes”, “sticks” and/or “butts” with participants, as it was felt that these terms originate in western culture, and may provoke responses that are not from an Indigenous perspective (Bartlett et al., 2007). Therefore, to encourage responses that are more representative of an Indigenous perspective, the key questions asked included: a) Tell me about what you remember about tobacco from when you were young; b) Tell me what your relationship is now with tobacco. What meanings does tobacco hold for you today? Can you please describe them or tell me about them? c) What do the words “tobacco control” mean to you? d) What are your thoughts about

having tobacco control policies?

The second principle, that of *enabling* decolonising research, was completed by recognizing and respecting the life stories of participants, and by acknowledging the value of oral tradition to Aboriginal peoples through the use of an interpretive descriptive approach. By using the method of interpretive description, participants were allowed to share *their* reality of tobacco, and place their experiences in context that promotes understanding and insight (Thorne, Reimer Kirkham & MacDonald-Emes, 1997).

The process of facilitating decolonising research was achieved through the student (who is a Metis person) consulting with a Metis organization in the development of this research project (Bartlett, et al., 2007).

Similar to the study completed by Bartlett et al. (2007), this study explores more than tobacco use or misuse by Metis people, rather, it explores the meaning of tobacco to Metis people through their lived experience with tobacco. The objective for the student was to understand and to *experience* tobacco from the perspective of participants, and in a manner that is founded on Indigenous values and beliefs.

In their study, Bartlett et al. (2007) *accept* decolonising research by recognizing reciprocal capacity building. This study is also “bi-directional” (Bartlett et al., 2007, p. 2379) in that the student researcher has increased her knowledge of western research methods, while acknowledging and respecting Aboriginal knowledge through *enacting* decolonising research, a critical component of decolonising research (Bartlett et al., 2007). In the writing of this study, the student recognizes, credits and *accepts* the Aboriginal community partner, and the results of this study are the intellectual property of all Metis people.

By applying the framework of decolonising research as described by Bartlett et al. (2007), this study explored the meaning of tobacco in the lives of Metis people from a perspective that attempts to be Indigenous and non-colonized.

Design

Qualitative Research

Qualitative research is the most appropriate method to be used when there is little known about a topic and there is a need to understand a phenomenon (Creswell, 2009), or when an existing theory does not apply to a group under study (Morse, 1991). Conversely, a quantitative approach is used to test theory or an intervention, to understand the best predictors of outcomes or identify factors that influence an outcome (Creswell, 2009). Therefore, because the majority of research examining tobacco use by Aboriginal Canadians (including the Metis) is primarily quantitative in nature, it was determined that a qualitative approach was needed to understand the *phenomenon* of tobacco use from the perspective of Aboriginal peoples. Taking a qualitative approach will allow us to gain insight into the realities experienced by participants by understanding their social world, with the ultimate goal of building appropriate tobacco control policy.

Interpretive Description

Unless and until a phenomenon is given meaning by placing that phenomenon into context by those who have lived it and/or who are living it, it cannot be truly understood (Sandelowski, 2000). The use of interpretive description allows for the

expression of shared realities while acknowledging that human experience is both constructed and contextual (Thorne, Reimer Kirkham & MacDonald-Emes, 1997), thereby giving meaning to the experience or phenomenon. The philosophy of interpretive-description as described by Thorne, Reimer Kirkham and O'Flynn-Magee (2004) is holistic, as it acknowledges that phenomenon is based on multiple realities that are often complex and grounded in context. This philosophy is compatible with the holistic worldview expressed by many Aboriginal people, where oral history and story telling are the primary aspects of Aboriginal epistemology, and are, by their nature, holistic and cyclical (Ghostkeeper, 2004)

For many Aboriginal communities, history is stored as knowledge, and that knowledge is shared through narratives or stories (oral tradition) that are transmitted across generations (Cruikshank, 1993; van Gernot, 1996; Smith, 1999). Oral tradition represents knowledge that has been “gained through observation, experience, practice and being indigenous” (Struthers & Peden-McAlpine, 2005, p. 1268), and for indigenous people, oral tradition, through narratives and stories guide the present, and influence the future (Struthers & Peden-McAlpine, 2005). For indigenous peoples, without oral tradition (through narrative), there is “no history, no reference” (Struthers & Peden-McAlpine, 2005, p. 1268). Therefore, in keeping with the guidelines of decolonising research proposed by Bartlett et al. (2007), the practice of oral tradition and to gain some understanding of the relationship Metis people have with tobacco, this study ensured that the perceptions and beliefs of Metis people were expressed in their own words and terminology through narrative and story telling.

Following an interpretive-descriptive design, and because the beliefs and perceptions of participants were unknown until data collection was completed, data analysis occurred after the interviews were completed. Initial findings were shared with the participants to show participants that the student respected and valued their perspectives, and in an attempt to decolonize the research process by allowing participants to clarify responses and to participate in the research process (Bartlett, Iwaski, Gottlieb, Hall & Mannell, 2007). In sharing the initial findings with participants, the student was able to gain further insight into the phenomenon under study, while ensuring that participants were permitted to have a voice in the research (Thorne, Reimer Kirkham & MacDonald-Emes, 1997).

Participant selection and recruitment

This study explored the perspectives of Metis adults to examine the role that tobacco has in the lives of Metis people living in Manitoba, Canada. It was anticipated that this study would use a small sample size (approximately six to ten people), as studies that employ an interpretive descriptive design typically use a small sample size to ensure that the data collected is informative and promotes an understanding of the phenomenon based on the realities expressed by participants (Thorne, Reimer Kirkham & O'Flynn-Magee, 2004).

Inclusion criteria included being Metis (registered or self-identified), over the age of 18 years, and able to speak, read and write English. Ultimately, seven Metis adults were recruited over a period of approximately six month using purposive sampling, snowballing, and with the assistance of the Manitoba Metis Federation.

Interview Process

Data was collected through the use of semi-structured interviews lasting approximately 60 minutes. Open-ended questions were used to explore the memories and recollections of Metis adults regarding traditional and non-traditional tobacco and its use. The use of open-ended questions encouraged and permitted participants to “fully describe their experience” (Speziale & Carpenter, 2007, p. 37). The interview guide (attached as Appendix E) was developed by the student and the student’s advisor and was used to guide the interview process.

All interviews were recorded using an audio recording device and were transcribed by the student researcher. After transcription was completed, a copy of the transcript was provided to each participant for review. Although a second interview was offered for the purposes of providing participants the opportunity to clarify any thoughts or ideas expressed in the initial interview, all of the participants felt that the student had captured the essence of their thoughts and beliefs and therefore a second interview was declined. Although a second interview was not formally conducted, the student researcher did contact each participant (3 by telephone, 4 in person) to clarify some of the answers provided by participants, also indicating to the participants that their views and perspectives were valued by the student researcher in accordance with Aboriginal traditional values and described by Bartlett et al. (2007).

Interviews were conducted in a location and at a time chosen by the participant to ensure their comfort during and with the interview process to maximize the sharing of participants with the student (Speziale & Carpenter, 2007).

Additional Data Sources

Data was also collected through the use of a demographic form (attached as Appendix F) that was completed by all participants. In addition, the student maintained a journal that contained field notes (such as posture, facial expressions, etc.) that were referred to by the student when transcribing the interviews.

Data Analysis

Data analysis was completed using qualitative content analysis. Qualitative content analysis provides knowledge that is grounded in the data collected and is based on the perspectives of the Metis people who participated in this study (Hsieh & Shannon, 2005). An assumption of qualitative content analysis is that reality relies on subjective interpretation and for that reason it is possible to have multiple interpretations of the same reality (Graneheim & Lundman, 2004).

For the purposes of the analysis of the interviews of the Metis participants in this study, the text of the interviews was first sorted into four content areas, based on the research questions: early memories of tobacco; current relationship with tobacco; traditional use; and tobacco control policy. After the interviews had been read over a number of times, the text that related to each content area was extracted, and this text became the unit(s) of analysis.

Because the purpose of qualitative content analysis is to organize large volumes of text into categories that embody similar meanings (Weber, 1990; Graneheim & Lundman, 2004), the text was divided into meaning units that consisted of words, sentences and paragraphs that shared similar aspects in terms of their content and context.

Keeping the entire text in consideration, the condensed meaning units were then abstracted and labelled with a code. According to Graneheim and Lundman (2004) and Hsieh and Shannon (2005), this process serves as a guide for analysis, as the data is seen in a different light. Examples of meaning units, condensed meaning units and codes are shown in Figure 1.

Meaning Unit	Condensed Meaning Unit	Code
it wasn't really something I came into contact with a lot	No contact with tobacco	No early exposure
back in those days everybody smoked	Seeing tobacco misused	Early exposure

Figure 1. Examples of meaning units, condensed meaning units and codes.

Codes were then sorted into sub-categories and categories based on similarities and differences. A category is a manifestation of the content of the text, and can include a number of sub-categories (Graneheim & Lundman, 2004). Although Graneheim and Lundman (2004) state that there should be no exclusion of data that relates to the purpose merely because of a lack of a category that is suitable, and data should not fall between categories, they acknowledge that because human experience is often entwined, it is not always possible to create categories that are exclusive. This was definitely the experience in attempting to categorize codes in this study, as many of the codes were interconnected and either fell between categories or fit into more than one category. For example, when participants discussed their return to misusing tobacco after having quit, there were instances where family *and* alcohol were factors that were influential. Ultimately, however, agreement was reached between the student and the student's advisor after

comparing and discussing the coding and categorizing of the codes. Only the student and her advisor had access to the raw data.

Eight themes were then created to link the underlying meaning of the categories together. Examples of codes, sub-categories, and the category for the theme Memories in Smoke is shown below.

Theme	Memories in Smoke			
Category	Early memories			
Sub-Category	Family Connections	Gender	Alcohol and Tobacco	Positive Memories
Codes	No early exposure Early exposure	Seeing women smoke Women didn't smoke	Increased use with alcohol	Keeping change

Figure 2. Examples of codes, sub-categories, categories and a theme.

Preliminary findings have been shared with each participant to show the respect and value that the student researcher placed on each of the participants' perspectives and in accordance with the framework for decolonizing research described by Bartlett, et al. (2007). When preliminary findings were shared, the participants provided further insight into the data through clarification of some of the ideas or concepts presented. Allowing the participants to review the preliminary findings and provide clarification to the student has ensured that the voice of each participant is represented in the data (Thorne, Reimer Kirkham & MacDonald-Emes, 1997).

Descriptive measures were also used to summarize and describe the data from the demographic records.

Measures of Rigor and Trustworthiness

By allowing the participants to review the transcript of their interview and the preliminary findings, the student gained further insight into the phenomenon under study, and ensured that the research findings are truly representative of the shared realities of participants (Thorne, Reimer Kirkham & MacDonald-Emes, 1997). According to CIHR (2008), reliability and validity is improved when the researcher provides the Aboriginal community being researched the opportunity to review the results of the research to avoid misinterpretation or misrepresentation. In addition, all interviews were reviewed by the student's advisor to ensure that the themes identified by the student were representative of the data collected.

Ethical Issues

This study was conducted in accordance with the Guidelines for Health Research Involving Aboriginal People (CIHR, 2008) and included promoting training in research as the researcher of this study is Aboriginal (Metis). As an Aboriginal person, the researcher understands and respects Aboriginal worldviews, and has, throughout this study, accepted the inherent responsibility to the Metis peoples and culture from whom this data was collected (CIHR, 2008).

Permission to conduct this study was obtained from the thesis committee, The University of Manitoba and the Education/Nursing Research Ethics Committee. Informed consent was obtained from all participants through the signing of a Consent form (attached as Appendix "D"). Participants were made aware that their participation was voluntary, and that they may withdraw from the study at any time they wished (none

chose to do so). Participants were also given the opportunity to decline reviewing the transcripts of their interviews for the purposes of clarification.

In accordance with Canadian Institute of Health Research (CIHR) Guidelines for Health Research Involving Aboriginal People (2007), all participants signed a written consent form (attached as Appendix D) that fully disclosed the risks and benefits to the individual and community, the nature and scope of the proposed research project, the purpose of the proposed study, the duration of the interviews, a preliminary assessment of the potential impact this study may have and that they were free to leave this study at any time without explanation or risk.

All efforts were made to ensure that none of the participants experienced undue stress, including allowing participants to select the time to be interviewed, and the location of the interview. All of the participants expressed that being in the study was helpful, in that it allowed them to express their beliefs and values about tobacco without feelings of being judged. Only one participant exhibited signs of stress during the interview, but declined the student's offer to stop the interview. Traditional services through a Traditional Healer/Elder were offered to this participant, which she accessed at a later date.

The anonymity and confidentiality of participants were maintained throughout the duration of this study. None of the participants expressed any concerns regarding anonymity, privacy and/or confidentiality. Prior to commencing this study, there was a mutual understanding regarding confidentiality between the researcher and participants (CIHR, 2008), and although the student researcher was aware of the names of participants in order to secure their written, informed consent, participant names or other

information that may identify individuals did not form part of any of the data collection methods (e.g., Demographic Form, transcripts of the interviews, journal). All audio recordings, interview transcripts and demographic information will be stored in a locked filing cabinet in the student's home for 7 years. After 7 years, all data will be destroyed in a manner that maintains participant confidentiality.

In recognition of the knowledge that would be passed from participant to the student, a gift of traditional tobacco was passed to each participant.

It is anticipated that this research may be of benefit to the Metis community in that it will provide tobacco control policy developers and program planners with some insight into the unique relationship that some Metis people may have with tobacco. It is noted that any benefit will ultimately be determined by the Metis community through the Metis participants in this study (CIHR Guidelines, 2008). This study acknowledges and recognizes the contribution that the Metis people have made to this study.

Conclusion

This chapter discussed the research methods used in conducting this study. Participant recruitment was achieved with the assistance of the Manitoba Metis Federation over a six-month period. This study was guided by an Aboriginal decolonizing research framework, to attempt to ensure that the data collected and represented reflects an indigenous perspective.

Interviews lasting approximately sixty minutes were conducted with seven Metis participants. Participants were provided with copies of the transcripts of their interviews for clarification and to ensure that the student captured the realities of the participants.

The student also shared preliminary findings with the participants to ensure participants were aware that the student respected and valued the perspectives of each participant. In addition to the interviews, demographic data was collected from each participant.

The interviews were analyzed using the principles of qualitative content analysis. Ultimately eight themes were extracted from the data. The findings of this study are discussed in the following chapter.

CHAPTER FOUR: FINDINGS

Introduction

The previous chapter described the research methods and provided details about the analysis of the data. This chapter presents the findings of the study, beginning with a description of the participants. The main findings of this study describe the complex relationship that these Metis participants have with tobacco, and the themes that describe this relationship. At the heart of this complex relationship is the struggle that these Metis people have with establishing and accepting their cultural identity. The eight themes that emerged from the interviews with these seven Metis participants are: (1) between two worlds; (2) memories in smoke; (3) first times; (4) to quit or not to quit; (5) Where are we now? The role of tobacco in the lives of Metis peoples; (6) sacred ground: using tobacco traditionally; and (7) Who is in control? Feelings about tobacco control policy in Canada.

Demographics

All participants agreed to complete the demographic form. Participant age ranged from 35 to 62 years. Two of the participants were male five were female. All participants were employed with annual incomes ranging from \$20,000.00 to \$40,000.00 for five of the participants to \$40,000.00 to \$60,000.00 for two of the participants. All of the participants had family members who misused tobacco. Four of the participants were raised in Aboriginal communities (Metis or First Nations), however three of the four left their communities at a relatively young age (8 or younger). The one participant who remained in his Aboriginal community did not misuse tobacco until he was an adult. All

except one of the participants misused tobacco at the time they were interviewed, and all except one of the participants currently use tobacco for traditional purposes.

Main Findings

The themes that emerged from the data and that answered the research questions are presented in this section.

The themes entitled “Memories in Smoke” and “First Times” describes the participants’ early memories of tobacco and provides some insight into the meaning that tobacco has in the lives of Metis people (research question number 1) as their early exposure to tobacco formed the relationship they would have with tobacco throughout their lives.

To answer the research question two, the student researcher asked participants to share their knowledge about the traditional use of tobacco. The theme “Sacred Ground: Using Tobacco Traditionally”, details participants’ knowledge about the practice of using tobacco traditionally and whether traditional tobacco use has impacted their lives.

The themes entitled “To Quit or Not to Quit” and “Where Are We Now?” serves to answer research question three as participants describe the role that tobacco has in their lives now. These themes also provide some additional insight into research question one as we are given a glimpse into how these Metis participants view their relationship with tobacco and how that relationship impacts their lives.

Research questions four and five are answered in the theme “Who is in Control?: Feelings about tobacco control policy in Canada” as participants share their views about

past and current tobacco control policy and how said policies may or may not impact the lives of Aboriginal people.

Although not asked about their identity as a Metis person, all participants shared their journey as they attempt to define who they are and what it means (to them) to be Metis. Because the purpose of this study is to understand the knowledge that Metis people have regarding tobacco and its use, understanding the context or the world in which Metis people live is critical. For this reason, the theme “Between Two Worlds” will be presented first.

Between Two Worlds

Six of the seven participants discussed feeling disconnected from Metis culture, and detailed their struggles of self-discovery as Metis, and as part of the larger Aboriginal population. These participants indicated that they were not aware of their Metis status or of their biological connection to First Nations peoples until much later in life. For these participants, their identity was kept secret by family members, as “you just did not talk about it”. It was said by one participant that

... if we were to tell people that you know, that we were, you know, Metis there is no way that we would be treated the same. You know? We wouldn't have gotten anywhere in life.

Another participant recognized the shame of her Metis grandmother who denied her First Nations ancestry

And uh, yeah, she definitely would have been ashamed of ... and even with the link, the Scottish, when the immigrants came way back in early Manitoba there was shame, and you did, you tried to be white. We got that message.

Some of the participants were told that they are French or Scottish, with no mention of First Nations. One participant spent nine years of her life in a Metis community in Northern Manitoba, however when she moved to Winnipeg “we never went home to live again.” Until well into her 20’s she

... thought we were, we were French because we weren’t allowed to let any body know that we were Metis because we would have been - I would have been, you know, treated differently at school not equal if they found out that I was Aboriginal.

Six participants struggled to find out who they are and to gain and maintain some kind of identity and connection with their culture. One participant put it this way:

... now it’s a comfortable place, but it was kind of tough getting there because you know, you just don’t understand and even if someone does they’re not sharing because we’re not supposed to talk about it.

This same participant described herself as “feeling lost” until she learned of her Metis ancestry when “it explained so much about me”. Another participant shared that when her mother “finally came out of the closet and told me that we were Metis and everything and we started the culture stuff that’s when I got involved and I really liked the culture.”

Participants also discussed feeling that “Metis people are not just really a race”, and that they often feel caught between being First Nations and being “white”. One person felt that she was not a “real Indian”. Another participant discussed that she has experienced negativity from other Metis people who criticize Metis people to attempt to connect with the First Nations culture. Another stated

I have felt that I have been treated like I do not belong particularly years ago. Now I think I am stronger in my identity. Back when I was younger I was still searching for my own identity

and I lacked that strong pride in my ancestry and culture. There must be many Metis who have felt as I have felt.

For other Metis they feel that they do not belong because of their physical appearance. One participant compared her experience as a light skinned Metis to that of her grandmother who was dark skinned, and therefore *appearing* more Aboriginal:

... but with my grandmother and just the pain she went through because of exactly that. And she looked so uh, Aboriginal with the dark – her features. She was just such a beautiful woman – to me and to the family, but maybe not to a lot of society.

Only one participant expressed that he historically had a strong connection to the Metis community, however he describes his grandmother's sense of identity "I remember asking my grandma 'what kind of Indians are we?' 'Oh, I'm Scottish' she'd say". For this participant the connection to being Metis and to his First Nations relations were through the community where community members

... learned to bridge both worlds really early, because it was just, it's the way it was. You can't say oh I'm not Metis because you deny your, your community or your family had grown up in a community that was strongly Metis.

He believes that the Metis members of the community "were at par with non-Aboriginal neighbours, so we never did develop a sense of us not, of being less than, or being ashamed". For this participant, smoking tobacco is misusing it, and this position was echoed by another participant who agreed that those Metis who are "very immersed in their culture and understand it and would not use tobacco in that way" (by smoking it). Another participant reflected "I have a greater understanding of what it was meant for, like, we weren't really meant to be smoking it the way we are, like we're misusing it now."

Memories in Smoke

Participants shared their early memories of tobacco and how they may have seen it used in both the traditional and/or non-traditional sense. Reflecting on these memories, participants in this study expressed feeling both negatively and positively towards tobacco.

Only one of the seven participants was not exposed to tobacco in childhood. This participant was raised by her mother and grandmother in a Metis community located in Northern Manitoba, and although she believes that her mother may have misused tobacco, she believes that her mother may have hidden this from her grandmother who was a very traditional person and would not have approved.

All other participants describe having been exposed to tobacco primarily through seeing family members smoke cigarettes. One participant remembers his father using “snuff”. Although parents of two of the participants did not misuse tobacco, they did see extended family members use it in such a way, and the impact that these memories have is obvious as one participant noted, “all of the children pretty much all smoked. There is a large number in our family because she (her grandmother) had 16 children and of those 16 I think all of them smoked.” Another participant shared these poignant memories:

... when I think back about it, you would see my grandpa coming down the trail and the first thing you see is this big puff of smoke coming and say ‘there he is’ ... And my grandma always had this little rollie you know, and she had a way of keeping it there, then somehow she would manage to get it back in place and another little puff would come out of it. But even when she would be making her bannock or talking she would have that little piece of butt hanging out of the corner of her mouth. I don’t know if ashes used to fall in her bannock or not ... but it was just one of those sights I remember as a child with her little butt in her mouth, and almost all the pictures we have of them she’s got a cigarette, or he’s got a cigarette.

Although most of the participants (five) did not make any distinction between the genders in terms of tobacco misuse, two participants shared the belief in youth that tobacco misuse was primarily a “man’s dirty habit” and that

... because my mom and my grandma didn’t smoke, I never really associated women with smoking. It was kind of I thought of it as a man’s thing because my grandpa smoked, like both grandfathers, but neither one of my grandmothers smoked. And then my mom didn’t smoke, and so I just kind of thought it was a man’s thing.

The misuse of tobacco was often remembered fondly by five participants as they recalled the positive childhood memories that they had. One participant said simply “I really liked that they smoked”, while others talked about how they would be given money to purchase cigarettes and then they would be permitted to keep the change. This arrangement would be particularly beneficial when alcohol became involved, as noted by one participant “and then the more they had – the more alcohol they consumed the more change I got to keep”.

Alcohol use was also associated with tobacco misuse with all participants feeling that that these two behaviours are almost complimentary. As put by one participant

It was just something that went hand in hand. Smoke beer, beer smoke, smoke beer, beer beer smoke smoke. I know so many people, like many of my cousins they don’t smoke until they’re drinking. They can even go 2, 3 months without a cigarette but they sit down and have a beer and then they gotta go buy a pack of cigarettes and they smoke for the duration of their evening or whatever and then, you know, then that’s it. There is a direct connection.

It was found that family attitude had some influence on participants’ misuse of tobacco as well. One participant felt that while there may have been some subtle encouragement by family to not engage in misusing tobacco, this behaviour was very much normalized in the family, and therefore the majority of participants did not heed those parental warnings. As one participant shared,

I think there was more encouragement to not smoke, but nobody really, if I wanted one it wouldn't have been withheld or ... you know? It was still readily available. Uh, because it was part of what our family does. It's like eating almost so you get to smoke.

Another participant commented on the normalization of tobacco misuse, stating, "... back in those days everybody smoked. My mom taught me to roll cigarettes."

Three participants saw tobacco used in traditional or ceremonial ways. All three of these participants were members of communities that were prevalently Metis. One described tobacco being used "as offerings when they went hunting or fishing as uh, a prayer I guess they would say, so that they would catch a lot of fish or, you know, meat". Another participant described tobacco being used by Elders in his small community, and that seeing Elders use tobacco in a traditional way had significant meaning for him as a child

...we'd do something wrong and we would come back to the cabin and the campfire would be going. And the elders would be sitting there and we'd go 'oh, oh, we're going to get a storry.' And they would smudge us and they would tell us a story and a week later they would come back and do the whole thing again and say, 'what did you learn from the story?' type of thing, and if you could say what the lesson was then fine, and if you didn't they would do it again.

For one participant living in a Metis community, past use of tobacco was shared from grandparent to grandchild. He shared this memory:

I often remember stories about ... how my grandma used to talk about these, there were certain rocks out on the lake that – they were fishermen, fisher people so they were always on the lake – there was rocks that were traditionally- uh, Native people from the neighbouring First Nation would put out tobacco for offerings.

He recounts the stories of his grandmother

... there was a certain rock, and I'm not even sure what rock – I think they're called the Pipestone Rocks they have a certain beautiful red soapstone rock. Red. It's on that small island, and that's what they would take and make their pipe bowls out of the

red pipestone. So I would imagine, in my understanding of Aboriginal traditions or First Nations traditions is that when you take something from the earth you give tobacco. So when a person would take a small piece of the soapstone to make a ceremonial pipe they would leave tobacco.

All of the participants had either seen or heard of tobacco being used in traditional ways, they did not know why this was. One participant said of his grandmother “being a fairly strong Metis woman she didn’t quite really, like she never really participated, so she wouldn’t really know why either.” Another participant recognized that although her father used tobacco in a traditional way, the *knowledge* of why it was used was not and had not been passed

I remember just once we asked him ‘how come you did that dad?’ And all he said was ‘so I can get, so I can have some good hunting. I’ll be able to catch a deer or moose. I’ll be able to kill a moose today.’ That’s all. He never ever really told us.

Another participant remarked that although he did have some memory of using tobacco traditionally during his childhood, “... and then when we moved to the city I never – after that it was just smoking tobacco”. This same participant expressed memories of Elders in his community using something other than tobacco, however his removal from his family during the “60’s sweep” which depicts forced assimilation, ultimately resulted in struggles with addiction, periods of incarceration and a long history of tobacco misuse. Upon re-establishing his connection to culture and accepting that part of himself that was long missing, this participant was ultimately able to enjoy a more traditional relationship with tobacco. Like the other participants in this study, the use of tobacco for ceremonial or traditional purposes is completely separate and apart from the misuse of tobacco for this participant.

When asked about his memories about traditional tobacco use, one participant

reflected

I began to understand that perhaps this knowledge or traditions were pooh-pooed somehow ... I mean they had that sense of, um, tradition but it was never really brought, showed to me.

The type or form of tobacco used and misused was also discussed. For the most part, participants remember commercial tobacco being both used and misused. All participants remember seeing tobacco used in the form of cigarettes, whether they are “tailor made or the rolled kind”. One participant who lived in a remote community remembers the Elders using other substances such as sage in ceremonies, but notes,

... they didn't have sage growing where we were. A lot of times they would use tobacco and they would use some other stuff, but I never heard what the other stuff was.

He also remembers that the tobacco used in ceremonial pipes was commercial pouch tobacco, but “it’s totally separate, and so it’s, it’s in a bag of its own” and it that because it was used sacredly, it was not misused (by smoking it). Another participant remembers Elders putting plug tobacco in their ceremonial pipes, and that his own father used chewing tobacco.

First Times

The participants shared their memories of the first time they tried misusing tobacco. This includes who they were with when they first tried tobacco, what made them try it or what influenced them to start misusing it.

All except one participant first misused tobacco with friends (4) or family members (2), and cited this as the primary reason that they started misusing tobacco. The

single participant who started on his own did so because of adult (parental) influence “you saw the adults doing it and so you did it.”

Most participants (six) started misusing tobacco because as one participant stated “it was acceptable in the family and also all of my peers smoked because all of their friends smoked.” Three participants started “to be cool” and because

... I saw everybody doing it. Kids at school. My mother, her friends, you know. And I thought oh, they're smoking. So I tried it and I liked it.

Only one participant started to misuse tobacco later in life (in his 20's) and believes that he did not start misusing tobacco because the peer group he was involved with didn't smoke

I don't know, it was just something that when you're part of a certain group of people it's not - you didn't think of it as something you would want to do because we would see certain groups of kids – you know at break and they would be huddled around doorways smoking and it would smell.

Participants started misusing tobacco at various ages. One was approximately seven years of age, two were twelve, one fourteen, one nine, and one started in adulthood (over twenty years of age). Most of the participants remembered being able to easily obtain tobacco in the form of cigarettes either through purchase from a store or by taking it from a parent or other family member. Many of the participants recalled being asked to purchase cigarettes for their parents.

I could go and buy my own with no, you know, I remember running to the store often, younger than that (twelve years), with that line there that I could just go and get them. There were no notes, and then they upgraded to a note, and you would keep the same note and reuse it – recycle the note.

Others recall taking cigarettes either from a family member “he stole a pack of cigarettes from my grandpa, and so we went outside. He was nine I think. Yeah, he was nine and I was seven” while another remembers “we didn’t have the money to buy it, so we would just steal it from our parents.” One participant would steal from a retailer “... and I went and stole the tobacco from the store”.

With the exception of one participant, all participants expressed that they felt some guilt with first time tobacco misuse, not necessarily from the misuse itself, but because of having to hide this activity from adults “you would be sneaking and smoking.”

Five of the seven participants also expressed fear at being caught misusing tobacco. These participants shared similar experiences however one describes her being “caught” as follows:

I got caught when I was nine years old smoking back home. On the fish dock there on the boat. And um my mom came and got – she found me eh because a bunch of us were smoking. I was 9 and I tried it and she chased me all the way home. And she says ‘you’re gonna get it when I get home’. And I ran home and uh, I hid behind the fish barrel – not the fish barrel the water barrel because we didn’t have running water. And my grandma was in the kitchen sewing and I went up to my grandma for protection and my grandma said in French to me, ‘you know your mother is very vicious, she’s like a devil when she gets mad’. And she was. She was you know, wicked. But, I would never – after that though I never touched it. (until) I was older (thirteen). I didn’t want to get a licking from my mom with a red willow!

In the case of another participant who started to misuse tobacco at age fourteen found that

I just continued and my dad didn’t say anything though. I was, I was kinda scared Like what was he going to say when he sees me with a cigarette when I come back? But he didn’t say anything. So that was it. I was allowed to smoke.

Another participant had a similar experience

I was smoking behind my mom's back at first but then when she found out I was doing it she says, 'well tell you what, if you can smoke a cigarette without coughing, choking in front of me, I'll allow you to smoke.' So I did and that was it.

This participant told her children something similar

I have three children – and that's one thing I never ever told my children that don't smoke, don't do this, don't do that. That's their decision to make on their own. If they want to. If they chose to, that's fine. I'm not going to stand in between them and their choice in life.

Two participants discussed being caught and how parents or other family members attempted to dissuade future misuse. For one participant, she remembers smoking an entire package of cigarettes with her nine year old brother

... we smoked the whole pack and we get back to grandma's and obviously we're not very smart at that age – we're reeking, like of cigarettes, and of course my grandpa would know how many packs he had and my brother was puking his guts out because he had smoked most of them, right? So he was just sicker than a dog and we got in so much trouble. Like so much trouble, like cuz grandma didn't tell on us to our dad too often but this was a case where "I'm telling your dad" and we're like 'aaah!'. So I actually never thought I would smoke again. But ... I was wrong. Yeah, but it was a bad first experience and whatever, and the next time would be when I started around ten and up.

Another participants remembers being caught misusing tobacco by her father

... my dad made me sit down and smoke over half a pack of cigarettes before he let me get up cuz ... until I got sick. And then he said 'no, no, come back, come and smoke some more, you want to smoke'. It didn't stop me from smoking completely, it only stopped me from smoking for about a month because I was so sick of ...

To Quit or Not to Quit

This theme describes the experiences that the Metis people in this study had with quitting, what helped them to be successful, and in some cases, what brought them back to misusing tobacco.

All of the participants have attempted to quit smoking, with one being ultimately successful. The participants described a number of reasons for wanting to quit. For two of the participants, the purpose of quitting was due to pregnancy. "... and I couldn't smoke through any of my pregnancies. It would just make me sick." Both of these participants returned to misusing tobacco once they were no longer pregnant "after the babies were born I started smoking again ..." "But then as soon as my kids were born that's the first thing I craved for, was a smoke."

Similarly, one of these participants quit again for her children.

I quit for one year one time. They (children) didn't like it and ... I never did smoke in the house. Like I would always go outside and smoke but they didn't like it and they would always say things to me like 'you shouldn't smoke mommy', and my daughter especially. That's what made me quit. She said it doesn't look good on me. She's only six years old.

One participant quit misusing tobacco due to being incarcerated, and the remainder (four of the participants) quit for health reasons or because misusing tobacco did not fit with a healthier lifestyle. One participant recognized the negative health effects that tobacco misuse had on her family

... but three that I know of have COPD directly linked to tobacco use. My mom, my dad, and one of my uncles has it very bad ... all directly linked to non-traditional smoking.

This same participant made the choice to quit for her own health and is the only participant in this study who has remained successful.

I had the goal of a healthier lifestyle and the smoking sure didn't fit. I was in university – and I remember doing a paper on Relapse Prevention at that same time. Also I had joined the Y and eventually my new habits just didn't go with my old ones. It was spring and I would go to the gym in the morning then when I left would come out and light up a smoke. Then finally it just didn't fit with my new lifestyle. I valued my health more than smoking.

Two of the other participants attempted to quit misusing tobacco and were successful (albeit temporarily) through the use of nicotine replacement therapy (NRT). One participant used the prescription medication Champix, the other used a nicotine patch. Both of these participants found that without the use of a NRT, the urge to resume misusing tobacco returned. One participant describes her experience as follows

But uh I did take Champix at one point and I found that that worked quite well. When I stopped the Champix I returned to the smoking, so it was uh, I don't know if I didn't take it long enough or what.

The participant who used a nicotine patch had a similar experience

Tried the patch and all this other stuff but nothing ever works. So I finally realized ... you have to want to quit. I finally realized, no, you don't want to quit, so what are you trying for?

In some of the participants experiences the reason to re-start misusing tobacco was due to outside influences and in particular due to the social pressures of family and/or friends. In one instance, a participant was encouraged to re-start misusing tobacco (after having quit for a three year period) by her mother's common-law partner. In reflecting upon the situation she recalls

... and so, and I stood strong for a long time, I never caved for at least three years, and then one day it was kind of, actually it's kind of interesting because when it was just him doing it it was kind of easier because I don't have that necessarily same connection and his, because he has only been around for so many years it's not like your family of origin type stuff. One time we were out with the rest of my family on my mom's side, um, you know, so he would be

passing you a cigarette, and then like, tempting you, and then you got like family members doing the same, and not necessarily to make you smoke, but, you know, just out of politeness I guess, and then I was being polite back.

For this participant and two others, it is this sense of belonging or pressure to “fit” into their family or circle of friends that influenced them to re-start misusing tobacco.

For this participant “... because often what we crave again is that sense of family and acceptance, and sometimes if you are feeling like you don’t belong and that you need to smoke to belong ...” Another participant describes her experience “all my friends were smoking socially, and ‘want to come over for a cup of tea?’. Sure you go over, smoke, bring out the cigarettes with tea or whatever, right, and so I started up again. One other had a similar experience

I remember the last time I relapsed if you want to call it that was with a friend, a long term friend who smoked – we smoked together and coffeed, and she came to visit for the weekend and I had already quit, I don’t know, six months, or ... and by Friday - at five she came - by midnight ‘give me one of those!’

For other participants (two), there is the recognition of commercial tobacco’s addictive qualities, and for those participants, this was the primary reason for their returning to misusing tobacco. One participant describes his experience

And like one time I was in a ... a location, and they kind of isolated me for about 30 days. Without tobacco. So it was fine. So once I come back out they give me my tobacco back. I’m out in the yard, and the first thing is roll a smoke and I have a smoke. So it was just bang! And the habit’s back.

Another participant describes his experience

What kind of triggers ... it’s probably, I don’t know it didn’t take much to ask someone for one cigarette and then before you know, oh God I gotta go buy a package now. Because it’s kind of as they say hooks you again. Like in my case it’s just very highly addictive. Even though after you’ve put yourself through the

withdrawal and the feeling of detoxing when for days you have to lay around and close the curtains. And that passes and then there's just that weak moment or that fear.

Four of the participants described the relationship between alcohol use and tobacco misuse. One participant stated that family members were the cause of her mother's return to misusing tobacco after her father's tragic death:

They'll pick up the twelve (of beer) and they'll have the cigarettes and, and whatever, and so, like, I mean I love them dearly and they really mean well, but again not the healthiest way to be providing support to someone so it's like as soon as you feel broken and you're falling apart they want, they want to rescue you by giving you a beer and here's a cigarette, and just, you know ... and I know I felt a drive to smoke around them just through socializing, never mind through times of stress.

Another participant described her experience with returning to misusing tobacco after a six-year absence:

After the seventh year I started drinking again. Going out, you know and what not, and that's when I started smoking again. I craved for a cigarette the moment I had my first sip of beer.

One of the participants shared the story of a cousin who only misuses tobacco while consuming alcohol but who is otherwise a non-smoker:

... they don't smoke until they're drinking. They can even go two, three months without a cigarette but they sit down and have a beer and then they gotta go buy a pack of cigarettes and they smoke for the duration of their evening or whatever and then, you know, then that's it. There is a direct connection. It's not so much a loose - it's not like they get addicted over again. Rather it's just they drink and then they lose it the next day. They don't smoke anymore. But it's a direct link, eh? With somehow his brain says if he's drinking he has to smoke.

One participant recounted her struggles with alcohol addiction, noting that

I was sober for quite a while and I needed the coffee and the coffee and the cigarettes took the place of the booze and the cigarettes.

There was a definite association with the drinking - and coffee too, and there are a lot of addicts now that, like AA is full of, you're addicted to coffee and cigarettes instead of ... you just switch addictions instead of – it's a milder addiction. Well smoking can kill.

In reflecting on their experiences with tobacco, one participant recognized that “just like alcohol it is a lifelong journey”. For one participant, non-traditional tobacco is used “... to manage stress. I would always end up going back if a crisis or something would happen”. For another participant, the memories of her mother’s return to misusing tobacco was recalled in relation to the death of her father:

... my mom had quit at eighteen ... my father passed away in 1999. She hadn't smoked, okay, so, no, she must have been, oh, well let's face it, about, you know, 24 years, and the stress and the loss all of a sudden she's smoking and she's still smoking to this day.

When asked about the possibility of making future attempts at quitting, all of the participants who are currently misusing tobacco expressed some hesitancy in making such an attempt. Two of the participants expressed fear of quitting because of prior negative experiences. One participant shared her experience

... what prevents me because I remember suffering like a dog when I quit. And I'm scared. I remember throwing up, crying, mood swings, you name it, and it was horrible for the first while. But you get over it. But, it's that thing that sticks in my head, it's like oh, I don't want to feel that way again.

Three of the participants who are currently misusing tobacco expressed no desire to quit.

Where Are We Now? The Role of Tobacco in the Lives of Metis Peoples

Participants discussed their current relationship with tobacco, including whether they use it traditionally or whether they misuse it. They shared how they feel about tobacco in both the traditional and non-traditional sense, and they shared how their relationship with tobacco impacts on how they feel about themselves.

Six of the seven participants in this study are currently misusing tobacco and have been doing so for twenty or more years. One of the six does not use tobacco for traditional or ceremonial purposes. The one participant who does not misuse tobacco does use it for traditional and/or ceremonial purposes.

When asked about the importance of tobacco in their lives, all of the participants who use tobacco traditionally stated that they did not consider tobacco from the perspective of misusing it as being important in their lives. Those same participants also felt that tobacco use in the traditional sense was a very important and significant aspect of their lives. The one participant who does not use tobacco for traditional or cultural purposes stated that tobacco (for the purposes of smoking only) was an important part of her life and that she would “go crazy without it”.

Four of the participants who misuse tobacco expressed feelings of shame and/or guilt that they associate with tobacco misuse.

...before it was socially acceptable and kind of the norm to smoke and it was, you were kind of stigmatized for not smoking, whereas today there is a lot of stigma with smoking you feel you have to go and hide like this dirty little bad habit and it's almost embarrassing to be smoking at this stage of the game.

Another participant used the example of smoking at his place of employment, stating:

... because work place policies and general provincial laws and legislations, you are often relegated to go smoke by the garbage bin in the back alley and it doesn't feel nice. Like if you go out the back here there's a garbage bin and that's where we go smoke. And we kind of like hide it.

One participant expressed that feeling socially rejected has had this result:

... it's the feeling of weakness, and I think the guilt comes from not being in control. I mean it is in terms of how much I smoke, but uh, to smoke or not to smoke, that bothers me. I am usually very much able to decide what I am going to do and then move forward. So yeah, there's guilt.

Another participant shared his feelings in another way

... I almost feel like why do I, if I'm this smart in an academic school sense, why can't I get my head around this cigarette business. It's a matter of feeling dumb or ashamed but also realizing that it's a chemical addiction kind of disease. Kind of like heroine I can kind of see that because of the way the body systems ... I mean I think there were positive stuff as far as non smokers health. You know, we're doing it badly enough to ourselves, like why, we shouldn't be subjecting children and other adults to the foul air.

Only one participant who misuses tobacco stated that they did not “feel ashamed at all”.

Sacred Ground: Using Tobacco Traditionally

Participants discussed their use of tobacco from their traditional and/or cultural sense as Metis people, and shared their feelings about tobacco use in this way.

All of the participants (six in total) who use tobacco culturally or traditionally stated clearly that it is only through using it culturally that tobacco has any meaning in their lives.

I do value traditional use of tobacco and understand the importance of the use that way and I think we need to kind of go back more to that. So that's about the only way I see it fitting in the future.

For another participant,

... the smoking is not important but I do it. Like there's no logic in why do I smoke. Don't know ... That's (traditional tobacco use) way over, that's way over on the side sort of thing. That's sacred ground sort of thing.

One participant felt that the loss of Metis culture is directly related to the loss of connection that Aboriginal peoples now have with the land as he shared this memory of his grandfather, a survivor of the Indian Residential School System:

... but he, um, it's just the way they, you would go out on the lake, even when they were in their late 70's they would still take those 2 weeks to go camping even though they lived right in the country, right in the bush ... It's very separate (traditional and non-traditional tobacco use). I don't think they, it was seen as addiction in the sense that you know they were always having to smoke a pipe. But they only smoked it for particular reasons they didn't smoke because for the sake of smoking.

One participant described herself as not being a “real Indian”. She recounts her introduction to tobacco being used in smudging where she would

... step back all the time and I wouldn't do that. I thought I wasn't allowed to. I thought you had to be a – because I'm Metis – I thought you had to be a full status, Treaty, whatever, like I thought, I thought I'm doing wrong or I thought I would be what's that word, like I didn't feel comfortable to go and try it because then I thought that they're going to think that I'm making fun of their tradition or something. I don't know how I felt but ... we used to have an Elder ... I forget her name, and she finally called me over ... and she asked me 'how come you don't smudge?' and I said 'cuz I'm not allowed to' and she said 'what do you mean you're not allowed to?' 'Cuz I'm not a real Indian.' So that's when I started smudging ... before that I wouldn't go near it. I wouldn't even touch it because I thought – I'm thinking of all kinds of – like there's good medicine and there's bad medicine and I've heard so

much stories about bad medicine and I thought if I touch it something might hurt me.

The story shared by one participant illustrates the loss of traditional knowledge, which is ultimately regained in adulthood. This participant was “taken down South” and was placed “in with a white family” as a child as part of the 60’s sweep. For him, he reconnected with his Aboriginal culture in adulthood while hitchhiking from Ontario to British Columbia. He stated:

I got picked up in Alberta by a couple of Aboriginal guys ... they took me to a place where there had been a massacre. And we sat there and they explained the history. Of this massacre and all this stuff, and this big battle and everything, and they were, we were there probably an hour, and they were talking all about it, and they were teaching me. And then I realized they were giving tobacco when we were done.

Seeing the gifting of tobacco, this participant asked about this practice and was told “We taught you. The land taught us.” He then remembered the teachings of the Elders in his community, and recognized that “I had lost it so I had to bring it back ... that’s where the separation came, because this is about when I was a child. And cigarettes were used when I was an adult. So what I saw and what I see for me is the link with spiritual tobacco, that is the link to my whole life.

Another participant only learned about the traditional use of tobacco when he moved to Winnipeg. He shared seeing it used in a traditional way:

... my elderly uncle who’s still alive - we were out a couple of summers ago he was picking yarrow because he likes to try to treat himself naturally too eh? So then I see him reach in his pocket and put down tobacco and I didn’t say anything right away but we spoke about it after and he did mention that it was something they always did. You know, and I thought that’s amazing, nobody ever

taught me that, you know, until I learned it within, in Winnipeg. I had to come to Winnipeg to learn more about it.

All of the participants currently use tobacco traditionally. While some use it in smudging ceremonies, all participants leave tobacco as a gift. One participant places his tobacco “in little pouches and I keep them and when I’m traveling or going out. Particularly if I am going out on the land, like to pick berries or even picking mushrooms.” This participant stated that:

... also I put it down like I seen my uncle do. And when you’re traveling I throw one out the window when you’re leaving for a trip. I just bust a cigarette up and I use like a small palm full, like a pipe full, right? And when you’re leaving, like if you’re going to go travel home, you just offer it for a safe journey and throw it out the window ... or if you’re driving and you see like an eagle or you see, my, in my case my bird is the red hawk, so if I see a red hawk I offer tobacco.

For one of the participants, the activity of smudging with tobacco holds a very special significance. “I used to smudge faithfully every day. Uh 10 years ago I stopped. I stopped smudging after my mom passed on.”

Six of the participants believed that using tobacco for non-traditional purposes is misuse as described by one participant,

I have a greater understanding of what it was meant for, like, we weren’t really meant to be smoking it the way we are, like we’re misusing it now.

Another participant said:

It’s like a love hate thing. You know, it’s what I do at this point I don’t like it, I don’t want to, and from a traditional respect absolutely it’s important. I enjoy that aspect of it very much ...

For traditional purposes, tobacco is often carried in a small pouch “Because it’s totally separate because, like to me breaking up a cigarette butt just doesn’t cut it.”

Another participant expressed a similar practice "... the pouch of tobacco would be very separate. I wouldn't touch it and oh, okay I'm going to roll a cigarette from that pouch. I wouldn't touch it."

Who is in Control? Feelings About Tobacco Control Policy in Canada

The Metis participants who participated in this study reflected on their feelings about tobacco control, and in particular, about government's (both Federal and Provincial) involvement in tobacco control and policy development as it concerns Aboriginal peoples.

Five of the participants expressed some degree of displeasure and discomfort with the word "control". For one of the participants, the word "control" brought about feelings of stigmatization

I guess because as a smoker I already feel the stigma and all of the other things just because, again, it's not socially acceptable and so when I hear the word "control" on top of, it just makes me feel more stigmatized.

For another participant, the word "control", particularly when associated with any form of government, only reminds us of our past experience with colonization and oppression

... but when they start setting policy, again they're saying 'this is what you're going to do', and they've done that for generations. They've done that for 500 years. Saying 'this is what you're going to do'.

All participants recognized and acknowledged the negative impact that tobacco has on health, but for most there was a resignation that "if it happens it happens", and there was an expression that they were in acceptance that tobacco misuse may cause them

to suffer ill health and even death. As stated by one participant "... and I think for me it's being able to accept the world on the world's terms".

The participants also expressed respecting the rights of non-smokers, with one participant stating

... even though I smoke a lot, I still have respect for everybody else that don't smoke. And they have children so we, we won't smoke around them. We'll go outside and smoke, like we won't smoke in the house at all.

Another participant made a similar statement "I respect the rights of non-smokers, the fact where they say don't smoke near me, and you know, I wouldn't do it."

All of the participants in this study expressed some resentment towards government(s) past and current tobacco control policy. In essence they all felt as this participant did:

And they're trying to manipulate a system that they don't have any control over. And the problem is they don't have any control but they're making money so what are they bitching about? So to me, you know, they're just going to keep putting the price up. Which is fine because they're making more money off taxes. So I mean, it's a cash grab and that's the reality of it. They're saying don't do it, but we'll take your money if you want to. So I mean, even the government's saying that you should go for it if you want to. There's the mixed message.

All of the participants stated that while they were in compliance with many of the current strategies such as smoking in public places, these strategies are, on the whole, ineffective in addressing the unique perspectives of Aboriginal peoples. All of the participants who currently misuse tobacco (six in total) were adamant that they will continue to misuse tobacco. As one participant explained,

... they are very quick to tax, they're very quick to make the money and yet do absolutely nothing about it, and so if it was controlled in the sense of a bit of integrity and we're going to do something

with it aside from traditional options and things would be available, I mean it seems a little dirty. You know, from that perspective in terms of just. It's very 'don't use it but it's here and we're going to make money' and tax and tax. It can be 40 below and I will still go outside and smoke. You know, if I want it I want it, so I don't know if the control, I mean obviously am not going to be smoking in bars and restaurants where I once would have. I am in compliant in that sense, but if it means that I have to walk 20 feet, so be it.

All of the participants stated that they do not believe that current tobacco control policy is effective, particularly for Aboriginal peoples. One participant commented

... in my work I see the numbers are staggering compared - like the number of smokers, and young smokers too which is awful. An awful thing in terms of how come they are not getting it? Because if these policies have been in place for like 15 years and the move to promoting more healthy lifestyles, it should be making some sense, but actually the numbers are going up instead of down. Which is alarming to me.

One participant discussed a lack of understanding of Aboriginal peoples and their communities on the part of government and policy makers, believing that when there is an attempt to implement smoking cessation programs into communities without involvement from the community, this breeds some resentment

... when we worked on the Reserves all those years we were allowed to smoke there. No place else you could, but Reserve you could. So we had a nurse came in when I was in Dease Lake and she came up to do a no smoking thing, and so she was using the Band office. Half way through my buddy gets stressed and fires up a smoke so the next thing you know we're all smoking and so she just got up and left."

This participant also found that respect for Aboriginal teachings is lacking as tobacco control policy does not permit choice

... so the minute the government sets a policy it's different than say the Elders come up and say 'hey, take a look at what you're doing to your health.' The elders give the person the choice. Whereas when the government comes in sets policy they're trying to take the

choice away. And to me that's what they've always done, so I think the whole tobacco policy thing, if you look at it hard enough it can just turn into another political statement by the government. And you know, that may be where a lot of people say blow it out your ear, because I may not be able to fight you government, but I can rebel in my own way.

When asked about Aboriginal culture and the development of tobacco control policy that is appropriate to and for Aboriginal peoples, one participant commented:

Nobody's ever really tried to connect my smoking habit with the traditional, like, I just don't have ... I don't know ... I've never had any of that. Like people telling me like you shouldn't smoke, that's a sacred ... I've never had that in all my years of smoking.

The participants were in agreement that traditional use of tobacco and promoting tobacco as a sacred medicine is an essential component of any tobacco policy that will be developed for Aboriginal peoples.

... to me if there was a respect and recognition for that, that that would be part of the promotion and to me, that would speak probably to First Nations and Metis people at very different levels if they would promote um, the positive use and traditional use and steer away from the misuse. Like, you know, combine them together, but all you hear is again the controlling aspect, so to me that's not showing, uh demonstrating any respect for traditional use.

Another participant echoed this by saying "... how do you explain and say okay, this is not a cultural thing. It isn't a cultural thing that I smoke."

One participant holds the belief that the task of developing appropriate tobacco control policy for Aboriginal peoples is the responsibility of Aboriginal peoples "I don't know if the government should be involved in developing tobacco on traditional use. Perhaps that would be the job of some First Nations policy makers or governance people ... I think Aboriginal people themselves have to face the music and regain ourselves."

One participant had her own rationale for the high rates of tobacco use by Metis peoples:

There's a reason why the Aboriginals are still smoking highly. I think it's because of all the stress they're going through. Um, everything is so sky high, you know, in the Metis communities, and there's no work. Uh, it's bad. And I think that's why they smoke a lot. It's not equal. Yes. That's why you have all the drinking too and all these other things. It's all related. The fighting, it's all because of society that's what I think. I don't think that the government cares one way or another who smokes too much.

Chapter Summary

This chapter presented the findings of the research study based on the responses of seven Metis participants. Information about the participants based on the completion of the demographic form was provided followed by the presentation and discussion of the eight themes that express the realities of the participants. The first theme, “between two worlds” describes how the participants view themselves in the context of *being* Metis in both an Aboriginal and non-Aboriginal world. The theme “memories in smoke” describes the early memories of tobacco that were shared by participants. “First times” are the memories shared by participants about their first time misusing or using tobacco. The theme “to quit or not to quit” details the quitting experience of participants and “where are we now? The role of tobacco in the lives of Metis people” provides insight into the *current* relationship that these participants have with tobacco. “Sacred ground: using tobacco traditionally” expresses the beliefs and values that these Metis participants have in regards to traditional tobacco use and what that means to them, and finally, “who

is in control? Feelings about tobacco control in Canada” depicts the feelings of the participants about current and past tobacco control policy in Canada.

The following chapter will provide discussion and analysis of the data based on the findings outlined in this chapter. Recommendations for future research, nursing practice and policy and program development are made, together with concluding remarks.

CHAPTER FIVE: DISCUSSION

Introduction

The previous chapter detailed the responses of seven Metis people who participated in this study. This chapter will provide an analysis of the findings based on participant responses and existing literature. In addition, strengths and limitations of this study will be discussed, and recommendations for the development of tobacco cessation policy and programming, nursing education and practice and nursing research that is relevant to Metis peoples will be proposed.

As discussed in the previous chapter, eight themes emerged from the responses provided by participants.

Between Two Worlds

The first of the themes to emerge describes how these Metis participants view themselves in the context of *being* Metis in both an Aboriginal and non-Aboriginal world.

It is said that for Aboriginal people, sense of belonging results from a spiritual connection to everything in the universe (Hill, 2006). It is the connection that we have with all around us, including the Creator, our ancestors, nature, family, community and traditional ways of life that give Aboriginal people a sense of belonging in that we are an important part of something that has deep meaning.

According to Hill (2006) the sense of belonging felt by American Indian peoples may be affected by certain socio-historical events while Johnson (1994) believes that the loss of sense of belonging is attributable to poverty, prejudice, and breakdown of culture.

The loss of culture felt by indigenous peoples is the end product of the process of acculturation and adaptation as described by Berry (1990). The experiences expressed by the Metis participants in this study describe the processes of acculturation and adaptation as defined by Berry (1990) in human terms. According to Berry (1990) the options of acculturation are assimilation (relinquishing cultural identity and moving into larger society); integration (maintaining some cultural identity while attempting to become a part of the larger society); separation or segregation (imposed by the dominant society to keep others “in their place”); and marginalization (loss of cultural and psychological contact with both their traditional culture and the larger society by exclusion or withdrawal). For the Metis, there has certainly been a process of acculturation through both their First Nations ancestors, and then again as Metis people as they attempt to establish and maintain a cultural identity that is separate and apart from First Nations.

Acculturation stress behaviours are a symptom of acculturation, and include feelings of identity confusion and being marginalized and alienated (Berry, 1990). Certainly the participants in this study have expressed the stress they have felt throughout their lives as they have struggled to assimilate into both the “white” and First Nations societies, and their feelings of marginalization and alienation in being caught between those two worlds. Misuse of tobacco by these participants may be attributable, at least in part, to the processes of acculturation and adaptation historically by their Metis and First Nations ancestors.

The division that seems to exist between Metis and First Nations is due, in part, to the unequal division of resources between Aboriginal groups. One example of this inequality that is felt by the Metis is evident in the review of health research conducted

by Young (2003) that revealed that only two out of 254 studies were Metis specific. The continuation of these inequities among Aboriginal peoples will merely serve to further divide Aboriginal peoples.

For those participants who identify with First Nations culture and are engaged in traditional practices, there is an acknowledgement of the sacredness of tobacco and some conflict that smoking is misuse of tobacco. This is consistent with studies conducted by Stephens (1994), Coe et al. (2004) and Nez-Henderson, Jacobsen, Beals and the American Indian Services Utilization, Psychiatric Epidemiology, Risk and Protective Factors Projects (AI-SUPERPFP) Team (2005) who determined that connection to Aboriginal culture and tradition served as a protective factor against misuse of tobacco. Whitbeck, Chen, Hoyt and Adams (2004) also determined that enculturation (the extent that individuals are embedded in their culture through traditional practices and self-reported cultural identity) was a resiliency factor for alcohol abuse in American Indians. Similarly, Acton and Malathum (2000) reported that increased health promoting behaviours was associated with an increase in the sense and experience of belonging.

Based on the responses of six of the participants in this study there seems to be a definite relationship between the cultural practices of First Nations and the perceptions of tobacco and its use by some Metis people. For those participants who have connected or re-connected with their identity as Metis people, and who have incorporated the traditions of their First Nations ancestors into their lives, their relationship with tobacco becomes more complex as they struggle with the issue of using tobacco for ceremonial purposes versus the misuse of tobacco.

Memories in Smoke

In their studies Unger et al. (2003) and Johnston and Thomas (2008) concluded that family is a strong factor that influences smoking behaviour in youth, either positively (influencing youth not to smoke) or negatively (influencing youth to commence smoking). Participants in this study support these findings as they expressed that the attitudes of family members impacted on their use of tobacco, in that while there was some subtle encouragement by family members not to start misusing tobacco, the stronger message was that misuse of tobacco was normalized and therefore permissible.

The impact that family has on Aboriginal peoples must not be trivialized. It has been suggested that the family is the primary social group for many American Indian people, and that while for others family commitments may increase stress, this is less likely for indigenous people (Walters, Simoni & Evans-Campbell, 2002). For indigenous people, extended families including cousins, aunts, uncles, grandparents, are the norm, and being without the social network of family is being impoverished (Walters, Simoni & Evans-Campbell, 2002). It is reasonable then, to conclude that the impact that family members beliefs and values placed on tobacco and its use is significant to Metis people.

All participants in this study felt that tobacco and alcohol misuse were complementary activities. This belief expressed by these participants is consistent with studies completed by Anthony and Echeagaray-Wagner (2000), Little (2000) and Bobo and Husten (2000) who all concluded that there is co-occurring use and dependence syndromes with alcohol use and misuse of tobacco for a number of social and physiological reasons.

Living in a Metis community seemed to ensure exposure to tobacco use for traditional purposes, as relationships with Elders who hold that knowledge are possible. According to Hill (2006), storytelling, within the American Indian culture, allows for cultural beliefs and values (including those related to health and wellness) to be passed down through generations. For those participants who lived in Metis communities, relationships with Elders developed, and therefore there was some degree of knowledge was passed between the generations. In contrast, living in a community where Metis culture is *not* prevalent, ensures that other uses of tobacco are lost. These findings are consistent with the knowledge that for indigenous people, family and community are the major support for the development of well-being as individuals rely on a network of extended family members including grandparents, aunts, uncles and cousins, for role-modeling, support and guidance (Walters, Simoni & Evans-Campbell, 2002).

Based on the responses of the Metis participants in this study it is reasonable to conclude that being connected to Aboriginal culture and traditional practices may be a protective factor against tobacco misuse. Nez-Henderson, Jacobsen, Beals and the AI-SUPERFPF Team (2005) found that respondents who lived *less* than 75% of their lives on reserve had higher rates of current smoking than those who had lived most of their lives on reserve. Coe et al. (2004) reported similar results, finding that Hopi Indian women who were traditional were less likely to have smoked than those women who were less traditional.

The memories of the participants in this study show that the connection or at least the *degree* of connection that Metis people have with their communities and their culture have an impact on knowledge sharing insofar as using tobacco traditionally goes. Part of

who we are as Metis people is rooted in our First Nations heritage, and losing that connection to our First Nations ancestors or denying the spiritual importance of that part of who we are because of fear and shame has and will result in a loss of our knowledge and ways of knowing as Indigenous peoples.

The role that tradition has in the lives of Aboriginal people is highly complex (Morris, Wood & Dunaway, 2007), and should be explored in more detail.

First Times

The Metis participants in this study cited peer pressure and family acceptance of tobacco misuse as the primary reasons that they started to misuse tobacco. Studies conducted by Unger et al. (2003) and Johnston and Thomas (2008) support these findings, stating that smoking behaviour in youth is strongly influenced by attitudes of family members. The impact that peers had on the Metis participants in this study is also consistent with data from the 1999 National Youth Tobacco Survey that indicates that peer influences was strongest among Native Americans in comparison with other ethnic groups (Unger, 2003). While neither of the above studies offer an explanation as to why family and peers have such an influence on the uptake of tobacco by Aboriginal youth, it may be due, at least in part, to the sense of belonging and connection to family and community that promotes this behaviour. Because well being is learned through role-modeling, support and guidance of family and community (Walters, Simoni & Evans-Campbell, 2002), it is reasonable to conclude that negative behaviours such as tobacco misuse are similarly learned.

The relatively young age at which the participants commenced misusing tobacco is also consistent with findings in the literature. In their study, Retnakaran, Hanley, Connelly, Harris and Zinman (2005) found that approximately 50% of Aboriginal youths from between the ages of 10 and 19 years were misusing tobacco. Similarly, participants in the Pauktuutit Inuit Women of Canada (2006) study stated that they believe that children in their community started smoking at an earlier age. The reason for starting to misuse tobacco at an earlier age has not been established, however, perhaps one reason is the loss of culture and cultural teachings about the traditional use of tobacco. Many Aboriginal youth are not aware of the cultural use of tobacco, and as reported by Kegler, Cleaver, and Yazzie-Valencia (2000) while some teens may be aware of the role of tobacco in American Indian culture, it is their belief that the cultural role of tobacco has not influenced their own experimentation with cigarettes. Because the role that tobacco has in the lives of many Aboriginal people is complex, the understanding and beliefs that Aboriginal youth have about tobacco use and misuse needs to be explored in further detail.

To Quit or Not to Quit

The participants in this study cited a number of reasons for attempting to quit misusing tobacco, ranging from pregnancy or because of children, to incarceration, with the most common response being health reasons/concerns. These responses are consistent with the results of the study completed by Baha and Le Faou (2010) who found that future or current health concerns were the reasons for wanting to quit for 55% of those who participated in their study. None of the participants in this study indicated that cost of tobacco was a reason for wanting to quit, which is consistent with the data

reported by Baha and Le Faou (2010). Like the participants in this study, the participants in the study completed by Baha and Le Faou (2010) also stated social concerns, including being pressured by others, the effects smoking has on others or because of people close to them, including their children as reasons for wanting to quit.

For the participants who re-started misusing tobacco, their reason to re-start was similar to their reason for starting in the first place, being the social pressures of family and/or friends. This is consistent with the findings of Unger et al. (2003) and Johnson and Thomas (2008) who determined that social pressures by family or community are commonly seen as the strongest influences to start and to *continue* smoking by many Aboriginal people.

Other participants described their quit attempt(s) to be extremely uncomfortable due to nicotine withdrawals, and believe that it was their addiction that ultimately caused them to relapse. The experiences of the participants in this study mirror those in the study completed by Bott, Kuckelman-Cobb, Schiebmeir and O'Connell (1997) who also described the physical and psychological nicotine withdrawal symptoms in similar terms. For several of the participants, the memories of nicotine withdrawal and the discomfort that this caused are strong motivators for not making additional attempts to quit.

For many of the participants, the co-addictive relationship between non-traditional tobacco and other substances, such as alcohol is not lost. Many of the participants identified alcohol as the primary reason they re-started misusing tobacco after having quit. Studies such as the one conducted by Little (2000) identify the similarities between the mechanisms that underlie the development of dependence on nicotine and alcohol, and indicate that these two substances have a similar effect on the neurotransmitters in

the brain. This study also determined that the behaviour exhibited by both smokers and users of alcohol is similar in nature (Little, 2000).

Similar to the results of the study conducted by Arnsten, Reid, Bierer and Rigotti (2004), where approximately two-thirds of the smokers had no intention of quitting, the majority of the participants in this study also indicated some hesitancy in quitting in the future.

Where Are We Now? The Role of Tobacco in the Lives of Metis Peoples

All except one of the participants in this study currently misuse tobacco. The participants who misuse tobacco discussed their experiences and feelings of stigmatization by the non-smoking society.

One area where smokers feel particularly stigmatized is in the workplace as the smokers in this study are forced to smoke in areas that are undesirable such as behind buildings beside garbage bins. Having to smoke in areas that are isolated or socially undesirable caused feelings of social rejection, and weakness and lack of self-control as participants feel they are unable to control their smoking habit.

The opinions expressed by the participants in this study mirror those expressed by participants in the study of Ritchie, Amos and Martin (2010) who found that smokers who were excluded, both physically and socially resulted in a social milieu that caused smokers to self-label and self-stigmatize.

Also similar the participant responses in the Ritchie, Amos and Martin (2010) study, participants in this study acknowledged the rights of non-smokers, and many described their attempts to be considerate of non-smokers by reducing their exposure to

tobacco smoke. According to Ritchie, Amos and Martin, reframing smoking in a manner that is more socially acceptable has the effect of making social disapproval towards these smokers unjustified.

It is not known whether the stigmatism as expressed by these Metis participants will ultimately become so unbearable that they will undertake attempts to quit. More importantly, however, is the need to understand how the effects of further social isolation and stigmatization that results from tobacco control policy will impact an indigenous group such as the Metis who are still reeling from the effects of forced assimilation.

Sacred ground: using tobacco traditionally

For several of the participants in this study, tobacco used in the spirit of First Nations tradition is sacred, and the use of tobacco for reasons that are other than traditional is misuse. For the participants in this study who have reestablished a connection to their First Nations heritage, tobacco misuse versus traditional use has caused a distinct conflict in their values. Because it is their belief that tobacco that is used for ceremonial or traditional purposes is considered to be sacred, tobacco used in this manner is not connected in any way to commercial tobacco or its misuse.

There is little to no literature that describes the perceptions of Aboriginal people in terms of tobacco use versus misuse, or how that relationship affects the individual's misuse of tobacco. In the one study that was found, a former smoker identified that she had quit smoking only when she had re-committed to cultural teachings regarding tobacco, which had the effect of making tobacco misuse as incompatible with using

tobacco ceremonially or traditionally (Gryczynski, Feldman, Carter-Pokras & Kanamori, 2010).

It is not known what effect, if any, that cultural teachings of tobacco may have on Aboriginal people, however, in their study, Buchwald, Beals and Manson (2000) discovered that more than half of the participants who used traditional practices such as herbal medicines, smudging and sweat lodge ceremonies reported a significant improvement in their health. The results of this study are also indicative that cultural teachings may have an impact on Aboriginal people's perceptions of tobacco, and may provide incentive for some to quit the practice of misusing tobacco.

Who is in control? Feelings about tobacco control policy in Canada

As discussed previously, the participants in this study do not express any resentment towards non-smokers in terms of the imposition of current tobacco control policy and legislation, and similar to the participants in the study completed by Ritchie, Amos and Martin (2010) the Metis participants in this study shared their attempts to be considerate towards non-smokers by not exposing them to second-hand smoke.

Similar to the results obtained by Baha and Le Faou (2010), none of the participants in this study felt that tobacco control policy has an influence on their misuse of tobacco. Furthermore, they felt that taxation of tobacco products was ineffective, which is also consistent with data retrieved by Ashley et al. (2000) who found that smokers did not believe that tax measures resulted in reducing rates of smoking.

However, as in the study of Ashley et al. (2000), the participants in this study also stated that they would be compliant with further restrictions on smoking should those be imposed.

The findings in this study also indicate that for the participants in this study who misuse tobacco, there is some degree of stigmatization, consistent with the findings of Ritchie, Amos and Martin (2010). This raises some concern that current policy may further stigmatize certain groups such as Aboriginal peoples who are already considered marginalized.

The results of this study indicate that there is somewhat of a disconnect between culture, tobacco misuse and the development of tobacco control policy that is appropriate to and for Metis peoples. Certainly current tobacco control policy and program development has been designed, for the most part, by and for the majority society, and although the intention of current policy may be sincere, the end result perceived by Aboriginal peoples is externally imposed, as it does not include Aboriginal culture in any meaningful way. This conclusion is supported by the evidence found by Gryczynski et al. (2010) who found that some participants in their study felt that culturally specific tobacco policy and programming must come from the community, at a grassroots level, in order for those policies and/or programming to be considered legitimate and not imposed by outsiders.

Strengths and Limitations

Strengths

The strength of this study is that it uses a decolonizing research framework developed by Aboriginal researchers. In addition, the student researcher was able to ensure that the research findings are representative of the shared realities of participants by allowing the participants to review the transcripts of their interview (Thorne, Reimer Kirkham & MacDonald-Emes, 1997; CIHR, 2008). All interviews were reviewed by Dr. Roberta Woodgate to ensure that the student researcher identified themes that were representative of the data. The student researcher is a Metis person, and shares the same worldview of many Metis people. For this reason she was able to relate to many of the responses made by the Metis participants in this study.

Limitations

Although the results of this study may not represent all Metis people, these results do provide unique insights into the beliefs and the value that Metis people place (or do not place) on tobacco. It is important to note, however, that the participants in this study were currently residing in an urban setting, and the relationship that rural Metis people have with tobacco may (or may not) differ.

One limitation of this study is that although every effort was made to conduct this study in keeping with oral tradition by allowing and encouraging participants to engage in story telling, the results have been recorded and reported in the written word. It is noted that the translation from oral to written has resulted in some loss of meaning as the

participants have, in some way, lost their voice through this process. In addition, although every effort was made to prevent bias, the student researcher is a Metis person and therefore recognizes that assumptions may have been made. According to Struthers and Peden-McAlpine (2005), such an approach enables the researcher to capture oral tradition in a manner that is holistic and culturally appropriate, while recognizing that oral tradition is more than just information, and that it is possible that, through the process of writing, the essence of oral traditions surrounding tobacco may be lost. This premise is supported by Blaeser (1996) who concludes that experiences and oral tradition cannot be fully expressed in the written word.

Recommendations

Recommendations for Future Research

The results of this study provide a glimpse into the complex relationship that the Metis participants in this study have with tobacco. While it is believed that the experiences shared by the participants in this study are not unique to other Metis peoples, further research is recommended and is much needed. In particular, because this study was conducted in an urban setting, it would be beneficial to replicate this study in Metis communities to further explore the connection between Metis peoples, cultural affiliation (Metis and/or First Nations) and tobacco use/misuse.

There is a lack of research that examines the protective factor that ethnic identity may provide. Therefore, further research is needed that examines culture-specific stressors of Aboriginal peoples, including the Metis, and the coping strategies and

protective aspects of belonging to an indigenous culture. Although there is some data available that describes health indicators of Canada's First Nations people, equivalent data with respect to Metis people is non-existent.

The results of this study indicate that the uptake of tobacco for the purposes of misuse occur in Aboriginal people at a very young age. Because the role that tobacco has in the lives of many Aboriginal people is complex, the understanding and beliefs that Aboriginal youth have about tobacco use and misuse needs to be explored in further detail.

Recommendations for Nursing Education and Practice

Nurses are in the ideal position to provide education and support to both prevent uptake of tobacco and to encourage tobacco cessation. One of the purposes of this study was to attempt to fill some of the gaps that exist in understanding the relationship that Metis peoples have with tobacco, and the values and beliefs that may form the basis of that relationship. The Metis participants in this study have provided some insight into the cultural worldview of Metis peoples and how that worldview impacts their use and misuse of tobacco. The success of nursing interventions and education aimed at tobacco cessation is dependant upon the awareness of the cultural perspectives that some Aboriginal peoples may have towards tobacco.

Nurses also have to consider the impact that cultural identity (or lack thereof) may have on the health and well-being of Aboriginal people. Because cultural identity has been identified as the center of an individual, Aboriginal cultural identity must be considered when working with all Aboriginal peoples (Weaver & Brave Heart, 1999).

Recommendations for Tobacco Control Policy and Programming

For the participants in this study there is clearly a connection between their sense of identity as Metis people, how they relate to First Nations culture and their relationship with tobacco. Existing tobacco policy and programming has failed to engage Aboriginal people as evidenced by continued high rates of tobacco misuse among Aboriginal peoples. In order for tobacco control policy and cessation programming to be relevant to Aboriginal peoples, indigenous ways of knowing and cultural worldviews of Aboriginal peoples must be recognized and incorporated into tobacco control policy and/or programming. Because Aboriginal peoples do share a different worldview and their relationship with tobacco is mired in tradition and historical practices, this can only be accomplished through commitment to further research, and by engaging all Aboriginal groups in the process of policy and program development.

Chapter Summary

It is well known that First Nations peoples have a long-standing historical relationship with tobacco. Reading (1996) states that in neglecting to acknowledge and respect this relationship we will fail to understand the “root causes” of the tobacco epidemic among Aboriginal people. It is his belief that understanding tobacco in the context of cultural tradition may enable the reduction of this epidemic (Reading, 1996). Stephens (1994) supports this idea and notes that Aboriginal people may interpret tobacco control policy as more than a public health issue because tobacco is a method of expression of cultural identity by many Aboriginal groups.

The results of this study provide some insight into the relationship that Metis people have with tobacco, and are indicative that acculturation, adaptation and historical trauma have resulted in the loss of cultural and identity for the Metis participants in this study. There is also some indication that *enculturation* is a protective factor in tobacco misuse, as those participants who have become more involved with First Nations traditions and practices believe that using tobacco for purposes that are other than ceremonial is misuse. The protective factor that culture may or may not have on tobacco misuse needs to be explored in further detail.

When it comes to current tobacco control policy, the participants in this study exhibit the opinion of Antonovsky (1987) who stated “when others decide everything for one, when they set the task, formulate the rules and manage the outcome and we have no say in the matter, we are reduced to being objects” (p. 19). The stress felt by Metis people from the process of acculturation and adaptation should be considered when creating appropriate policy and program development. Only through understanding the cultural perspective of Aboriginal peoples such as the Metis participants in this study, will there be potential for developing approaches that are truly culturally grounded and appropriate to Aboriginal peoples.

Conclusion

This study was completed in partnership with the Manitoba Metis Federation who assisted with participant recruitment. By applying the principles decolonizing research and through qualitative investigation and using an interpretive descriptive design, the results of this study provide insight into the meaning of tobacco to Metis people, and how

they view its use and/or misuse. In understanding how Metis people perceive tobacco in both the traditional and non-traditional sense, the results of this study may be used to guide the development of tobacco cessation programs and policy that is appropriate and relevant to Metis people.

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Tobacco: What does it mean to me? The Meaning of Tobacco to Metis People

An invitation to participate in a research project

WHAT IS THIS STUDY ABOUT? The purpose of this study is to give a voice to Metis people about their experiences and beliefs about tobacco, and what tobacco means to them

What are your experiences and beliefs?

If you want to participate and share your experiences and beliefs about tobacco and the meaning of tobacco to you, or if you want to know more about this study, call Lea Mutch (Master of Nursing student) at [REDACTED] or her supervisor, Dr. Roberta Woodgate at 474-8338.

Appendix B: Letter in Support from Manitoba Metis Federation



David Chartrand
President

MANITOBA METIS FEDERATION INC.

300 - 150 Henry Avenue
Winnipeg, Manitoba
R3B 0J7

Phone: (204) 586-8474
Fax: (204) 947-1816
Website: www.mmf.mb.ca

June 29, 2009

Ms. Bonnie Lea Mutch
Master of Nursing Student
University of Manitoba

Dear Ms. Mutch:

**RE: Letter in Support
"The Meaning of Tobacco in the Lives of Manitoba Metis"**

This letter is written in support of the study proposed by Bonnie Lea Mutch for a Master's Thesis in the Master of Nursing program at the University of Manitoba. I have been advised that this study will explore the meaning of tobacco to Metis People living in Manitoba, and that the results of this study may be meaningful to Metis people in terms of describing the role that tobacco has in the lives of Metis people, which may result in influencing future tobacco program and policy development.

It is my understanding that Ms. Mutch has applied for, and is currently awaiting approval from the Education and Nursing Research Ethics Board. Ms. Mutch has confirmed that she will inform the Manitoba Metis Federation of approval to proceed with this study once it is obtained.

In addition to the above, I have been informed that this study will explore the meaning of tobacco in the lives of approximately eight Metis people living in Winnipeg, Manitoba. Ms. Mutch is proposing to recruit participants for this study by placing a poster at the Manitoba Metis Federation located at 412 McGregor Street, in Winnipeg, Manitoba. The poster will provide a brief description of the purpose of the study, and will provide information for potential participants to contact Ms. Mutch directly for further information and/or to confirm that they wish to participate. Should participants decide not to participate, or should they decide to discontinue participating in the study, they are free to do so at any time.

Data will be collected through two interviews and a demographic questionnaire. All interviews will be conducted at a place and time that is convenient and comfortable for the participants. The first interview will last approximately 60 minutes, and will provide the majority of the data. The second interview will last approximately 30 minutes, and will serve to clarify thoughts or ideas expressed, and to share preliminary findings with the participants. All interviews will be audio recorded and transcribed by Ms. Mutch. Should participants indicate their wish to receive a summary of the findings of the study, one will be mailed to them.

I understand that the names and contact information of participants will be known only to Ms. Mutch and to her thesis advisor, Dr. Roberta Woodgate. All records will be kept within a locked cabinet maintained by Ms. Mutch, and will be destroyed within seven years of completion of the study.

Upon completion of this study, Ms. Mutch has indicated that she will return to Manitoba Metis Federation in order to share her findings. The nature of how the findings will be shared will be negotiated between Ms. Mutch and the Manitoba Metis Federation – Health & Wellness Department.

In conclusion, I am pleased to offer this letter in support of the study that is being proposed.

Yours truly,



Ms. Marilee Nault
Board of Directors, Health Portfolio
Manitoba Metis Federation
Rm 200-150 Henry Avenue
Winnipeg, Manitoba R3B 0J7

Appendix C: Telephone Script

Hello _____.

Thank you for contacting me and for your interest in my study. Before we discuss your participation in this study, I would like to tell you more about it.

I am interested in understanding the relationship that Metis people have and had with tobacco, but there is little or no information or research that has been done that looks at this issue. I believe that as health care professionals we need to understand the relationship that Metis people have with tobacco from a cultural and historical perspective, and if that relationship has anything to do with the number of Metis people who are using tobacco today. I also think it's important to understand the role that tobacco has in the lives of Metis people.

I will be doing two individual interviews with people who agree to participate. If you decide to participate you can choose when and where you wish to be interviewed. The first interview should take approximately one hour. After this first interview, I will meet with you again (if you are agreeable) to review the results of your first interview so that you are comfortable with what your responses were, and so that I can clarify things that you said if necessary. I will also discuss with you, some preliminary findings of the study so that I can get your views on those findings and to give you the opportunity to add some of your thoughts if you wish to. Both interviews will be tape recorded so that nothing is missed.

After the interviews are completed, I will type the interviews, and then I will read them and look for common issues and concerns. Dr. Roberta Woodgate who will supervise my work will also read the interviews, however, I will be the only person who knows the identity of the people who choose to participate. All names will be replaced with a code to protect your identity. The tapes and transcripts will be stored securely and destroyed when they are no longer needed.

The information I get from the interviews will be used for my thesis. I am also planning on publishing the findings of this study in a professional journal and to present it at a professional meeting or conference. In all instances, your identity will not be revealed to anyone. You will also be given the opportunity to receive a copy of a summary of this study if you want it.

If you do agree to participate you can drop out of the study at any time, ask to stop the interview at any point, or refuse to answer any question. Are there any questions you would like to ask about the study? Do you think you would like to take part in this study?

(If "no") Thank you very much for your time. I appreciate having the opportunity of speaking with you.

(If “I would like to think about it”) I would certainly appreciate you doing that. When should I call you back to get your decision?

(If “yes”) Thank you for your interest.

When we meet, I will ask you to sign a consent saying you will participate based on the information you have been given, and I will ask you to fill out a short form for background information on you and your family. For the interview, it may be helpful to think about your experiences and any events or decisions that stick out in your mind. I am interested in your thoughts, ideas and views on the relationship that Metis people have and have had with tobacco. This may include your memories, personal experiences, or the experiences of family members or others.

Thank you for your time. I will look forward to meeting you on _____ at _____ at _____.

(Any questions that arise out of this conversation will be answered and noted on this sheet)

Appendix D

CONSENT FORM

Research Project Title:**Study's Researcher:**

Lea Mutch, RN BN

Phone: [REDACTED]

Supervisor / Committee Chair:

Dr. Roberta Woodgate

Phone: 474-8338

Associate Professor

Faculty of Nursing, University of Manitoba

Committee members:

Dr. Annette Schultz (Faculty of Nursing, University of Manitoba)

Dr. Lynne Baillie, (BC Cancer Agency)

I, _____, agree to participate in the above study. I understand that the purpose of the study is to arrive at an increased understanding of the role that tobacco has in the lives of Metis people living in Manitoba. I understand that this study will focus on exploring and describing the perspectives and beliefs of Metis people towards tobacco, the role that tobacco plays in their lives, and how tobacco control policy impacts their life. I understand that the study is being done by Lea Mutch, a registered nurse and a student in the Master of Nursing program at the University of Manitoba. It is further my understanding that Dr. Roberta Woodgate of the Faculty of Nursing, University of Manitoba is supervising this research study, and that Dr. Annette Schultz and Dr. Lynne Baillie are the other members of the thesis committee. I understand that Metis adults are being asked to participate in this study, and that all participants will be requested to complete a demographic form and to participate as follows:

One or two interviews are to be conducted by Lea Mutch. In taking part in the interviews I acknowledge that I will be asked to discuss my memories, beliefs and perceptions regarding tobacco use by Metis people. Each interview will last approximately from 45 to 90 minutes, at a time and place that is convenient to me. Both interviews will be audio tape-recorded, transcribed, and used as data.

I understand that during and after each interview Lea will also be writing field notes describing nonverbal behaviours, communication processes, rapport, interview context, and any procedural problems that may transpired during the interviews.

I understand that my participation in this study is strictly voluntary, and that should I decide to participate I may withdraw from the study at any time, ask to stop the interview at any point, or refuse to answer any question.

I understand that there are no known risks to me taking part in this study. I understand that this study will result in better understanding of the beliefs and perceptions of tobacco use by Metis people.

I understand that my answers will be kept completely confidential and that my name will be replaced with a numerical code so that my identity is kept confidential. I further understand that only Lea and Dr. Roberta Woodgate will have access to the interviews.

I understand that the results of this study will be written up for Lea's thesis, and may be presented at a health conference or published in a health journal. I understand that in any report of this study the student will not include any information that will identify me. Only the student will have access to the records, which will be kept in a locked file and destroyed seven years following completion of the study.

My signature on this form indicates that I have understood to my satisfaction the information regarding participation in the research project and agree to participate. I understand that I can ask for clarification or new information regarding the study throughout my participation. I understand that I may contact Lea Mutch at [REDACTED] if I have any concerns, questions, or need additional information. I may also contact Lea's supervisor, Dr. Roberta Woodgate at 474-8338.

I understand that this research has been approved by the Education / Nursing Research Ethics Board at the University of Manitoba. If I have any concerns or complains about this project, I may contact any of the above-named individuals or the Human Ethics office at 474-7122.

I understand that in recognition of my time commitment, I will be offered a gift in keeping with Aboriginal tradition and culture. I will also be reimbursed for any costs (parking, etc.) that I may incur as a result of participating in the interview (s).

Signature of Researcher _____

Participant's Signature _____

Date _____

I would like a summary report of the findings:

Yes _____

No _____

Please mail the report to:

Name _____

Mailing Address _____

Appendix E: Interview Guide

Language that is developmentally appropriate will be used to aid with participants' expression of thought and ideas and to facilitate positive perception of the interview process and experience.

Introduction to the interview: I am trying to learn about what Metis people think and feel about both traditional and non-traditional or commercial tobacco (such as cigarettes) and how it is used. I would like for you to share with me any memories, thoughts or beliefs that you may have about traditional tobacco and non-traditional tobacco and how it has been used and how it is used today. To help you tell your story, I am going to ask you to talk about what you remember elders telling you about tobacco, how you remember it being used in ceremonies, how you see it being used today, and what you think that we are missing when we are trying to stop people from smoking.

Notes: Probes will only be asked as necessary. They are meant to stimulate discussion.

1. Tell me a little bit about what you remember about tobacco from when you were young.

PROBES:

- What are your first memories of tobacco?
- Do you remember people using tobacco? Can you tell me about some of those times?
- What did they use it for?
- When did you first see a cigarette? (will use this prompt *only* if participants use this terminology)
- What other forms of tobacco do you remember people using?
- Did/do your parents/aunts/uncles/cousins use tobacco?
- What type of people used tobacco?
- What role do you think tobacco played in the lives of our people back then?
- If people didn't have tobacco what else would they try to use? Do you have any memories of elders telling you what our people did with tobacco or when they didn't have it?

2. Tell me what your relationship is now with tobacco. What meanings does tobacco hold for you today? Can you please describe them or tell me about them?

PROBES:

- Do you currently use tobacco?
- Do you smoke it or do you use it in other ways?
- Tell me about what ways you use tobacco.
- How old were you when you first started using tobacco?
- When you first used it, what form was it in (ie cigarette, pipe, chew, etc.)?
- Do you remember how old you were when you first used it?

- Do you remember what made you start to use it?
 - Have you ever tried to quit using tobacco? Tell me more about this..... (Are you a non-smoker? Did you start again? What factors influenced you to remain a non-smoker or to start again?)
 - Is using tobacco important to you? Why/why not?
 - Do you think using tobacco is important to your people? Why/why not?
3. What do the words “tobacco control” mean to you?
PROBES:
- Tell me how you feel about the words “tobacco control”.
 - What does tobacco control mean to you in your own life situation?
4. What are your thoughts about having tobacco control policies?
PROBES:
- How do you think that Aboriginal people are/will respond to these policies?
 - Do you think that Aboriginal culture and the relationship Aboriginal people have with tobacco are recognized and/or respected?
 - Do you think that the government should be involved in imposing tobacco policies on Aboriginal people? Could you please tell me why you think that?
 - What do you think needs to be done with respect to tobacco control policies? What type of policies would you like to see with respect to tobacco? And then ask them - What type of policies would you like to see with respect to tobacco control?
5. Is there anything else you like to talk about that you feel is important for me to know?
- Do you have any other thoughts, stories or memories about tobacco that you would like to share?

Appendix F: Demographic Form

ID #: _____

Date: _____

Information gathered in this form will help us get to know you better. All information will be kept confidential.

1. How old are you right now? _____ years
2. Are you:
___ Male ___ Female
3. Do you live
___ In Winnipeg ___ Outside of Winnipeg
4. What is the highest grade in school you completed
Grade _____
5. Are you currently working?
_____ Yes _____ No
6. Annual household income
___ Less than \$20,000/year
___ \$20,000 - \$40,000/year
___ \$40,000 - \$60,000/year
___ More than \$60,000/year
7. Do you or did you have family members who used tobacco?
___ Yes ___ No
8. If yes, who?
___ Parents ___ other family members
___ Siblings
9. How did they use it?
10. Is there anything else that you would like to tell me about yourself?

Thank you for helping us in learning more about what Metis people think about tobacco and the role that tobacco has in your life.