

**MINISTER OF HEALTH'S OPENING REMARKS
FOR
THE CIRCUMPOLAR CONFERENCE ON TOBACCO AND HEALTH
APRIL 4,5,6 1989**

Ladies and Gentlemen and Honoured Guests from many countries - a welcome to the Northwest Territories. You will all be aware, to some degree, of our attempts here to maintain a lifestyle that is healthy. However we are a changing society here in the North with good and bad values being superimposed on our traditional lifestyle. Sometimes people have difficulty deciding not to adopt the bad values which unfortunately always appear very attractive.

On behalf of the people of the Northwest Territories and the Department of Health, I am very pleased to welcome you to the Circumpolar Conference on Tobacco and Health.

The International Union for Circumpolar Health and the World Health Organization have called this conference to address northern concerns regarding the effect of tobacco use on the health of our populations.

Since to a large extent we share a common climate, and somewhat similar social, cultural, and health issues, it is not surprising that we also share a great concern for our many residents who risk their health through the heavy use of tobacco products. During the course of this conference you will be looking at this specific problem from its many different aspects. The strategies developed at this conference must indicate ways and means to influence and help those people who are not changing their behaviour, in spite of warnings given and evidence presented concerning the danger to health posed by the use of tobacco products.

This Conference is timely for the Northwest Territories. In the past year the Government of the Northwest Territories has assumed full responsibility for the strategies, policies and delivery of health services necessary to protect and promote the health of Territorial residents. It is time now for us to direct our efforts towards creating healthy public policy to address those health issues



which ultimately require both personal and collective responsibility for their resolution. Citizen boards in each region have been given responsibility for health program delivery and are well equipped to introduce new initiatives tailored to the unique lifestyle and needs of the various cultural groups throughout the Northwest Territories.

For purposes of discussion, the tobacco problem, as it relates to the N.W.T., breaks down nicely into three stages. The first stage covers the period up to 1980, the second stage addresses the period from 1980 to the present, and the third and final stage will take a look towards the future.

Stage 1: Up to 1980

Tobacco use in Northern Canada was largely ceremonial until 18th century traders introduced milder tobacco imported from Bermuda or Brazil. From then until the 1950s the predominant use of tobacco was smokeless, that is, through chewing or using snuff. With the influence of southern lifestyles and the related exposure to the mass media, tobacco products, particularly cigarettes, became increasingly desirable to Native people, and the consumption rose dramatically between 1950 and 1980.

Ladies and Gentlemen, I don't believe that people often take seriously enough the role of media and advertising, and the goal of selling through the commercial use of advertising campaigns. It must be understood that in the Northwest Territories it is relatively new to have the communication media in our houses and in every community across the Northwest Territories.

The problem arises from the message being communicated. Too often the message is that smoking is a very desirable thing to do. "You have a lot of fun when you are smoking and when you are drinking" - and the commercial media constantly promotes that message. It is a greater problem here in the Northwest Territories because our aboriginal people do not understand that non-Native and white people, who may be more educated and more sophisticated, can indeed be wrong. If the message being sent shows non-Native and white people as part of the media campaign and having fun, then it must be alright, it must be a good thing.

And so we have a very serious problem to tackle in the near future. The constant media campaign promoting the idea that smoking and using alcohol are fun things and "in" things has to be dispelled. We have been living with that message for the last 15 years and although I don't believe it was intended to do the harm it has done, nevertheless it does influence, and it does support the use and abuse of these substances in our system.

This, then, is going to be the big challenge in the next couple of years; we have to change the attitude that it's a fun thing to smoke and it's not doing anyone any harm.

For many native groups and individuals in the Northwest Territories, as with various ethnic and cultural groups in Canada and around the world, smokeless tobacco is still culturally acceptable. Today, it is not uncommon in smaller communities to see very young children using smokeless tobacco.

Prior to 1980 there was very little concerted governmental action to deal with the extensive use of tobacco products; in fact, it was largely a period of non-intervention by governments everywhere. Counselling of specific patients by individual health practitioners occurred often, particularly if smoking was related to the patient's medical condition. Although the hazards of smoking were frequently referred to in a variety of health promotion events, there was no coherent, system-wide effort to inform residents of the dangers of smoking to their own health and to that of others around them. There was also little information or concrete assistance provided to help residents reduce or eliminate their tobacco consumption, and little understanding of the degree of difficulty faced by a confirmed smoker in the quitting process.

In 1979 the Department of Health established a Health Promotion Program in order to create a greater emphasis on health education and promotion programs. An important action of this new Program was to initiate a survey of the tobacco habits of Northwest Territories school children. This survey, conducted in collaboration with the Federal Government in 1982, set out to obtain data and

establish baseline measures of the knowledge, attitudes and behaviour of school children in relation to their use of tobacco products: chewing tobacco, snuff and cigarettes. The survey results showed that the levels of smoking and the use of smokeless tobacco were among the highest reported in Canada for a school age population.

Stage 2: 1980 to Present

The disturbing results of this 1982 survey gave impetus to the second more active stage of governmental concern which focussed on reducing tobacco use. The first initiatives undertaken by the Department of Health were aimed primarily at the youngest segment of our population. A full time position was created within the department dedicated to tobacco cessation. Schools were visited and with the Department's cooperation the Federal Government's *P.A.L. (Peer Assisted Learning) Smoking Prevention Program* was successfully field- tested.

The Department of Health undertook the creation of a school health curriculum and still continues to work very closely with the Department of Education in production and implementation. The *P.A.L. Program* is included in the school health curriculum at the Grade 5 and 6 levels. Other aspects of tobacco education, - for example, decision making, - are incorporated into the Mental and Emotional Wellbeing Unit, the Growth and Development Unit, and the Alcohol and Other Drugs Unit.

The use of smokeless tobacco is more prevalent in the Northwest Territories than in the rest of Canada. Because of this, the Government of the Northwest Territories has encouraged national and international organizations to recognize that smokeless tobacco is part of the total tobacco problem.

Our Government also developed one of the first Canadian pamphlets on smokeless tobacco and produced it in both English and Inuktitut.

During this period other efforts were undertaken in collaboration with the Federal Government. In 1984, a national working group was established in Canada to address reducing tobacco use across the country; most of

the provinces and territories participated as well as several non-government agencies. This group paved the way for the federally initiated preventative program "The Break-Free Generation" which was targetted at Canadian youth with the goal of creating a generation of non-smokers.

More recently, the N.W.T. Cancer Registry and the Inuit Cancer Data Base have been developed in cooperation with the Federal Government. The information received from these sources confirms the dramatic increase in lung cancer among our population, and highlights the connection between smoking and cancer.

Statistics which we now have indicate that the Northwest Territories expects to attribute almost 200 deaths to lung cancer in the decade ending in 1990, compared with 4 similar deaths between 1950 and 1960: a fifty-fold increase within three decades.

The Government of the Northwest Territories was the first jurisdiction in Canada to eliminate smoking in government buildings and offices, a step that has since been followed by the Federal Government and some other Provincial Governments in Canada.

An important result of this ban is that every one of our schools is now smoke free - a significant start to the provision of healthy environments for our young people.

This "no smoking in the workplace" policy has been in effect since 1987 and demonstrates that where there is the political will to act, positive results can happen. This was further demonstrated when our Government directed its Ministers to contact airlines serving the North to encourage them to create "no smoking" flights both to and within the North. "No smoking" flights are now a reality.

A further initiative has recently been undertaken by our Government to reduce tobacco use among the population. The tax on cigarettes has been increased and a new tax applied to snuff, chewing tobacco and loose tobacco. It is hoped that this

measure will significantly reduce the demand for tobacco products, particularly among the young.

Over the years the Department of Health has participated in many studies that have been sponsored by the Federal Government. Among these were two surveys of the smoking habits of Northern school children, one in 1982, which I have referred to previously, and a follow up survey in 1987; and a national health promotion survey of adults in 1986.

The full report from the 1987 survey of school aged children will be jointly released by the Federal and Territorial Governments during this conference.

Some of the statistics show that government efforts over the five year interval have been rewarded by a decrease in the number of young people smoking, although overall rates in the N.W.T. are still higher than the national average. Other Territorial statistics demonstrate that per capita cigarette consumption in the N.W.T. has declined from a high of approximately 5300 per capita in 1979/80 to about 4300 in 1987/88. Estimated figures for 1988/89 continue to show a downward trend.

Although these statistics are encouraging they are tempered by the results of the 1986 cross-Canada health promotion survey of adults which asked the question: "Do you smoke cigarettes regularly?" 43% of the adult population in the N.W.T. answered "Yes, everyday", which was considerably higher than the overall Canadian affirmative response of 30%.

A further breakdown of the N.W.T. response showed that 67% of Inuit who responded said "yes", 52% of the Dene said "yes" and 35% of other groups questioned said "yes". These statistics clearly indicate that we still have a serious smoking problem among our adult population.

Stage 3: the Future

In summary, in an attempt to curb tobacco use and abuse, our Government has intervened by policy development, by health promotion, by education and by

taxation. We have achieved close to a 20% reduction in our consumption of cigarettes; we have created healthier living and working environments; and yet we still find that we have a serious problem. The big challenge which remains for us is to ensure that the message and action plan is brought home to every community, every family and every man, woman and child. Once the message is received, personal responsibility must join forces with public pressure.

Now the N.W.T. needs to reevaluate the present situation and move into the future with a strategy aimed at the total problem.

The scientific research has been done. The data acquired through surveys of the population will be an invaluable tool in the development and implementation of future plans.

As we see it the strategy will include some of the following ideas:

1. Appropriate educational messages prepared and targeted to specific groups and cultures. Emphasis will be placed on eliminating tobacco use and second hand smoke throughout the life cycle.
2. Information about the dangers of tobacco use and how individuals may seek help to quit, delivered by other Northerners familiar with the local culture and language dialects.
3. Two-way communication in communities, emphasized by in-home visits; local radio talk shows; small group meetings involving community leaders.

For many years statistics have shown the relationship between health and smoking, but it is only comparatively recently that the public has perceived smoking as a major health hazard. Public perception leads to political will; as the perception grows the political backing will increase, but there are limits to public intervention in a democratic society.

It is clear that the tobacco cessation campaign must be taken beyond office buildings and schools, beyond public transportation and into the communities and homes of our residents. In addition, individual health professionals must be aware of their responsibility to provide appropriate role models for the community. When smoking and other uses of tobacco become socially unacceptable to a large percentage of the population, then we will know that a healthier lifestyle is possible.

I am looking forward to seeing what ideas may emerge from this conference. With our common northern background, all countries represented here will undoubtedly benefit from the sharing and exchange of new ideas and strategies. It is a good omen that this conference is immediately followed by World Health Day (April 7).

This year the World Health theme is "Health for all: pass it along". This reflects the importance of our deliberations here on tobacco use, and emphasizes the universal need for communication at all levels, since we all know that health is promoted through both personal and collective responsibility.

Ladies and Gentlemen, I have to tell you once again that in the media there are a lot of crossed wires, to coin a phrase, in the Northwest Territories. There are very few communities here that do not have 4 or 5 TV channels. The media commercials are fed in from the United States of America and from our Canadian companies, who have to raise money to keep the programs on the air. We are receiving messages, commercial and otherwise, which have not been prepared specifically for us; they have been prepared for white, middle class southerners. In southern Canada parents and children can relate their lives more easily to the media message, and in family discussion can decide what is good and what is bad in the message. It is very difficult for a parent in an aboriginal family to say that a non-Native message is wrong, when the message is camouflaged with excitement and fun times, and packaged in a very sophisticated way.

I think that this is one extremely important thing that has to be addressed, because the media messages are being received and it is creating difficulty at the

community level for parents to tell their children that the media message is not the correct message, it is bad.

Thank you Ladies and Gentlemen.