Cree Health Survey 2003

Canadian Community Health Survey *Cycle 2.1*

Iiyiyiu Aschii

Cigarette consumption

June 2008

Conseil Cri de la santé et des services sociaux de la Baie James
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Cree Board of Health and Social Services of James Bay

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Iiyiyiu Aschii, 2003

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FOREWORD

This publication presents the findings of a health survey carried out in 2003 among households of Iiyiyiu Aschii[1]. A similar survey had been undertaken in the region by Santé Québec in 1991 (Santé Québec, 1994). Ten years later, the Public Health Department of the Cree Board of Health and Social Services of James Bay (CBHSSJB) urgently required a new picture of its population's state of health. The purpose of the 2003 survey was to gather up-to-date information on the region's main health problems and related factors in order to improve the planning, administration, and evaluation of various social and health programs.

According to the 2001 Public Health Act (*Loi sur la santé publique*), Quebec's public health departments must periodically assess the health of their respective populations. Since 2000-2001, the province's socio-sanitary regions – with the exception of Iiyiyiu Aschii and Nunavik – have participated in the Canadian Community Health Survey (CCHS) conducted by Statistics Canada.

In 2003 the Public Health Department of Iiyiyiu Aschii decided to take part in this vast project, which was already under way across Canada, and initiated a CCHS-type survey on its own territory (Statistics Canada, 2003). Because the CBHSSJB Public Health Department is connected to the network of Quebec's Department of Health and Social Services (*Ministère de la santé et des services sociaux*, MSSS), it was able to enlist the expert assistance of the *Institut national de santé publique du Québec* (INSPQ) in coordinating the analysis of the results. Professionals drawn from Quebec's health care community and the Public Health Department of Iiyiyiu Aschii, as well as academic experts in the field, were given the task of drafting the publications. The analyses include results on various aspects of health affecting residents of Iiyiyiu Aschii and they also provide comparisons with 1991 data from the region and 2003 data from the rest of Quebec (Santé Québec, 1994; Statistics Canada, 2003). These analyses are relevant for everyone concerned with the health of Iiyiyiu Aschii residents (professionals, administrators, planners, and researchers).

Ten publications were produced as part of this survey:

- *Demographic and social characteristics of the population living in Iiyiyiu Aschii*
- *Food habits, physical activity and body weight*
- *Cigarette consumption*
- *Lifestyles related to alcohol consumption, drugs and gambling*
- *Preventive practices and changes for improving health*
- *Health status, life expectancy and limitation of activities*
- *Injuries and transportation safety*
- *Mental health*
- *Use and perceptions of health services*
- *Survey methods*

A final publication, *Survey highlights*, offers a rapid overall view of the health study's results.

Many people contributed to this study at every stage in its progress. Particularly deserving of mention are the roles played by Jill Elaine Torrie, Director of Specialized Services, and Yv Bonnier-Viger, Director of Public Health of the Cree Board, throughout the planning phase and during operations on the field. Above all, we wish to thank the Cree population for its remarkable level of collaboration.

METHODOLOGY OF THE CANADIAN COMMUNITY HEALTH SURVEY (CCHS), CYCLE 2.1, IIYIYIU ASCHII, 2003

The survey was conducted during the summer of 2003 using a representative sample of residents aged 12 and older from the nine communities in Iiyiyiu Aschii: Chisasibi, Eastmain, Mistissini, Nemaska, Oujé-Bougoumou, Waskaganish, Waswanipi, Wemindji, and Whapmagoostui.

The original 1,000-person sample was randomly selected from residents of private households in the region. The final sample thus included both Aboriginal and non-Aboriginal residents. Most interviews (85%) were conducted in person during the summer of 2003 using computer-assisted interview software. Individuals who were absent during the first data collection period were interviewed by telephone at the end of autumn 2003.

There was a high participation rate. Of the 646 households selected, 581 agreed to participate in the survey (90%). Within these households, 920 of the 1,074 eligible individuals (86%) agreed to answer the questionnaire, for a combined response rate of 78%. The survey results were then adjusted based on the number of people aged 12 and older from Iiyiyiu Aschii living in private households, excluding residents of institutions such as seniors' homes. This survey does not include children under the age of 12. All data presented in this

[1] Please note that the socio-sanitary region for the James Bay Cree Territory is referred to by its Cree name, Iiyiyiu Aschii, throughout this text.

document have been weighted to allow inferences to be made for the population as a whole.

However, it must be noted that the data are from a sample and are therefore subject to a sampling error, which must be taken into account. A coefficient of variation (CV) was used to quantify how precise the estimates were, and Statistics Canada's cut-off points were used to describe the precision of these estimates. An asterisk (*) next to an estimate indicates high sampling variability (CV between 16.6% and 33.3%). Estimates with unacceptable precision rates (CV > 33.3%) or based on fewer than ten respondents have been suppressed and replaced by the letter "U."

Statistical analyses of comparisons among the sexes, age groups and sub-regions were conducted at a threshold of $\alpha = 0.05$. Comparisons with the rest of Quebec were standardized to take into account the differences in age structure between the population of Iiyiyiu Aschii and that of the rest of Quebec, and were conducted at a threshold of $\alpha = 0.01$ (Statistics Canada, 2003).

When the questions asked were similar, the results were compared to those of a 1991 survey carried out in the region (Santé Québec, 1994). In light of differences in the samples between the two surveys, these comparisons are only made among Cree aged 15 and older and have been standardized to compensate for changes in the population's age structure. Only unadjusted rates are presented in the text in order to avoid possible confusion with the standardized rates.

More details on data processing are given in the above-mentioned *Survey methods* report.

INTRODUCTION

The harmful effects of tobacco smoking on health are well known and documented today (U.S. Department of Health and Human Services, 2004). Tobacco smoke contains more than 4,700 chemical substances, 43 of which are known to be carcinogenic. Tobacco is therefore considered responsible for at least 85% of all cases of lung cancer, in addition to being associated with many other cancers such as cancer of the mouth, pharynx, larynx, oesophagus, stomach, pancreas, kidney, ureter, bladder, uterine cervix and colon, as well as leukemia. Tobacco is also related to lung disease including pneumonia and obstructive pulmonary disease (asthma, chronic bronchitis and emphysema). It can lead to inhibited lung development among child and adolescent smokers and to reduced pulmonary capacity among young adults and adults. Use of tobacco also contributes to an increased risk of various cardiovascular diseases: aortic aneurysm, atherosclerosis, stroke and coronary heart disease. Effects on the health of the foetus have also been demonstrated, leading to premature birth, low birth weight, stillbirth or Sudden Infant Death Syndrome.

Second-hand smoke also represents a danger to the health of non-smokers. It is a major risk factor for cancer and cardiovascular disease among this population (De Groh & Morrison, 2002), in addition to being associated with various respiratory illnesses, particularly among young children (Svanes et al., 2004).

The risk of developing a health problem caused by tobacco is higher in proportion to exposure, both in terms of the quantity of smoke inhaled and in terms of the duration of exposure in numbers of years. The age at which young people start smoking is therefore very important, especially since nicotine is recognized as being a highly addictive substance (U.S. Department of Health and Human Services, 1988).

Traditionally regarded as sacred by the First Nations (Reading, 1996), the use of tobacco has, over time, become a life habit. However, current tobacco use in the communities is considered by the members of the First Nations as a non-traditional use that does not respect the spiritual and medicinal value of tobacco, and that is dangerous and harmful for health. Recent surveys show that smoking is on the rise in Aboriginal communities, especially among young people.

This document will deal specifically with the use of cigarettes among residents aged 12 and over in Iiyiyiu Aschii. Among the themes covered, we will discuss nicotine dependence, smoking cessation, quit rates, use

of cigarettes among young people aged 12-19 and exposure to second-hand smoke.

METHODOLOGICAL ASPECTS

The following sections of the Canadian Community Health Survey (CCHS) 2003 were used in presenting the following analyses: smoking, smoking cessation aids, stages of change, exposure to second-hand smoke, nicotine dependence and youth smoking. Cigarette smoking was measured among the population of Iiyiyiu Aschii aged 12 and over. However, comparisons with the 1991 Santé Québec survey among the Cree of James Bay (Santé Québec, 1994) concerned the Cree population age 15 and over.

Cigarette smoking is presented according to four categories of smokers: daily smokers (those who smoke every day), occasional smokers (those who smoke, but not every day), ex-smokers (those who used to smoke, but who no longer smoke) and people who have never smoked a full cigarette in their life. The wider category of "current smokers" includes daily smokers and occasional smokers. That of "non-smokers" includes ex-smokers and people who have never smoked.

The quantity of cigarettes smoked on a daily basis is presented in ranges of 1-10 cigarettes and 11 cigarettes or more, as well as according to the average number of cigarettes smoked each day.

The Fagerström test for nicotine dependence (Heatherton et al., 1991) was given to daily smokers only, to classify them among five categories of dependence, from very low to very high.

The changes in the smoking cessation process are presented in terms of the five stages used to categorize smokers and ex-smokers: the pre-reflection, reflection, preparation, action and maintenance stages. At the pre-reflection stage, the current smoker has no intention of changing their behaviour in the next six months. At the reflection stage, the smoker is thinking of quitting in the next six months. At the preparation stage, the smoker is thinking of quitting in the next month. At the action stage, the person has stopped smoking in the past six months. At the maintenance stage, the person quit smoking six months ago or more.

Data on smoking cessation classify respondents into one of the four following categories: current smokers who did not try to quit smoking in the past year, current smokers who tried and failed to quit smoking in the past year, people who quit smoking during the past year and, finally, those who quit smoking more than a year ago. People who had never smoked or who have smoked less than 100 cigarettes in their life are excluded from this population.

The smoking quit rate corresponds to the ratio of the number of ex-smokers divided by the number of people who have smoked (current smokers and ex-smokers). It is presented in an overall manner, i.e. all durations combined and for quitting durations of less than one year and of one year or more.

Data relative to smoking cessation aids concern current smokers who have tried to stop smoking for at least 24 hours in the course of the past year.

Finally, the frequency of exposure to second-hand smoke every day or almost every day, is measured for non-smokers and smokers who do not live alone. It is presented according to three main areas of exposure: the home, the car, and public spaces. For the last two areas, the reference period is exposure every day or almost every day in the course of the past month. Restrictions relating to the use of cigarettes at home also present three subcategories: restrictions throughout the home, in certain rooms or in the presence of young children. The entire population aged 12 and over was targeted.

SCOPE AND LIMITATIONS OF THE DATA

Cigarette smoking is self-declared by respondents. Under these circumstances, it is possible that out of a concern to be socially desirable, people might hesitate to say that they are smokers, underestimate the number of cigarettes they smoke, or overestimate their attempts to quit. The rates of partial non-response for each of the variables or indicators relating to cigarette smoking are generally very low – around 1%.

RESULTS

1. CIGARETTE SMOKING

TYPE OF SMOKER

In 2003, 46% of the residents of Iiyiyiu Aschii aged 12 and over are current smokers (Table A1, Appendix). More precisely, 34% report that they smoke on a daily basis and 12% say they smoke from time to time, i.e. they do not smoke every day. On the other hand, 54% of all individuals aged 12 and over are non-smokers: 37% are ex-smokers and 17% say they have never smoked. Men in the region account for a proportionally higher number of current smokers than women, and we also see more women among those who have never smoked.

There are more current smokers, both daily and occasional, among residents of Iiyiyiu Aschii than in the rest of Quebec (46% vs. 27%). On the other hand, fewer

people in the Iiyiyiu Aschii region have never smoked (17% vs. 30%). The proportion of ex-smokers is, however, similar in both regions. All these observations apply for both genders.

Cigarette use also varies according to age (Table A1, Appendix). The greatest proportion of current smokers is found in the 20-29 age group, i.e. nearly three in four individuals (73%), 56% of whom smoke every day. The proportion of current smokers then diminishes with age: those aged 45 years and over constitute the group with the least number of smokers (16%). We should also mention the particularly worrisome proportion of young smokers aged 12-19, a group which already includes 60% of current smokers and 42% who smoke cigarettes daily. We can also see that the proportion of ex-smokers increases with age, rising from 15% of young people aged 12-19 to 61% of people aged 45 and over. The proportion of people who have never smoked is similar among young people (25%) and older people (24%), while it is lower among people in the 30-44 age group (15%).

When comparing the smoking habits of Iiyiyiu Aschii residents with those of residents in the rest of Quebec according to age, we note that the proportion of young smokers (aged 12-19) is higher in the region than elsewhere in Quebec (60% vs. 19%). The gap between the two regions is just as wide for the 20-29 age group (73% vs. 33%). However, the gap begins to narrow among residents who are older, and we even note a lower proportion of current smokers among Iiyiyiu Aschii residents aged 45 and older: 16% compared to 23% for the other Quebecers of the same age.

When we compare the results of the CCHS 2003 with the 1991 Santé Québec survey among the Cree population aged 15 and over, taking into account the difference in age structure between the two surveys using adjusted rates, we note an increase, between 1991 and 2003, in the number of people who have never smoked (Table A2, Appendix). Parallel to this increase, again comparing the two surveys, we note a reduction in the number of daily smokers, but this difference is not statistically significant. We also observe a downward trend in the number of current smokers aged 45 and over – a reduction that seems to be related to the increase in the number of people who have never smoked, though the difference is not statistically significant for this group (Table A2, Appendix). Also, the proportion of ex-smokers seems to have gone down between 1991 and 2003 among the 25-44 age group, but again the difference observed is not significant. This difference seems to be related to the higher number of current smokers.

AGE OF STARTING SMOKING

If we exclude people who have never smoked a full cigarette, we can see that most residents aged 12 and over smoked their first cigarette between the ages of 12 and 19 (81%) (Table A3, Appendix). This proportion is spread almost equally among the 12-14 age group (42%) and the 15-19 age group (39%). Fourteen percent of the population, however, confirms that they experimented with cigarettes between the ages of 5 and 11. Only a small percentage of the population aged 12 and over (6%*)[2] smoked their first cigarette at age 20 or over.

The proportions between men and women are similar among those who experimented with their first cigarette between the ages of 5 and 11, as well as those who had their first experience at age 20 or over. However, we observe a higher proportion of women who smoked their first cigarette between the ages of 12 and 14 (47%) than men (37%). On the other hand, 44% of men smoked their first cigarette between the ages of 15 and 19, compared to 33% of women.

It should be noted that the proportion of individuals who smoked their first cigarette between the ages of 5 and 11 is higher among the residents of Iiyiyiu Aschii than in the rest of Quebec (14% vs. 7%). On the other hand, initiation to cigarettes at age 20 or over is rarer in the Iiyiyiu Aschii region than in the rest of Quebec (6%* vs. 16%).

AGE OF STARTING SMOKING ON A DAILY BASIS

More daily smokers aged 12 and over began smoking cigarettes every day between the ages of 15 and 19 (59%), while 32% started at a younger age, i.e. between age 5 and 14 (Table A4, Appendix). The differences observed between men and women, however, are not statistically significant. In addition, taking into account the difference in the age structure of the two regions using adjusted rates, we note that the age at which daily smokers aged 12 and over of the Iiyiyiu Aschii region started smoking every day is significantly different than that for the rest of Quebec.

[2] The asterisk (*) indicates a rough estimate (CV between 16.6% and 33.3%); these data are to be interpreted with caution.

NUMBER OF CIGARETTES SMOKED PER DAY

The distribution of daily smokers according to the number of cigarettes smoked each day shows that nearly two thirds of them (65%) smoke from 1 to 10 cigarettes daily (Table A5, Appendix). There are more women than men in this category (78% vs. 54%). Compared to the rest of Quebec, daily smokers in the Iiyiyiu Aschii region consume fewer cigarettes each day and most of them are smokers who consume 1 to 10 cigarettes per day (65% vs. 30%).

The proportion of smokers consuming 1 to 10 cigarettes per day seems to go down with age, dropping from 78% among the 12-19 age group to 53%* among those aged 45 and older. This reduction, however, is likely related to the increase in the group who smoke 11 cigarettes or more. These observations are not, however, statistically significant.

Expressed as an average number of cigarettes smoked per day, these results represent a consumption of 9.9 cigarettes per day among daily smokers in the Iiyiyiu Aschii region (Table A6, Appendix). Men smoke more cigarettes per day than women (10.9 vs. 8.7). The average number of cigarettes smoked each day ranges from 8.2 cigarettes among those in the 12-19 age group to 13.1 cigarettes among those aged 45 and over. For daily smokers overall, as for each of the age groups, the average number of cigarettes smoked remains lower among the residents of Iiyiyiu Aschii than among smokers in the rest of Quebec.

NICOTINE DEPENDENCE

According to the Fagerström test, 58% of daily smokers aged 12 and over in Iiyiyiu Aschii have low nicotine dependence while 10% have high or very high dependence (Table A7, Appendix). There are more daily smokers with low nicotine dependence in Iiyiyiu Aschii compared to smokers in the rest of Quebec (58% vs. 31%), but fewer daily smokers with high or very high dependence (10% vs. 32%).

The differences observed between men and women in the region are not statistically significant and we do not observe any differences according to age (Table A7, Appendix).

CIGARETTE SMOKING AMONG YOUNG PEOPLE

Because of the significance of age in starting a smoking habit, it is important to clarify the results in the 12-19 age group. Among youth aged 12-14, the proportion of current smokers is 42% (22%* daily smokers and 21%* occasional smokers) (Table A8, Appendix). In the 15-19 age group, the proportions are 73%, 56% and 17%* respectively. The proportion of young people who have never smoked ranges from 39% among those aged 12-14 to 15%* among those aged 15-19. The differences observed between boys and girls are not, however, statistically significant. Given the limited number of respondents, comparison with young people in the rest of Quebec is only possible for current smokers aged 15-19. We thus observe a much higher proportion of smokers for the youth in this age group in the Iiyiyiu Aschii region (73% vs. 27%), among both boys and girls.

With respect to where young smokers usually obtain their cigarettes, most (52%) say they buy them at a small grocery store or convenience store, 35% of them buy them in another kind of store, from their friends or from another person, and 13% get them from their family or friends or obtain them another way.

In the 12 months preceding the survey, only 32% of the young current smokers were asked their age when they bought cigarettes in a store (Table A9, Appendix). This proportion is substantially lower than the proportion observed for young Quebecers of the same age (68%). It also seems that young girls are less often asked their age than boys.

Also during the year preceding the survey, 37% of young current smokers aged 12-19 were refused cigarettes when they tried to buy them at a store (Table A10, Appendix). The difference is not statistically significant between the 12-14 and 15-19 age groups. However, though the law forbids the sale of tobacco to people under 18, we nonetheless observe that 58% of young people aged 12-14 have never been refused the purchase of cigarettes.

Finally, in the past 12 months, a quarter of current young smokers in the 12-19 age group asked a stranger to buy them cigarettes (data not shown).

2. SMOKING CESSATION

STAGES OF CHANGE IN THE SMOKING CESSATION PROCESS

Data show that 23% of all individuals are at the pre-reflection stage, i.e. they have no intention of changing their behaviour in the next six months, and as many individuals are at the reflection stage, meaning that they are thinking of quitting smoking in the next 6 months (Table A11, Appendix). Thirteen percent are at the preparation stage and are thinking of quitting in the coming months, while 41% are either at the action stage and have not smoked in the past six months or at the maintenance stage and have not smoked in six months or more. These results do not differ from the rest of Quebec. The numbers of men and women are similar at each of these stages.

A higher proportion of individuals aged 30 and over are at the action and maintenance stages, i.e. 57% compared to only 13% among those aged 12-19 and 21% among those aged 20-29 (Table A11, Appendix). If we compare the Iiyiyiu Aschii region to the rest of Quebec according to age group, only those in the region aged 20-29 show a significant difference, with a smaller proportion of individuals at the action and maintenance stages (21% vs. 35%).

A greater proportion of residents in the inland communities[3] are at the reflection stage (27%) compared to residents in the coastal communities (19%), while a larger proportion of residents in the coastal communities (17% vs. 9%) are at the preparation stage (Table A11, Appendix).

QUITTING SMOKING

One quarter of current smokers say that they did not try to stop smoking in the 12 months preceding the survey (Table A12, Appendix). A proportion of 36% say they tried to stop smoking without success, and 6% say they successfully quit during the year preceding the survey. Finally, 32% affirmed that they quit smoking over a year ago. Here, there is no difference with the rest of Quebec. It seems that in Iiyiyiu Aschii, a greater proportion of women than men successfully gave up smoking during the past year. The other data do not, however, show any statistically significant differences in terms of gender, with respect to attempts to quit smoking.

Residents in the inland communities stand out from the coastal communities with more people who have not tried to stop smoking in the past year and fewer people who tried to quit smoking in the past year without success (Table A12, Appendix).

The number of individuals who have quit smoking for more than a year rises with age (Table A12, Appendix). Thus, a higher proportion of people aged 45 and over say they have stopped smoking for over a year, i.e. 73% compared with 10%* for those aged 20-29. We should mention that more than half the people in the 12-29 age group say they tried to quit smoking during the year preceding the survey without success. Finally, more people aged 45 and over successfully quit smoking more than a year ago in the Iiyiyiu Aschii region (73%) than did individuals of the same age in the rest of Quebec (62%). However, the 20-29 age group presents the reverse trend: a smaller percentage of people in this group successfully quitted smoking more than a year ago in the Iiyiyiu Aschii region than did the population of the same age elsewhere in Quebec (10%* vs. 24%).

QUIT RATES

The smoking quit rate, all durations combined, is 39%: 6% for a duration of under one year and 32% for a duration of one year or more (Table A13, Appendix). The quit rate is statistically different between genders only for the 'under one year' category. The rate for men is 4% compared to 9% for women. There is no difference in quit rates between residents of Iiyiyiu Aschii and other Quebecers.

Depending on age, quit rates for all durations combined are higher among those aged 20 and over than in the 12-19 age group, i.e. 44% versus 12% (Table A13, Appendix). Comparison with the rest of Quebec shows a lower quit rate for all durations combined among people aged 20 and over in the Iiyiyiu Aschii region.

SMOKING CESSATION AIDS

Only 11% of current smokers who tried to stop smoking for at least 24 hours in the course of the past year used a nicotine patch. This proportion is significantly lower than that for the rest of Quebec (35%).

3. EXPOSURE TO SECOND-HAND SMOKE AND RESTRICTIONS IN THE HOME

Among non-smokers and smokers who do not live alone, almost 10% are exposed to second-hand smoke every day or almost every day in their home (Table A14, Appendix). About one-fifth of them were exposed to second-hand smoke in an automobile every day or almost every day in the course of the month preceding the survey, while a third said they were exposed to second-hand smoke in a public place every day or almost every day over the course of the past month. These proportions are the same for both men and women.

Comparison with the rest of Quebec shows that exposure to second-hand smoke at home is distinctly less frequent for the residents of Iiyiyiu Aschii (10% vs. 27%). However, a greater proportion of those people were exposed in an automobile (19% vs. 10%) or in a public place (33% vs. 24%). A proportionately higher number of those in the 12-19 age group said they were exposed to second-hand smoke in the home than those aged 20 and over. Nevertheless, compared to young people aged 12-19 in the rest of Quebec, young people in Iiyiyiu Aschii say they are less exposed to second-hand smoke in the home (16%* vs. 37%).

With respect to restrictions relating to tobacco use, 85% of individuals say that there are restrictions on cigarette

[3] The region of Iiyiyiu Aschii has been divided in two sub-regions for comparison. The coastal sub-region includes the villages of Chisasibi, Wemindji, Eastmain, Waskaganish and Whapmagoostui while the inland sub-region includes Nemiscau, Mistissini, Oujé-Bougoumou and Waswanipi.

smoking in their home (Table A15, Appendix). This proportion is considerably higher than what we see for the rest of Quebec (42%). More precisely, 80% of these people say that the restrictions apply to the entire home, while 2.5%* say that there is no smoking allowed in certain rooms of the house only. For 1.8%* of residents, smoking in front of young children is not permitted. There are more restrictions on cigarette smoking at home among individuals who have completed high school education than for those who did not reach that level of education (data not shown).

DISCUSSION AND CONCLUSION

In continuity with the 1991 survey and in keeping with the literature, we note that the residents of Iiyiyiu Aschii stand out due to a higher proportion of current smokers (both daily and occasional) than in the rest of Quebec. The results are particularly of concern with respect to youth, where proportions of current smokers are significantly higher than those in the rest of Quebec. To this observation is added the early experimentation with cigarettes and the fact that only a small proportion of young people are asked for their age when buying cigarettes, compared to the rest of Quebec.

The fact that more residents of Iiyiyiu Aschii are occasional smokers than in the rest of Quebec, and that the number of cigarettes smoked daily is lower, does not make the situation any less of a concern. In fact, according to the National Population Health Survey (NPHS), 34% of occasional smokers from 1994-1995 became daily smokers in 1996-1997 (young occasional smokers could even be more involved here).

With respect to the stages of change in the smoking cessation process, quitting smoking and quit rates, the residents of the Iiyiyiu Aschii region are no different than those in the rest of Quebec. We might ask ourselves whether this is a satisfactory situation, given the extent of the problem in the region. In addition, the results among the 20-29 age group with respect to these aspects are generally not very encouraging compared to the results for young adults in the rest of Quebec.

From this observation, we can, however, note that the number of people who have never smoked increased between 1991 and 2003, which seems to be an encouraging sign. Nevertheless, this improvement only appears to be visible among those aged 45 and over, while those in the younger age group do not seem to be a part of this trend.

Considering the number of current smokers in the Iiyiyiu Aschii region, one result stands out, and that is the restriction on the use of tobacco at home, which generally applies to the entire house. This result is far more positive than the result for Quebec overall. This situation no doubt means that there is low exposure to second-hand smoke every day or nearly every day at home. Also, this restriction may have an impact on the average number of cigarettes smoked by daily smokers. Nonetheless, exposure to second-hand smoke outside the home remains higher than in the rest of Quebec.

We also observe that current smokers in Iiyiyiu Aschii have lower nicotine dependence. The Fagerström test is based on two questions in particular, relating on the one hand to the number of cigarettes smoked daily, and on the other to the time elapsed between waking in the morning and smoking the first cigarette. However, the considerable restrictions on tobacco use at home may affect the answers to these two questions, thereby making the test less well adapted to the population of Iiyiyiu Aschii.

The extent of non-traditional tobacco use, especially among youth, and the many years of exposure resulting from it will no doubt have an impact on the future health of the population, especially since young people are increasingly affected by other problems caused by rising obesity rates, a sedentary lifestyle and the increase in Type II diabetes.

We also know today that tobacco does not mix well with various respiratory problems such as asthma, bronchitis, pneumonia, etc. (U.S. Department of Health and Human Services, 2004). The population of the territory already has excess mortality for respiratory disease as compared to the rest of Quebec (Public Health Department of the James Bay Cree Territory, 2004). It would therefore seem that obstructive pulmonary diseases can be added to pneumonia and flu as causes of excess mortality.

In the case of cardiovascular disease, tobacco has the ability to act synergistically with other risk factors such as high blood pressure or hypercholesterolemia and thereby multiply the risks of cardiovascular disease or stroke. We have seen that deaths caused by circulatory disease have increased rapidly over the past years and are now the leading cause of mortality in the region, ahead of respiratory disease (Public Health Department of the James Bay Cree Territory, 2004). Mortality rates for the region are now comparable to those for Quebec. This increase is an even greater cause for concern given that trends in circulatory disease mortality are declining in Quebec as a whole (Choinière et al., 2006).

Many forms of cancer are also associated with smoking, such as cancer of the lung and other respiratory tracts, colon, pancreas, stomach, and so on. Cancer deaths in the Iiyiyiu Aschii region are still lower than in the rest of Quebec, but lung cancer is, as in Quebec, the most

prevalent (Public Health Department of the James Bay Cree Territory, 2004), and lung cancer rates are likely to rise in the future.

Several conditions seem to be present in the Cree population that explain the rise in certain chronic diseases. We should recall, however, that the risk of developing a smoking-related disease is reduced when people stop smoking. Thus, the likelihood of contracting lung cancer is reduced by half after five years of not smoking and is similar to that of a non-smoker after ten years. The number of deaths due to heart disease also decreases.

The widespread use of tobacco certainly presents a very high risk factor among the Iiyiyiu Aschii population, but by changing rules or social standards and providing the necessary relevant support and information in terms of prevention, it is possible to change smokers' habits. Given the data collected in this survey, it is also imperative to target young people in priority, so as to prevent the problems mentioned above.

KEY ISSUES

With respect to cigarette smoking, the population of Iiyiyiu Aschii stands out through:

- A proportion of current smokers (46%) higher than that for the rest of Quebec (27%).
- Daily smokers who smoke, on average, fewer cigarettes per day than the rest of Quebec (9.9 cigarettes vs. 16.4).
- An increase, between 1991 and 2003, in the proportion of the population aged 15 and over who have never smoked (9% vs. 14%).
- High proportions of current smokers among young people: 60% among the 12-19 age group and 73% among the 20-29 age group.
- Young people aged 12-19 who, when buying cigarettes, are less often asked their age (32%) than young people in the rest of Quebec (68%).
- The same pattern with respect to the smoking cessation process, quitting smoking and quit rates as in the rest of Quebec. We nevertheless observe a lower proportion of young people aged 20-29 at the action and maintenance stage, and a lower proportion of young people in this age group who successfully stopped smoking compared to people of the same age in the rest of the province.
- A restriction on the use of cigarettes at home, which extends to 85% of the population. For 80% of the population, this restriction applies to the whole house. These results are significantly higher than those for the rest of Quebec (42% and 35% respectively).
- A population which is more exposed to second-hand smoke in vehicles (19%) and public places (33%) than Quebecers in the rest of Quebec (10% and 24% respectively).

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APPENDIX

Table A1
Type of smoker according to gender and age group (%), population aged 12 and over, Iiyiyiu Aschii and rest of Quebec, 2003

	Current smoker			Non-smoker		
	Daily smoker	Occasional smoker	Total	Ex-smoker	Never smoked	Total
Total	**33.8**	**11.8**	**45.6**	**37.4**	**16.9**	**54.4**
(rest of Quebec)	*(21.6)*	*(5.3)*	*(26.9)*	*(43.0)*	*(30.1)*	*(73.1)*
Gender						
Men	**36.3**	**12.5**	**48.8**	**36.9**	**14.3**	**51.2**
(rest of Quebec)	*(23.9)*	*(5.7)*	*(29.6)*	*(45.6)*	*(24.8)*	*(70.4)*
Women	**31.1**	**11.1**	**42.2**	**38.0**	**19.8**	**57.8**
(rest of Quebec)	*(19.6)*	*(4.9)*	*(24.5)*	*(40.8)*	*(34.7)*	*(75.5)*
Age group						
12-19 years	**41.5**	**18.2***	**59.8**	**14.9***	**25.4**	**40.2**
(rest of Quebec)	*(10.7*)*	*(8.5*)*	*(19.2)*	*(17.7)*	*(63.1)*	*(80.8)*
20-29 years	**55.5**	**17.7**	**73.2**	**23.7**	**U**	**26.8**
(rest of Quebec)	*(25.6)*	*(7.8)*	*(33.4)*	*(34.9)*	*(31.7)*	*(66.6)*
30-44 years	**37.2**	**11.5**	**48.7**	**36.7**	**14.5**	**51.3**
(rest of Quebec)	*(27.1)*	*(7.0*)*	*(34.1)*	*(39.9)*	*(26.0)*	*(65.9)*
45 years and over	**11.1***	**U**	**15.5**	**60.9**	**23.6**	**84.5**
(rest of Quebec)	*(20.0)*	*(3.0*)*	*(23.0)*	*(52.6)*	*(24.4)*	*(77.0)*

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
U Unpublished data (CV > 33.3% or fewer than 10 respondents).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A2
Type of smoker according to age group (%), Cree population aged 15 and over, Iiyiyiu Aschii, 1991 and 2003

	Current smoker			Non-smoker		
	Daily smoker	Occasional smoker	Total	Ex-smoker	Never smoked	Total
Total	**36.1**	**12.2**	**48.3**	**37.8**	**13.9**	**51.7**
(1991)	*(41.4)*	*(12.0)*	*(53.4)*	*(37.4)*	*(9.2)*	*(46.6)*
Age Group						
15-24 years	**57.7**	**18.0**	**75.7**	**15.9**	**8.4**	**24.3**
(1991)	*(61.2)*	*(15.6)*	*(76.8)*	*(14.5)*	*(8.7)*	*(23.2)*
25-44 years	**43.5**	**13.9**	**57.4**	**32.9**	**9.7**	**42.6**
(1991)	*(37.4)*	*(13.0)*	*(50.4)*	*(44.1)*	*(5.5)*	*(49.6)*
45 years and over	**8.6**	**U**	**13.9**	**61.9**	**24.2**	**86.1**
(1991)	*(18.5)*	*(5.3)*	*(23.7)*	*(60.5)*	*(15.8)*	*(76.3)*

U Unpublished data (CV > 33.3% or fewer than 10 respondents).
Sources: CCHS 2.1 – Iiyiyiu Aschii 2003 and Santé Québec survey 1991.

Table A3
Age of smoking first cigarette according to gender (%), population aged 12 and over having already smoked a complete cigarette, Iiyiyiu Aschii and rest of Quebec, 2003

	Age of smoking first cigarette			
	5-11 years	12-14 years	15-19 years	20 years and over
Total	**13.9**	**41.5**	**39.0**	**5.6***
(rest of Quebec)	*(7.1)*	*(32.0)*	*(45.0)*	*(15.9)*
Gender				
Men	**14.0**	**36.5**	**44.1**	**5.4***
(rest of Quebec)	*(8.9)*	*(32.3)*	*(46.2)*	*(12.6)*
Women	**13.9**	**47.1**	**33.1**	**5.9***
(rest of Quebec)	*(5.4)*	*(31.7)*	*(43.7)*	*(19.2)*

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A4
Age of starting to smoke cigarettes every day according to gender (%), daily smokers aged 12 and over, Iiyiyiu Aschii and rest of Quebec, 2003

	Age of starting to smoke daily		
	5-14 years	15-19 years	20 years and over
Total	**32.0**	**59.4**	**8.5***
(rest of Quebec)	*(19.7)*	*(54.5)*	*(25.8)*
Gender			
Men	**29.8**	**61.3**	**8.9***
(rest of Quebec)	*(22.4)*	*(55.0)*	*(22.6)*
Women	**34.9**	**57.0**	**8.1***
(rest of Quebec)	*(16.9)*	*(53.9)*	*(29.3)*

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A5
Proportion of smokers according to number of cigarettes smoked daily, gender and age group (%), daily smokers aged 12 and over, Iiyiyiu Aschii and rest of Quebec, 2003

	Number of cigarettes smoked daily	
	1 to 10 cigarettes	**11 cigarettes or more**
Total	**64.6**	**35.4**
(rest of Quebec)	*(30.1)*	*(69.9)*
Gender		
Men	**54.3**	**45.7**
(rest of Quebec)	*(29.0)*	*(71.0)*
Women	**77.6**	**22.4**
(rest of Quebec)	*(31.4)*	*(68.6)*
Age group		
12-19 years	**78.3**	**21.7***
(rest of Quebec)	*(50.2*)*	*(49.8*)*
20-29 years	**63.1**	**36.9**
(rest of Quebec)	*(39.0)*	*(61.0)*
30-44 years	**60.5**	**39.5**
(rest of Quebec)	*(28.9)*	*(71.1)*
45 years and over	**52.8***	**47.2***
(rest of Quebec)	*(25.4)*	*(74.6)*

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A6
Average number of cigarettes smoked daily according to gender and age group (number), daily smokers aged 12 and over, Iiyiyiu Aschii and rest of Quebec, 2003

	Average number of cigarettes smoked daily	
	Iiyiyiu Aschii	**Rest of Quebec**
Total	9.9	16.4
Gender		
Men	10.9	17.0
Women	8.7	15.9
Age group		
12-19 years	8.2	12.9
20-29 years	9.2	13.7
30-44 years	11.0	17.1
45 years and over	13.1	17.9

Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A7
Nicotine dependence according to gender and age group (%), daily smokers aged 12 and over, Iiyiyiu Aschii and rest of Quebec, 2003

	Nicotine dependence			
	Very low	**Low**	**Average**	**High or very high**
Total	**58.3**	**24.4**	**7.5**	**9.7**
(rest of Quebec)	*(31.0)*	*(24.6)*	*(12.1)*	*(32.4)*
Gender				
Men	**53.5**	**28.5**	**7.6***	**10.5***
(rest of Quebec)	*(33.1)*	*(23.9)*	*(8.7*)*	*(34.2)*
Women	**64.0**	**19.7**	**7.5***	**8.8***
(rest of Quebec)	*(28.7)*	*(25.3)*	*(15.6*)*	*(30.4)*
Age group				
12-19 years	**57.0**	**23.3***	**U**	**U**
(rest of Quebec)	*(45.8*)*	*(28.6*)*	*(U)*	*(U)*
20-44 years	**60.3**	**25.4**	**8.6***	**5.8***
(rest of Quebec)	*(33.9)*	*(25.5)*	*(12.6*)*	*(28.0)*
45 years and over	**49.6***	**U**	**U**	**U**
(rest of Quebec)	*(26.0)*	*(23.1)*	*(10.9*)*	*(39.9)*

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
U Unpublished data (CV > 33.3% or fewer than 10 respondents).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A8
Type of smoker according to gender and age group (%), population aged 12 to 19, Iiyiyiu Aschii and rest of Quebec, 2003

	Current smoker			Non-smoker		
	Daily smoker	**Occasional smoker**	**Total**	**Ex-smoker**	**Never smoked**	**Total**
12-14 years						
Total	**21.7***	**20.5***	**42.3**	**18.8***	**38.9**	**57.7**
(rest of Quebec)	*(U)*	*(U)*	*(U)*	*(7.5*)*	*(86.1)*	*(93.6)*
Gender						
Men	**U**	**U**	**39.1***	**U**	**40.3***	**60.9**
Women	**U**	**U**	**45.5***	**U**	**37.5***	**54.5**
15-19 years						
Total	**56.3**	**16.5***	**72.8**	**11.9***	**15.3***	**27.2**
(rest of Quebec)	*(15.6*)*	*(11.8*)*	*(27.4)*	*(24.2)*	*(48.4)*	*(72.6)*
Gender						
Men	**52.3**	**U**	**70.8**	**U**	**U**	**29.2**
Women	**60.8**	**U**	**75.1**	**U**	**U**	**24.9**

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
U Unpublished data (CV > 33.3% or fewer than 10 respondents).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A9
Age asked when buying cigarettes according to gender (%), current smokers aged 12 to 19 who bought cigarettes, Iiyiyiu Aschii and rest of Quebec, 2003

	Age asked when buying cigarettes	
	Yes	**No**
Total	**31.9**	**68.1**
(rest of Quebec)	*(68.3)*	*(31.7*)*
Gender		
Men	**41.7***	**58.3**
(rest of Quebec)	*(72.0)*	*(28.0)*
Women	**21.2***	**78.8**
(rest of Quebec)	*(63.7)*	*(36.3)*

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A10
Refusal to sell cigarettes according to age group (%), current smokers aged 12 to 19 who bought cigarettes, Iiyiyiu Aschii and rest of Quebec, 2003

	Refusal to sell cigarettes	
	Yes	**No**
Total	**37.1**	**62.9**
(rest of Quebec)	*(26.7*)*	*(73.3)*
Age group		
12-14 years	**42.4**	**57.6**
(rest of Quebec)	*(U)*	*(U)*
15-19 years	**35.1**	**64.9**
(rest of Quebec)	*(27.1)*	*(72.9)*

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
U Unpublished data (CV > 33.3% or fewer than 10 respondents).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A11
Stages of change in the smoking cessation process according to gender, age group and place of residence (%), current and ex-smokers aged 12 and over, Iiyiyiu Aschii and rest of Quebec, 2003

	Stages of change in the smoking cessation process			
	Pre-reflection	**Reflection**	**Preparation**	**Action and maintenance**
Total	**23.0**	**22.5**	**13.1**	**41.3**
(rest of Quebec)	*(17.1)*	*(20.3)*	*(8.1)*	*(54.4)*
Gender				
Men	**23.8**	**21.7**	**14.3**	**40.3**
(rest of Quebec)	*(16.1)*	*(20.2)*	*(10.1)*	*(53.6)*
Women	**22.1**	**23.5**	**11.8**	**42.6**
(rest of Quebec)	*(18.3)*	*(20.4)*	*(6.1)*	*(55.2)*
Age group				
12-19 years	**28.5**	**34.5**	**23.9***	**13.0**
(rest of Quebec)	*(32.5*)*	*(33.9*)*	*(U)*	*(18.8*)*
20-29 years	**28.6**	**35.7**	**15.3***	**20.5**
(rest of Quebec)	*(24.1)*	*(29.7)*	*(11.7*)*	*(34.5)*
30 years and over	**19.4**	**14.1**	**9.5**	**57.0**
(rest of Quebec)	*(15.3)*	*(18.2)*	*(7.2)*	*(59.3)*
Sub-region				
Coastal	**21.3**	**19.1**	**16.6**	**43.0**
Inland	**25.3**	**26.9**	**8.6**	**39.2**

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
U Unpublished data (CV > 33.3% or fewer than 10 respondents).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A12
Attempts to stop smoking according to gender, age group and sub-region (%), current and ex-smokers aged 12 and over, Iiyiyiu Aschii and rest of Quebec, 2003

	Attempts to stop smoking			
	Did not try to stop last year	**Tried to stop unsuccessfully last year**	**Successfully stopped last year**	**Successfully stopped more than a year ago**
Total	**25.9**	**36.0**	**6.0**	**32.1**
(rest of Quebec)	*(23.4)*	*(23.8)*	*(3.6)*	*(49.2)*
Gender				
Men	**25.6**	**37.6**	**3.8***	**33.0**
(rest of Quebec)	*(21.9)*	*(26.1)*	*(3.8*)*	*(48.3)*
Women	**26.2**	**34.0**	**8.7***	**31.1**
(rest of Quebec)	*(24.9)*	*(21.5)*	*(3.5)*	*(50.1)*
Age group				
12-19 years	**31.0**	**57.7**	**9.1***	**U**
(rest of Quebec)	*(30.5*)*	*(51.6)*	*(U)*	*(13.0*)*
20-29 years	**30.5**	**51.3**	**7.9***	**10.3***
(rest of Quebec)	*(29.2)*	*(37.3)*	*(10.0*)*	*(23.5)*
30-44 years	**28.1**	**34.8**	**6.1***	**31.0**
(rest of Quebec)	*(25.1)*	*(31.6)*	*(2.8*)*	*(40.4)*
45 years and over	**15.5***	**9.1***	**U**	**73.3**
(rest of Quebec)	*(20.6)*	*(14.8)*	*(2.5*)*	*(62.1)*
Sub-region				
Coastal	**20.4**	**41.1**	**6.1**	**32.4**
Inland	**33.5**	**28.8**	**5.9**	**31.8**

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
U Unpublished data (CV > 33.3% or fewer than 10 respondents).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A13
Quit rates for current smokers aged 12 and over according to gender, age group and duration of quitting (%), Iiyiyiu Aschii and rest of Quebec, 2003

	Smoking quit rates		
	Total	**Less than a year**	**One year or more**
Total	**38.5**	**5.9**	**32.3**
(rest of Quebec)	*(53.3)*	*(3.3)*	*(49.5)*
Gender			
Men	**37.3**	**3.7**	**33.5**
(rest of Quebec)	*(52.9)*	*(3.4)*	*(48.9)*
Women	**39.9**	**8.6**	**30.8**
(rest of Quebec)	*(53.7)*	*(3.2)*	*(50.2)*
Age group			
12-19 years	**12.4**	**8.8**	**U**
(rest of Quebec)	*(18.9)*	*(4.7)*	*(12.6)*
20 years and over	**43.8**	**5.3**	**38.4**
(rest of Quebec)	*(54.9)*	*(3.3)*	*(51.3)*

U Unpublished data (CV > 33.3% or fewer than 10 respondents).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A14
Exposure to second-hand smoke according to place of exposure, gender and age group (%), non-smokers and smokers aged 12 and over who do not live alone, Iiyiyiu Aschii and rest of Quebec, 2003

	Exposure to second-hand smoke		
	At home	**In a vehicle**	**In a public place**
Total	**9.7**	**18.7**	**33.0**
(rest of Quebec)	*(26.9)*	*(9.8)*	*(24.1)*
Gender			
Men	**9.9***	**18.9**	**34.5**
(rest of Quebec)	*(27.9)*	*(10.4)*	*(26.1)*
Women	**9.5**	**18.4**	**31.6**
(rest of Quebec)	*(26.0)*	*(9.3)*	*(22.5)*
Age group			
12-19 years	**16.4***	**15.2**	**42.3**
(rest of Quebec)	*(37.1)*	*(23.6)*	*(38.3)*
20 years and over	**8.2**	**19.2**	**31.5**
(rest of Quebec)	*(25.5)*	*(7.9)*	*(22.2)*

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).
Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.

Table A15
Restrictions on tobacco use at home, according to gender (%), population aged 12 and over, Iiyiyiu Aschii and rest of Quebec, 2003

	Restrictions on tobacco use	
	Yes	**No**
Total	**85.2**	**14.8**
(rest of Quebec)	*(42.3)*	*(57.7)*
Gender		
Men	**84.5**	**15.5**
(rest of Quebec)	*(41.5)*	*(58.5)*
Women	**86.0**	**14.0**
(rest of Quebec)	*(43.0)*	*(57.0)*
Restrictions at home		
In the entire house	**79.9**	**20.1**
(rest of Quebec)	*(34.7)*	*(65.3)*
In certain rooms in the house	**2.5***	**97.5**
(rest of Quebec)	*(6.2)*	*(93.8)*
In front of children	**1.8***	**98.2**
(rest of Quebec)	*(1.7)*	*(98.3)*
Other restrictions	**U**	**98.4**
(rest of Quebec)	*(1.7)*	*(98.3)*

* Imprecise estimate. Interpret with caution (CV between 16.6% and 33.3%).

U Unpublished data (CV > 33.3% or fewer than 10 respondents).

Source: CCHS 2.1 – Iiyiyiu Aschii and rest of Quebec, 2003.