

## Tobacco Interventions for First Nations, Inuit, and Métis Populations

The learner will develop the knowledge, skills, and abilities to provide a wholistic, client-centred, biopsychosocial approach to screen, engage, and treat commercial tobacco use among First Nations, Inuit, and Métis populations. The learner will also be able to apply these skills, develop treatment in collaboration with clients, and refer as necessary.

### 1. The history and impact of tobacco among First Nations, Inuit, and Métis populations.

#### 1.1. Describe the history of tobacco use among First Nations, Inuit, and Métis populations.

1.1.1. Explain the differences between traditional and commercial tobacco.

- a. Identify culturally specific contexts of tobacco use.
- b. Explain why Inuit do not recognize tobacco as a traditional medicine.

1.1.2. Explain how colonialization has impacted commercial tobacco use among First Nations, Inuit, and Métis populations.

- a) Indian Act and assimilation policies
- b) Residential schools
- c) Sixties scoop
- d) High Arctic relocation and the sled dog slaughter

#### 1.2. Describe the impact of commercial tobacco use among First Nations, Inuit, and Métis populations.

1.2.1. Identify the health impacts

1.2.2. Identify the social impacts

1.2.3. Identify the environmental impacts

### 2. Screen and assess commercial tobacco use with First Nations, Inuit, and Métis clients.

#### 2.1. Identify opportunities for screening

#### 2.2. Identify ways to adapt screening and assessment tools for commercial tobacco use for First Nations, Inuit, and Métis clients

#### 2.3. Provide initial and ongoing assessments with First Nations, Inuit, and Métis clients within a social determinants of health framework

2.3.1. Identify the social determinants of health as they relate to the client's ability to quit or reduce

2.3.2. Assess the role of family relationships and community supports (e.g., grandparents, parents, partners, children, aunts, uncles, friends, Elders, Chiefs, community members).

2.3.3. Identify barriers to treatment (e.g., perception of resistance transportation, financial, social support, health literacy)

### **3. Wholistic and client-centred treatment**

#### **3.1. Develop a client-driven wholistic treatment plan within a social determinants of health framework**

3.1.1. Co-create a treatment plan using a strengths-based approach

3.1.2. Develop a client-driven treatment plan within a social determinants of health framework

- a) Set SMART goals
- b) Identify ways to quit or reduce commercial tobacco use
- c) Discuss determinants of health that will be impacted by quitting or reducing
- d) Explore opportunities for harm reduction
- e) Engage in ongoing reflection of the client's journey

3.1.3. Engage with other individuals and across sectors within the client's circle of care to coordinate treatment (e.g., other healthcare and allied health workers, family, friends, Elders, etc.)

#### **3.2. Adapt psychosocial interventions for commercial tobacco cessation and/or reduction**

3.2.1. Adapt Motivational Interviewing (MI) skills

- a) Describe the core MI skills
- b) Identify culturally specific teachings relevant to MI
- c) Discuss the difference between motivating and advising

3.2.2. Adapt psychosocial interventions

- a) Describe a trauma-informed approach to care
- b) Incorporate evidence-based and wise-based approaches to care
- c) Offer traditional supports where applicable (e.g. talking or healing circles, land-based activities, crafts, prayer, etc.).

#### **3.3. Adapt pharmacological interventions for commercial tobacco cessation and/or reduction**

3.3.1. Adapt pharmacological approaches

- a) Discuss use of sacred medicines where applicable
- b) Discuss indications and contraindications
- c) Discuss dose personalization
- d) Discuss coverage of medication for commercial tobacco use

## Learning Objectives (workshop):

1. Describe the history of tobacco use among First Nations, Inuit, and Métis populations.
2. Describe the impact of commercial tobacco use among First Nations, Inuit, and Métis populations.
3. Identify ways to adapt screening and assessment tools for commercial tobacco use for First Nations, Inuit, and Métis clients.
4. Provide initial and ongoing assessments with First Nations, Inuit, and Métis clients within a social determinants of health framework.
5. Develop a client-driven wholistic treatment plan within a social determinants of health framework.
6. Adapt psychosocial interventions for commercial tobacco cessation and/or reduction.
7. Adapt pharmacological interventions for commercial tobacco cessation and/or reduction.

The learning objectives for this TEACH Specialty course are linked to the CanMEDS Physician Competency Framework recommended by the Royal College of Physicians and Surgeons of Canada (<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>).

See below to find out how this TEACH Specialty course’s learning objectives relate to the specific roles outlined in the CanMEDS Physician Competency Framework. Note that these learning objectives reflect the content covered in the course.

<b>TEACH Specialty Course - Learning Objectives</b>	<b>CanMEDS Physician Competency Framework - Roles</b>
Describe the history of tobacco use among First Nations, Inuit, and Métis populations.	Communicator, Collaborator, Scholar, Professional
Describe the impact of commercial tobacco use among First Nations, Inuit, and Métis populations.	Communicator, Collaborator, Leader, Health Advocate, Professional
Identify ways to adapt screening and assessment tools for commercial tobacco use for First Nations, Inuit, and Métis clients.	Communicator, Health Advocate, Professional
Provide initial and ongoing assessments with First Nations, Inuit, and Métis clients within a social determinants of health framework.	Communicator, Health Advocate, Professional
Develop a client-driven wholistic treatment plan within a social determinants of health framework.	Communicator, Collaborator, Health Advocate, Professional
Adapt psychosocial interventions for commercial tobacco cessation and/or reduction.	Communicator, Collaborator, Health Advocate, Professional
Adapt pharmacological interventions for commercial tobacco cessation and/or reduction.	Communicator, Collaborator, Health Advocate, Professional