

# TOBACCO, VAPING & CANNABIS INFORMATION SERIES



## Indigenous People in Canada and Tobacco

### Understanding the definitions

The term “Aboriginal” refers to the first inhabitants of Canada and includes First Nations, Inuit, and Métis peoples. First Nations refers to status (registered with the Canadian government under the Indian Act) and non-status Indian peoples in Canada. Today in Canada, the term First Nations is preferred to the term Indian. Inuit, refers to specific groups of people primarily inhabiting the northern regions of Canada. Métis refers to a collective of cultures and ethnic identities that resulted from unions between Aboriginal and European people in what is now Canada. The term Aboriginal does not acknowledge the great amount of diversity among the First Nations, Métis, and Inuit. Many people prefer to identify with their local Nation (i.e., Mohawk, Seneca, Oneida, Mississauga, etc.). In November 2015, the Canadian government introduced the term Indigenous which "is used as an umbrella term for First Nations (status and

non-status), Métis and Inuit". Indigenous refers to all of these groups, either collectively or separately and is the term used in an international context, the United Nations Declaration of the Rights of Indigenous Peoples.<sup>1, 2, 3</sup>

### Indigenous Journey and Health Inequities

The long historical intergenerational traumas, which include colonization, dispossession and residential school systems have been linked to disconnection from family and community networks, extensive loss of language, cultural genocide, and institutionalized racism.<sup>4</sup> The legacy of colonialism in conjunction with the disparities in the socioeconomic determinants of health which include employment, education, housing, income, food, stable ecosystem, access to healthcare, sustainable resources, social justice and health equity has negatively impacted their physical and psychological health outcomes and increased their vulnerability to indulgence in harmful health behaviors such as smoking tobacco and alcohol abuse.<sup>4, 5, 6</sup>

The distinct health needs, culture, aspirations and voices of Indigenous communities must be acknowledged and respected so that a shift from inequity to equity can be enforced.<sup>7</sup>

Promoting continuous meaningful relationships, recognizing the wisdom of Indigenous wellness practices, integrating cultural competencies, supporting capacity building, eliminating racism, advocating inclusiveness, generating an ethical space and narrowing the gaps in the healthcare system are some key steps to achieving health equity with and for Indigenous peoples in Alberta.<sup>8</sup>

It is essential to recognize that the disempowerments and deficits that Indigenous peoples face as a result of socioeconomic and political inequity, in the context of colonization, do not represent or define Indigenous people. The constant narrative of negativity, failure and disadvantages of Indigenous people impacts their health and well-being in multiple ways. It also contributes to stereotyping of Indigenous peoples and leads to different forms of external and internal racism, and race-based bias and it shades out solutions that recognize their strengths. Therefore, positive reframing of the deficit narrative and shifting focus to the strength-based unique assets, capabilities, knowledge and complex healing and wellness traditions that they own are critical components to meaningful healing.<sup>9</sup>

## Indigenous Wellness and Culture

Indigenous Wellness is the core understanding of Indigenous knowledge, cultural beliefs, language, world views and spirituality. The Indigenous model of health and well-being is defined as “the total health of the total person within the total environment.”<sup>10</sup> It translates all components of health and well-being by

encompassing every dimension of personhood- body, mind, heart and spirit in tandem with a healthy connection with the living environment- the land, community, family, culture, creation and everyday living environment, which synchronously is integral to maintain the sense of holistic balance.<sup>8</sup>

Similarly, connection is a powerful and integral part of Indigenous cultures. The sense of community, traditional beliefs ceremonies and storytelling have been found to increase “resilience in this population” as it enhances intergenerational communication, transmits essential knowledge critical to survival and emphasizes the collective lived experience. The web of meaningful relationships and a sense of connectedness are vital to physical, mental and emotional wellness as it provides a foundation from which individuals are better able to deal with adversities.<sup>11</sup>

With this understanding, it is worth considering that participation in culture by itself is going to impact Indigenous smoking behaviors. Therefore, healthcare professionals should work collaboratively with the family and community members, including community health representatives, caregivers, elders, knowledge keepers and other leaders where possible, to plan and deliver smoking control interventions for Indigenous populations.<sup>12</sup>

## Traditional Tobacco and Industry Maneuvering

Traditional tobacco is a vital part of many Indigenous cultures (First Nation and Metis) and is considered a sacred medicine from the Creator. It is a central element of religious ceremonies, rituals and traditional protocols. (e.g., pipe, naming, and sweat lodge

ceremonies, smudging, or gifting an Elder for guidance or a service). Tobacco is offered up and ceremonially burned to establish a direct link with the spiritual world. With the traditional use of tobacco, inhalation is minimal as ceremonial tobacco isn't smoked.<sup>13, 14</sup> Culturally appropriate education and reconnecting Indigenous peoples, especially the youth, to the cultural protocol of traditional tobacco can prevent commercial tobacco misuse in Indigenous youth.<sup>15</sup>

In the background, commercial tobacco marketing has used various strategies to manipulate and target the integration of tobacco into traditional Indigenous life in an attempt to promote their products and increase sales, resulting in increased commercial tobacco consumption and addiction among this vulnerable population. Furthermore, the attractive and appealing flavors and availability of heavily discounted commercial tobacco on reservations may also have contributed to the widespread use of commercial tobacco in spiritual ceremonies that previously used only traditional tobacco. The tobacco industry also sponsors events and makes corporate contributions to Indigenous organizations, including education, arts, culture, and rodeos so that they can control, and maneuver tobacco use for their benefit.<sup>16</sup>

## Prevalence

The prevalence for commercial tobacco uses among First Nations peoples is about two to five times higher than among non-Indigenous population.<sup>17</sup> According to data of Phase 3 of the First Nations Regional Health Survey (FNRHS), more than half (53.5%) of First Nations adults smoked commercial cigarettes. The initiation of commercial tobacco smoking

is also earlier in Indigenous communities, with instances occurring as young as 6-8 years of age, but typically beginning at age 12 and peaking at 16.<sup>18</sup>

According to the First Nations Health Status Report (Alberta Region 2011–12) of all the pregnant First Nation women who did report smoking during pregnancy (47%), nearly half reported smoking daily, while the other half reported occasional smoking. Forty percent of women reported environmental exposure to smoke within their household during pregnancy.<sup>19</sup> Also, Indigenous children are exposed to secondhand smoke in homes and cars more frequently than Canadians overall.<sup>20</sup>

<sup>21</sup> Another significant concern is the rate of smoking among First Nations youth, which is at least three times higher (33%) than youth in the general Canadian population (8%).<sup>22</sup>

## Commercial Tobacco and Associated Risks

Traditionally tobacco was used by many First Nations for ceremonial and medicinal purposes and is still practiced across many First Nations. However, it is well documented that misuse/abuse of tobacco is of growing concern not only to the general Canadian population but as well as to First Nations. Commercial tobacco is a highly addictive substance whose smoke contains more than 7,000 chemicals, 70 of which are known carcinogens. Commercial tobacco, which involves inhaling the smoke of commercial products, has a high content of nicotine and toxic additives.<sup>23</sup>

Indigenous communities face an increased risk of premature death, often after years of suffering from reduced quality of life

associated with smoking. Up to half of all people who smoke will die from their tobacco use—most before their 70th birthday. The average lifespan of someone who smokes is roughly eight years shorter than someone who doesn't smoke.<sup>24</sup> There are increased rates of tobacco-related preventable premature mortality from ischemic heart disease, lung cancer, and COPD. They are twice as likely to develop heart disease, 10 times more likely to die from it and experience heart attacks earlier in life than the general Canadian population. Diabetes prevalence is on average twice that of non-Indigenous individuals, higher for those living on reserve. The complications that arise from this condition, such as loss of vision, nerve damage, heart attack, and stroke are exacerbated by smoking.<sup>25</sup>

Smoking during pregnancy is particularly harmful to both expectant mothers and their babies. It increases the risk of perinatal mortality, preterm birth, low birth weight, congenital abnormalities, and sudden infant death syndrome (SIDS). Secondhand smoking puts children at high risk for developing a wide range of upper and lower respiratory tract infections, asthma, allergies, and reduced immune system.<sup>26</sup>

### Tobacco Control Strategies for Indigenous Communities

According to the Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) clinical practice guidelines 2011, health professionals working with Indigenous communities need to acknowledge and address both the value of traditional tobacco use and the consequences of misusing commercial tobaccos with the

families. The assessment needs to be conducted with care and respect for this difference. Similarly, all interventions must consider the spiritual and traditional role of tobacco and need to be culturally adapted and tailored to align with the Indigenous traditional protocols. The tailored assessment should depend on cultural uniqueness, history and impact of tobacco, spiritual and traditional role of tobacco, heterogeneity of individuals and communities, social determinants of health and a full understanding of barriers to treatment.<sup>27</sup>

Health Canada's Federal Tobacco Control Strategy (2018–2023), states that the government of Canada is working with national and regional Indigenous organizations to co-develop and co-deliver distinct approaches that would acknowledge the distinct nature and lived experiences of Indigenous populations in Canada and address high rates of commercial tobacco use. Health Canada, the Public Health Agency of Canada (PHAC) and Indigenous Services Canada will be expanding their reach to Indigenous groups with higher rates of smoking through increased resources in tobacco programs to reach the objective of Canada's Tobacco Strategy, which aims to reduce tobacco use to less than 5% by 2035. Likewise, at the global level, Article 4 of the World Health Organization (WHO) Framework Convention of Tobacco Control (FCTC) acknowledges, "the need for Indigenous individuals and communities to participate in the development, implementation and evaluation of tobacco control programs that are socially and culturally appropriate to their needs and perspectives".<sup>28</sup>

Essentially, the development of policies or strategies on Indigenous health should be

collaborative, distinction-based and co-developed through sustained and reciprocal relationships with Indigenous peoples, organizations and nations. Listening to the Indigenous perspectives on the shared history and its intergenerational impacts establishes a better understanding of the current challenges in advancing Indigenous health and identifying how to move forward in partnership based on a shared commitment to action.<sup>29</sup>

## References

<sup>1</sup> Smith, Jackson & Puckett, Cassandra & Simon, Wendy (2016). Wilfrid Laurier University Indigenous allyship: An overview. <https://ihll.mcmaster.ca/app/uploads/2022/02/indigenous-allyship-an-overview.pdf>

<sup>2</sup> Queen's University. (2019). *Indigenous Terminology Guide*. <https://www.queensu.ca/indigenous/sites/oiiwww/files/2021-03/QU-Indigenous-Terminology-Guide.pdf>

<sup>3</sup> Alberta Teachers' Association Walking Together Project (2018). *Stepping Stones: A note on terminology*. <https://www.teachers.ab.ca/SiteCollectionDocuments/ATA/For%20Members/ProfessionalDevelopment/Walking%20Together/PD-WT-16a%20-%20Terminology.pdf>

<sup>4</sup> *A Tobacco Endgame for Canada: Creating a future free of commercial tobacco use*. (2019). [EndGameReport-final.pdf \(lung.ca\)](https://www.lung.ca/EndGameReport-final.pdf)

<sup>5</sup> Reading, J. & Halseth, R. (2013). Pathways to Improving Well-Being for Indigenous Peoples: How Living Conditions Decide Health. Prince George, BC: National Collaborating Centre for Aboriginal Health. [NCCIH - National Collaborating Centre for Indigenous Health > Home > NCCIH PUBLICATIONS](https://www.nccih.ca/Health/Health%20Home%20NCCIH%20PUBLICATIONS)

<sup>6</sup> Alberta Health Services. (2020): *Indigenous Health Commitments: Roadmap to Wellness*. <https://www.albertahealthservices.ca/assets/info/ihp/if-ihp-indigenous-health-commitments.pdf>

<sup>7</sup> Alberta Health Services. (2020): *Indigenous Health Commitments: Roadmap to Wellness*. <https://www.albertahealthservices.ca/assets/info/ihp/if-ihp-indigenous-health-commitments.pdf>

<sup>8</sup> Alberta Health Services. (2020): *Indigenous Health Commitments: Roadmap to Wellness*. <https://www.albertahealthservices.ca/assets/info/ihp/if-ihp-indigenous-health-commitments.pdf>

<sup>9</sup> Improving health research among Indigenous Peoples in Canada. (2018). *CAMJ*, 190(20). <https://www.cmaj.ca/content/cmaj/190/20/E616.full.pdf>

<sup>10</sup> First Nations Information Governance Centre, National Report of the First Nations Regional Health Survey Phase 3: Volume One, (Ottawa: 2018). 200 pages. Published in March 2018. [https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d\\_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf](https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf)

<sup>11</sup> Molyneaux, Heather, et.al. (2014). Social Media in Remote First Nations Communities. *Canadian Journal of Communications*. Vol 30, 275-288. <https://cjconline.ca/index.php/journal/article/view/2619/2448>

<sup>12</sup> CAN-ADAPTT. (2011). Canadian Smoking Cessation Clinical Practice Guideline. Toronto, Canada: Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health.

<https://www.nicotinedependenceclinic.com/en/canadaptt/PublishingImages/Pages/CAN-ADAPTT-Guidelines/Aboriginal%20Peoples.pdf>

<sup>13</sup> Keep it Sacred National Native Network (2015). Traditional Tobacco.

<http://keepitsacred.itcni.org/tobacco-and-tradition/traditional-tobacco-use/>

<sup>14</sup> Cancer Care Ontario Aboriginal Tobacco Program (n.d.) First Nations: Traditional or Sacred Tobacco Purposes. Ontario Health.

[http://www.tobaccowise.com/first\\_nations](http://www.tobaccowise.com/first_nations)

<sup>15</sup> Gendron, F. (2017). Aboriginal youth's perceptions of traditional and commercial tobacco in Canada. *Health Promotion International*, 33(6), 1033–1041. [Aboriginal youth's perceptions of traditional and commercial tobacco in Canada | Health Promotion International | Oxford Academic \(oup.com\)](#)

<sup>16</sup> Lempert, L. K., & Glantz, S. A. (2019). Tobacco Industry Promotional Strategies Targeting American Indians/Alaska Natives and Exploiting Tribal Sovereignty. *Nicotine & tobacco research: official journal of the Society for Research on Nicotine and Tobacco*, 21(7), 940–948.

<sup>17</sup> Health Canada. (2018). Canada's Tobacco Strategy - Canada.ca. Government of Canada.

<https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy.html>

<sup>18</sup> First Nations Information Governance Centre, National Report of the First Nations Regional Health Survey Phase 3: Volume One, (Ottawa: 2018). 200 pages. Published in March 2018. [https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d\\_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf](https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf)

<sup>19</sup> Medical Officer of Health. (2013). First Nations health status report: Alberta region 2011–12. Ottawa, ON: Health Canada.

<sup>20</sup> Jetty, R. (2017). Tobacco use and misuse among Indigenous children and youth in Canada. *Pediatrics &*

*Child Health*, 22, 395–399. [Tobacco use and misuse among Indigenous children and youth in Canada | Canadian Paediatric Society \(cps.ca\)](#)

<sup>21</sup> Elton-Marshall, T., Leatherdale, S.T. & Burkhalter, R. (2011). Tobacco, alcohol and illicit drug use among Aboriginal youth living off-reserve: results from the Youth Smoking Survey. *CMAJ*, 183 (8), E480-E486. <https://www.cmaj.ca/content/183/8/E480>

<sup>22</sup> National Collaborating Centre for Aboriginal Health. (2013). *Tobacco Fact Sheet*.

<https://www.nccih.ca/docs/health/FS-Tobacco-EN.pdf>

<sup>23</sup> Centers for Disease Control and Prevention. (2011). Chemicals in tobacco smoke. [CDC - 2010 Surgeon General's Report - Chemicals in Tobacco Smoke - Smoking & Tobacco Use](#)

<sup>24</sup> Health Canada. (2001). First Nations and Inuit tobacco control strategy. Government of Canada. [Federal Tobacco Control Strategy 2001-2011- Horizontal Evaluation - Canada.ca](#)

<sup>25</sup> Heart Research Institute (2018). First Nations People and Heart Disease. <http://www.hricanada.org/about-heart-disease/first-nations-people-and-heart-disease>

<sup>26</sup> National Collaborating Centre for Aboriginal Health. (2013). *Tobacco Fact Sheet*.

<https://www.nccih.ca/docs/health/FS-Tobacco-EN.pdf>

<sup>27</sup> CAN-ADAPTT (2011). CAN-ADAPTT Canadian smoking cessation guideline. Specific populations: Aboriginal peoples (version 2). <https://www.nicotinedependenceclinic.com/English/CAN-ADAPTT/Documents/Guideline/Aboriginal%20Peoples.pdf>

<sup>28</sup> WHO (2003). WHO Framework Convention on Tobacco Control. [WHO Framework Convention on Tobacco Control overview](#)

<sup>29</sup> Alberta Health Services. (2020): *Indigenous Health Commitments: Roadmap to Wellness*.

<https://www.albertahealthservices.ca/assets/info/ihp/if-ihp-indigenous-health-commitments.pdf>