

First Nations People and Tobacco Misuse

August 2018

Background

According to 2017 data from the Indian Registration System (IRS), Alberta is home to 128,351 First Nations people, which represents approximately 13% of the total First Nations population in Canada.¹ A total of 78,274 (61%) live on reserve and Crown land, and 50,077 (39%) reside off-reserve.¹ Over the last 10 years (2007 to 2017), Alberta's First Nations population grew by 27%, comparable to figures reported nationally,¹ During that same period, the number of First Nations people living off-reserve grew almost twice as fast (38%) as the First Nations population residing on reserve and Crown land (21%), which is also in keeping with national trends.¹

Traditional tobacco is a vital part of many First Nations cultures. It is considered a sacred medicine from the Creator, and is a central element of religious ceremonies, rituals and traditional protocols (e.g., pipe, naming, and sweat lodge ceremonies, or gifting an Elder for guidance or a service and sealing that agreement).^{2, 3} Many First Nations people date the role of tobacco in their culture to time immemorial.

Traditional Tobacco is not Commercial Tobacco

There is a big difference between the traditional tobacco used in First Nations ceremonies and the tobacco that is sold commercially in Alberta. Traditional tobacco is intended to be used in small amounts for specific ceremonies. Commercial tobacco is a highly addictive substance whose smoke contains more than 7,000 chemicals, 70 of which are known carcinogens.⁴ First Nations Elders maintain that the recreational use of commercial tobacco—whether in the form of cigarettes, chewing tobacco or otherwise—is disrespectful to the spiritual and medicinal origins of traditional tobacco, and has no connection to First Nations spirituality.^{5, 6}

Prevalence

The prevalence for commercial tobacco use among First Nations peoples is about twice as high as that of the general Canadian population.^{7, 8, 9} According

to data collected between March 2015 and December 2016 as part of Phase 3 of the First Nations Regional Health Survey (FNRHS), more than half (53.5%) of First Nations adults smoked commercial cigarettes.¹⁰ 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.^{6, 11} Moreover, Indigenous children are exposed to secondhand smoke in homes and cars more frequently than Canadians overall.^{6, 7} However, data from the 2015-2016 FNRHS suggests some promising trends; daily smoking in First Nations youth was 10.4%, down from 20.4% in 2008-2010.¹⁰

Complications of Commercial Tobacco Use

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. When a person quits using commercial tobacco, his or her life expectancy will improve.⁵

First Nations communities face additional risks, such as augmented rates of preventable premature mortality from smoking-related diseases including ischemic heart disease, lung cancer, and COPD.¹² 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.¹³ Diabetes prevalence among First Nations (14.4%) is on average twice that of non-First Nations (7.3%) individuals¹⁴ higher for those living on reserve.¹³ The complications that arise from this condition, such as loss of vision, nerve damage, heart attack, and stroke are exacerbated by smoking.¹⁵ Furthermore, the leading cause of death among First Nations infants is gestational immaturity (40%), followed by sudden infant death syndrome (SIDS; 16%), both of which are influenced by exposure to commercial tobacco.⁸

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Tobacco Cessation Strategies for First Nations Communities

To date, little research exists about effective strategies for smoking cessation within First Nations communities. In a literature search for clinical practice guidelines from 2002–2009, the Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) found several tools and resources used in different jurisdictions across the country¹¹ yet several gaps in the scientific literature remain. More research pertaining to culturally appropriate tobacco cessation interventions in Indigenous populations was identified as a priority from public and stakeholder consultation recently completed by Health Canada.¹⁶

Federal and provincial funding for tobacco cessation initiatives in First Nations communities is also limited. The First Nations and Inuit Tobacco Control Strategy, aimed to address high rates of tobacco use in Indigenous communities, was eliminated in 2006.¹⁷ The 2012 Federal Tobacco Control Strategy included a First Nations and Inuit component, with funding concluding in 2017.¹⁸ However, eligible First Nations and Inuit people can access the Non-Insured Health Benefits Program (NIHB), a federal health plan that supports coverage for all smoking cessation pharmacotherapy agents.^{6,19}

The continued impact of colonization on First Nations peoples must be taken into account, as these experiences affect their overall health and wellness on both an individual and community level. Dispossession, segregation and assimilation have created intergenerational disadvantages and trauma that interfere with the overall health and

wellness of Indigenous communities.²⁰ As such, effective strategies for smoking cessation within First Nations communities should incorporate a curriculum that teaches health service providers and community members alike about the historical context to current behaviours and attitudes related to smoking. These strategies can then help heal the intergenerational trauma and disadvantage that recurs with each generation, while creating a framework of mutual interaction wherein all parties can work to improve smoking prevention and cessation outcomes for First Nations people.^{16, 20}

In other ways, however, tobacco cessation treatment is no different for First Nations clients than it is for the general population.⁵ Physicians and healthcare workers should continue exploring their clients' smoking and tobacco use, educating their clients about the dangers of tobacco (whether directly or through second- or third-hand smoke) and introducing smoking-cessation strategies and/or referrals when appropriate.⁵

At the same time, it is important that healthcare practitioners work with members of these communities on an individual level, recognizing the diversity of individuals and communities within the larger First Nations population and tailoring their interventions accordingly.¹¹ Healthcare workers must also recognize the role that traditional tobacco plays in First Nations communities, and differentiate between commercial tobacco use and abuse, and the longstanding use of traditional tobacco. A holistic approach will help ensure that the entire community is working towards the same goal: preventing tobacco-related illness and disease.^{11, 16}

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