

## First Nations People and Tobacco Misuse

July 30, 2014

### Background

Alberta is home to 111,691 First Nations people, as of 2011.<sup>1</sup> This represents approximately 13% of the total First Nations population in Canada.<sup>2</sup> A total of 69,932 (63%) live on reserve and Crown land, and 41,759 (37%) reside off-reserve. From 2001–2011, Alberta's First Nations population grew by 27%, which is in keeping with similar figures across Canada.<sup>3</sup> During that same period, the number of First Nations people living off-reserve grew approximately twice as fast (41%) as the First Nations population residing on reserve and Crown land (20%), which is also in keeping with national trends.<sup>4</sup>

Traditional tobacco is an important part of many First Nations cultures. It is considered one of the sacred medicines given by the Creator, and is a central element in the religious beliefs of many cultures, used for medicinal purposes as well as in various ceremonies and rituals (e.g., pipe and naming ceremonies, sweat lodges, approaching elders for advice and guidance).<sup>5,6</sup> These traditions date back millennia, and are believed to be at least as old as other Western religions.

### 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.<sup>7</sup> 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.<sup>8,9</sup>

### Prevalence

In many age groups, the prevalence for commercial tobacco use among First Nations peoples is twice

as high as that of the general Canadian population.<sup>10</sup> First Nations people also tend to start using commercial tobacco products earlier than the overall population, with use beginning as early as seven years of age.<sup>11</sup> Sixty percent of First Nations people who use commercial tobacco started before the age of 16.<sup>12,13</sup> First Nations people are far more likely to be exposed to second-hand smoke, with 57% reporting having smokers in their home.<sup>14</sup> Spit tobacco is also more common in First Nations communities, with most users starting around age nine or 10.<sup>15</sup>

### Complications of Commercial Tobacco Use

Up to half of all smokers will die from their tobacco use—most before their 70th birthday. The average smoker has a lifespan roughly eight years shorter than a non-smoker. When any smoker quits using commercial tobacco, his or her life expectancy will improve.<sup>16</sup>

First Nations communities face additional risks from commercial tobacco use. More First Nations people die each year from smoking than from car accidents, alcohol, other drugs, AIDS, suicide and murder combined.<sup>17</sup> One in five First Nations people has diabetes, and the complications that arise from this condition, including loss of vision and strokes, can be made worse by tobacco use. Men and women who live on reserve have a 40% higher rate of stroke and a 60% higher rate of heart disease than those of the general population.<sup>18</sup> The leading cause of death for First Nations infants is sudden infant death syndrome (SIDS), which is three times as prevalent among First Nations peoples as it is among the general population of Canada.<sup>19</sup> All of these risks are further complicated by the use of commercial tobacco.

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## **Tobacco Cessation Strategies for First Nations Communities**

To date, there has been little research conducted about effective strategies for smoking cessation within First Nations communities.<sup>20</sup> One Canadian study suggests that quit lines are an effective tool.<sup>21</sup> 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 in use in different jurisdictions across the country.<sup>22</sup> Yet several gaps in the scientific literature remain.

There is also limited provincial and federal funding available for smoking cessation strategies in First Nations communities. In 2006, the First Nations and Inuit Tobacco Control Strategy (Health Canada), which was aimed at addressing the high rates of tobacco use in First Nations and Inuit communities, was eliminated.<sup>23</sup> There is currently no tobacco control strategy specifically designed for First Nations or Inuit communities in Canada.

More broadly, 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 Aboriginal communities. Effective strategies for smoking cessation within First Nations communities should

therefore incorporate a curriculum that teaches health service providers and community members alike about the historical context that has created 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.

In other ways, however, tobacco cessation treatment is no different for First Nations clients than it is for the general population.<sup>24</sup> Physicians and health-care 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, when appropriate.<sup>25</sup>

At the same time, it is important that health-care 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.<sup>26</sup> Health-care 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.

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