First Nations and Inuit Community of Practice Face to Face Gathering Report (Draft 2)

September 8-10, 2019

Winnipeg, Manitoba

Prepared for Indigenous Services Canada

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DAY ONE: SEPTEMBER 8, 2019

The meeting was held at the Radisson Hotel, Winnipeg. It was opened by ceremony by Elders Dennis McKay and Elaine McIvor, Rolling River First Nation. Facilitator Melissa Hotain provided opening comments and led the participants in a round of introductions.

An update was provided by Lisa Marie Wasmund, Indigenous Services Canada (ISC). ISC is a partner in the Federal Tobacco Control Strategy (FTCS). Through Budget 2018 the program was renewed and renamed Canada's Tobacco Strategy. Since the last meeting, through renewal new investments, $20.4 million over 5 years and $4.5 million per year, builds on existing funding. Through the previous strategy the funding was proposal based and shifted for more sustainable and predictable and distinction based. Funding allocated regionally through regional First Nation and Inuit Health (FNIH) offices. There were changes in some regions or status quo in others. At the regional level, funding decisions are in partnership with others.

In the Quebec region it is status quo, working with partners with new funds that came in. Amendments were made to Contribution Agreements with partners for Cree and Inuit and waiting for First Nations.

In the Alberta region, there were 4 funded projects. Waiting on decision from partnership table, First Nation leadership will decide whether to continue with the 4 projects or move to a distribution of funding through all First Nation communities, following a consultation process.

In the Saskatchewan region, there is a 5-year strategy and they are currently in year 2. There is a slight increase for years 2-3, this it is lowered in the final two years. There were changes in the regional executive and things are slightly delayed. They are getting regional input from regional health directors on the top up funding, options are: one time or for new organizations, or to host a regional session. They will know by the end of October.

ELEMENT 1: PROTECTION – ACTIONS ON TOBACCO PROTECTION MEASURES

Participant Discussion

In the BC region, through the First Nations Health Authority (FNHA), there are different sub-regions that each of the staff work with. The Inside Out program has been promoted and it raises smoking awareness. It is a board game which teaches and starts conversation on second-hand awareness. It is a flash card game version with a house icon and with trees, eagles, bears, smudge kit. It asks where would kids put things and starts the conversation with them - why do they put things where they do? Each region has been promoting the program. It was originally developed from a Western framework and changes were made to Indigenize it, working with Elders to translate to Coast Salish words. One First Nation is piloting it to ensure it is a sustainable resource to the community. They are working with a language teacher to help promote it.

The BC region also hosted an annual provincial conference, "Gathering Our Voices", which was held this year on Vancouver Island. There were 1000 youth with youth leadership. It was a beautiful and inspiring event. It involved an interactive theatre where wellness was acted out. There were 2 sessions held for youth to determine their own issues and answers on wellness. Tobacco was one theme. Youth performed small skits on prevention and protection around tobacco.

Fraser Coast Salish works based on demand from their area and is a school-based intervention. A new pop up clinic was developed and taken to the 32 communities in this area, which includes many urban members. There was feedback that a lot of these communities, take carbon monoxide monitor and developed land based quit kits. Cedar blocks and tea bags with Coast Salish healing words on them were developed, in addition to land-based healing kits. The worker goes into the community as needed and conducts a 2-3-hour clinic. A follow-up pop up clinic was held a month later, and there has been good feedback and success. The youth is one of the big demands in this region. They have been going to all the Aboriginal classrooms and schools to present the respecting tobacco smudge kit and to teach about the way we respect tobacco and on the dangers of smoking and vaping. There are calls weekly for outreach, with youth as a priority.

In New Brunswick, a tool kit was developed for the schools with different activities for different age groups. A digital copy was brought to share at the session and includes a summary, tools we need and incorporates the 7 Sacred Teachings. The tool kit teaches about traditional uses and misuse of tobacco. There is the new issue of vaping amongst youth. In one of the First Nations in the region, a youth was vaping and one of his lungs collapsed. The focus is now on vaping.

The New Brunswick region is also using language(s) to teach, Mi-kmaq and Maliseet. They also have a program called Teens Against Tobacco Use. On the land training has also been incorporated, which is the first time the region has been allowed to do this. This has included teachings on traditional tobacco and hunting. Last year there were 11 girls and 6 boys who participated. Girls seem the most interested. The region will be offering this program again, looking at diabetes, smoking, and learning on the land.

Nunavut hosted consultations on cannabis and exposure to second-hand smoke through cannabis legalization. This has resulted in increased buffer zones from 3 to 9 meters. There has been an introduction of smoke-free places across public areas where children and youth congregate. A major gap is enforcement, and the focus is on education. The program is working on social media posts, especially regarding schools and playgrounds, so people can see themselves in those posts. PSA's have been developed. They are working on signage in English, French and the local language. There are plans for a mass media campaign in the future.

In the North BC region, there are 54 communities with 17 different nations, which cover a vast area. There is pilot programming looking a second-hand smoke for Elders and Youth. The FNHA has smoke free signage that is utilized, but people still smoke where they are not supposed to. They are trying to find ways to respectfully and non-confrontationally address this issue.

They are looking at funding to build a gazebo that is 10 feet away from the door as a smoking location. This was done at the UBC Okanagan location and students can only smoke in this location. A small grant was made available and two First Nations applied to do this project. They hope to report next year on outcomes.

In the BC Region, they have created social media messages about vaping. The Chief Medical Office (CMO) wants to collaborate with FNHA on how to do some campaigns on the dangers of vaping. From a scientific perspective, they are a succession tool etc., but this is causing concern for the CMO, and they want to dig into this to see how the campaign will go.

They are developing an info sheet to share with others which will be presented during the project presentations on the third day of this Face to Face Gathering.

Health Canada also has on their website information for parents on how to talk to youth on vaping. This includes the "Is it worth the risk" campaign aimed at youth. Health Canada is also supporting an experiential tour, visiting high schools, and a maze exercise teaching youth about the dangers of vaping. They are looking for interested schools for the traveling maze which will be shared through NIDA.

Health Canada came out with a micro grant of $1,000 maximum funding. There is a one-page application form, low barrier, and is intended for a quit project.

In the Saskatchewan, at last year's session they shared about enforcement, their project, education, awareness and prevention pillars. For protection, they use signs and buffer zones. When it comes to policy on commercial tobacco use, that is where push back comes from. They train health care providers on this but that is where it stops, because the workers all smoke. They are also creating policy in the different First Nation's entities. They are trying to adapt the current no smoking policy to include all tobacco use, commercial tobacco use, however, does not get signed until it goes through a board of directors, and unfortunately does not proceed. This is a challenge and they ask if others are dealing with the same issue.

Another project being worked on is lesson plans for Grades 4 to High School. A teacher designed them to teach about tobacco use and misuse. It is designed with curriculum needs for each grade, it includes a drama component, and is ready for use for teachers. The program is also working on messaging, posters, and distance between the barriers with second-hand smoke; however, enforcement is always an issue. The program works with health, and the Director has recognized that most of the health staff are smokers; thus, the program was asked to develop materials for the health staff.

In La Ronge, they include "Wellness Wednesday", evening sessions where their department, addictions and mental health, tobacco cessation, psychologists, and suicide awareness have a wellness day for the community. They teach participants how to make ribbons skirts, which has reinforced positive messaging, demeanor and posture, and overall positive affirmation. It has built self-esteem, and this is translated to that feeling of quitting smoking. Land-based activities are also conducted, including medicine camps where they identify plants to make teas and medicines, fishing, hunting and uses of traditional tobacco. These are all aimed at reconnecting with the land.

In Peter Ballantyne Cree Nation, they also conduct land-based teachings working with the Jordan's Principle program. To connect with culture and show youth how to harvest, they offer tobacco, which overlaps with other elements of tobacco control strategy.

One ongoing theme is that there are not enough resources to do prevention work. Leadership needs to hear this message - more resources in the regions are needed. The program had 2 nurse practitioners come talk about vaping and cotton candy mix, which is a new trend we are going to start seeing. The issue of provincial resources and a whole team is available compared to the FNHA staff of one person for same size region was raised. There is a need to discuss how to better align programs. This is an action item. In addition to the question of why there is more money at the provincial level, there is also the duplication of services between the provincial and federal level. First Nations are told there is no need for extra funding because others should be providing this; however, those are urban services only and they do not come onto the reserves.

The Elder shared that as First Nations people it is important to remember our traditions and power of prayer in the work we do. He encouraged people to always ask for things in a positive way so that things will go right.

The Battle River Health Centre (BRHC) has been talking with community leadership to develop smoke-free policies. Thus far, one was successful. They work closely with a tobacco talking circle. Different professionals in communities help push for smoke-free policies, which is still a challenge. They have an annual conference to tackle the issue of tobacco use and invite former users to share stories. Through evaluations they have heard people like to hear stories and so, they will do more of this in all areas. They also do targeted intervention – e.g. ways to focus on specific areas like school, prenatal, etc.

BRHC also grows and plants traditional tobacco in the school system. The program goes to the schools and uses a

land-based approach, partnering with teachers, Elders from tobacco talking circles to do presentation on prevention and protection of traditional tobacco. They discuss the harmful effects of commercial tobacco. Then plant seeds and let them grow inside, and once they are a foot then they are transplanted outside. Once the plants are harvested, they are put into tobacco ties and distributed to the community for ceremony.

They previously tried having each house that was smoke-free use blue lights outside; however, this was discontinued because of complaints from the community that this also signified the selling of drugs.

In Nunavik, the worker recently came back to this file after previously working in this area in the 1990's. They shared a program that had 240 participants from 14 communities where 75% of participant were women and 25% were men. The quit challenge started a few years back and has become successful. Donated airplane tickets are the winning prizes.

The program works closely with the school, developing colouring books. They have also conducted media campaign to discuss cannabis. There is a recorded program on CBC that is being shared on local radio stations.

There is an on-the-land program working with Elders, and they are in the process of training wellness workers for each community. Toolkits are being translated into the 3 languages of the area. The summer games just finished, and the program made 1000 stickers that were put on the athletes - a photo of oxygen man. They were reluctant and resistant, but persisted, and now there is a plan to do the same for Arctic games coming up. The program also developed posters in 3 languages which has worked well. The program is also working with locals and organizations.

For the Meadow Lake Tribal Council (MLTC), there is a body walk, similar as the brain walk. The program does the lungs every year; focus on second-hand smoke, K to Grade 4 is a successful program. There are 9 First Nations in MLTC, 5 Cree and 4 Dene, and each year the program works with 3 schools for the body walk, then another 3 the following year. The program ordered pig lungs from Superior Medical to show a black tar lung and a pink lung as a visual. The kids were amazed. The program also participates in land-based camps, and when invited, the worker takes an Elder to provide teachings on traditional tobacco.

ELEMENT 2: REDUCING ACCESS TO TOBACCO PRODUCTS

Participant Discussion

An issue was raised that in First Nations communities, there are primarily family-run businesses. The toolkit that was developed by Fort Qu'Appelle was shared, however there is no enforcement as there is no legislation on reserve for this. They do not understand to cover up the tobacco.

Another issue is Juul and other vaping products which these are in plain view. Customers are asked for IDs if they look under 18 years of age. There is need for ongoing awareness and education, but kids still show up with a note to purchase cigarettes.

In Manitoba, a partnership was developed with the Lung Association, which led to a meeting with the Minister of Health in June. A few topics raised were access for underage children and the consideration of increasing the age limit and whether vapes are being considered a tobacco product and should it be hidden. They are working with the Minister to decrease appeal to children.

In Nunavut, they have co-op stores. The programs are working on tobacco control places act to reduce access. The federal age is 18, and theirs is 19. Juul has also popped up in these stores and is a concern in every community. They are looking at amendments to buffer zones and at point of sale. With Juul they are promoting it as a cleaner

and safer product, but it's like vaping – it is still spraying down your throat and reaching your lungs.

On issue of enforcement, public health was contacted as La Ronge is in the center of reserve where there is provincial jurisdiction. They asked the Public Health Inspector about enforcement. One First Nation store has all the tobacco products and Juul is not covered up. The program asked the province if they could enforce on reserve and asked another agency at the federal level to see what they could do. The question here is when stores must abide by Tobacco Act to get licensing to sell tobacco products - why isn't there an enforcement policy on sale of tobacco products on reserve?

Another question raised to the programs, with cannabis becoming legal and vaping, is it putting additional strain on your resources and programming and funding to having to focus on these as well?

Feedback heard, was that now that cannabis is legal, every time they meet with someone who smokes, they also share that they smoke cannabis. There is data for the program area, and smokers are 3x more likely to smoke pot. The program is working with an addiction's specialist to train the worker on this need to work with knowledgeable people on this area. What ways to use cannabis to protect our lungs? There is not enough education on this. Some don't know if cannabis has tar or other additives in it. They are finding resources to learn and talk about this.

The FNHA has a long-standing relationship with, and sit on, the Health Authority Tobacco Reduction Council, a collaboration of health authorities, the FNHA, and Public Health Agency. Collaboration is important. Some health authorities are public and have huge staff component on tobacco in one region. Somewhere in the north there is one person with no travel budget. There are differences in how enforcement is addressed at that level. Vaping and cannabis are a collaborative issue. People want to know how to address these issues.

The FNHA shared that the projects all under-staffed with big workloads and trying to add vaping and cannabis to the mix drains the current service. The Health Authority Tobacco Council has a goal for developing Indigenous relationships and the interior has made a commitment to work with FNHA to do these things. They build relationships on jurisdiction on and off reserve and do spot checks but it's not everywhere and is more random. Relationships between FNHA and health authorities is a process that is underway.

The FNHA spent a lot of time looking at cannabis and has developed info resources from another table, but it doesn't fall under its current roles and responsibilities. Leadership is trying to advocate for more resources to address this. The whole relationship development is key to moving forward. There are different jurisdictions, but they still have to work together. Some won't go to our First Nations, there is discrepancy. We may seem like we have a lot but compared to provincial authorities and amount of work, but that is not the case.

Question was raised on a tax built onto cigarettes that would in return help communities.

New Brunswick shared that they charge 50 cents per pack to go to a sports fund for children. Their First Nation is very sports oriented, and they asked leadership to put this process in place. The fund helps youth and ensures that they do not smoke, or they are removed.

Question on process, collecting it?

Answer was that a member of Council ensures the process is done at the source.

A First Nation in BC also implemented a tobacco tax at their gas station which was done through an economic development board with leadership. Because they didn't do with the community there was big uproar, but they stuck to it. Then, at their annual AGM were able to share what was collected and how it was used for other projects. The unfortunate side to this is that competing stores took away business by not charging this tax.

Concern was raised on additional taxing of First Nations that buy cigarettes, still coming from the families of the children - that it could also be viewed as motivation to smoke.

Question to the group, has any First Nations developed a by-law on cannabis or vaping?

Anything developed has been from an economic development/business focus, now that it is legal seems to focus on the positive vs health effects.

In Nunavik, they are in process of talking about it, research and policy. There is learning on THC with medical doctors. A program was recorded on CBC and will be aired monthly in the 14 communities to teach the youth. The Thunderbird Foundation is developing policies on cannabis, which they can find out about. They have done surveys in the regions to have those discussions. Their treatment centers were looking at this, which is when the Thunderbird Foundation said they were developing policies for treatment centers to consider.

Question posed to the Elders, what is their thoughts on cannabis?

The Elders shared that they never allow any users to enter ceremony while on the substance, instead they are told that they will be prayed for. They are truthful to tell people that their grandmothers and grandfathers never allowed that hence keep that teaching the same. There is an Anishinabe law that they must follow. If someone comes for help to quit substance abuse, they will help. Respect is number one, for the ceremony and areas, thus they don't allow substance abuse in the lodge.

ELEMENT 3: PREVENTION – INNOVATIVE APPROACHES TO PREVENT COMMERCIAL TOBACCO MISUSE AT THE GROUP/POPULATION LEVEL TO ENGAGE TARGETED COMMUNITY MEMBERS

Participant Discussion

The FNHA asked community members what were their ways to quit? One lady said she drank a full water bottle before each cigarette, so that the thought of drinking all that water discouraged her. The program worker then challenged others at the pop-up clinics to try this. The feedback from another thus far has been successful.

At FNHA, leadership has been interested in how we are integrating traditional healers in our work. There have been Traditional Healer gatherings, and the program worker was able to attend one in the north with 35 healers. The mission of the FNHA staff is to present their services to them. They wanted to do this in a way that was culture first, that captured people's attention. The worker harvested traditional medicines, talked with the Elders and asked what was used before as tobacco is not native to their territory. The worker was informed there was 5 ingredients that were harvested on the land with intention of ceremony and prayer. The worker did all this over the year, and then met with the Traditional Healers in Haida Gwaii and presented the medicines. At this event, they made medicine bags and shared the program overview.

There is also a community champions role model program. One of the representatives came to talk with the Elders. The Elders shared that these types of initiatives need to happen more often with all age groups and were supportive of being included. There are 54 nations in this region of BC all with different governance and protocols and ceremonies. The work of the 5 regional people here is vast. They thought it would be amazing to have this capacity developed throughout all of BC. There is big interest for FNHA to put their healers and experts at the forefront of programs and services.

In Nunavut, there was Elder engagement at the school, classes that were deemed high needs were very quiet and respectful with the Elders. Contrary to what they were informed.

Nunavut also shared that they promote a strength of breath game, pushing a ping pong ball with a straw then down to a coffee stir stick to show how hard it is to breath with smoking. They also developed a plain language story book to be used in the schools. They stated it made a difference to use positive messaging versus fear- based messaging i.e. I need healthy lungs to play hockey.

Saskatchewan has 3 different dialects of Cree, and all 3 are used. A question was asked, if there is a challenge in developing resources in the language, are they being used? The response was that, unfortunately in their communities, English is still dominant with a Cree class.

Question, are materials made available to other resources?

Answer, books are available to every school, and community health reps, to engage young children, and to daycares and waiting rooms of health centers.

Question, on the resources which look great. Do you have a lot of community members that can read this language? As a Cree member can understand but cannot read it.

Answer, it depends on the community.

In the Peter Ballantyne Cree Nation, focus on youth mental health and on the land healing program. There are camps that the program worker can piggy-back on for different types of wellness programs. Anytime there is an outing or activity for harvesting, he brings in traditional tobacco teachings. Youth are not allowed to smoke on these activities, but if they are 19 years old, cannot stop them but encourage them to not do this. The program also goes to the schools and has curriculum.

Discussion was held on building a network of traditional healers to start having and creating a space to talk about traditions and respecting tobacco. People appreciate this space to share gifts and teaching. A lot of collaboration with resources. One program also has a medicinal worker who grows tobacco and medicines and is bringing the tobacco seeds and sharing with other communities, and to share the sacred teachings. Seed sovereignty and sharing of seeds.

Saskatchewan shared that there is an annual conference called Bioneers held in San Francisco, trading of heritage seeds so it doesn't get into hands of GMO corporations.

BC shared that at the Traditional Healers gathering in Haida Gwaii there were references to Haida tobacco, these seeds were found and given to those that were hosting. Important to revitalizing and reclaiming these practices.

At the FNHA, they also have a traditional wellness gathering. Discussion on specific medicines and teas for lung health were discussed while providing information on the program.

The Elders shared that the gathering of medicines should be done soon. There is also a lung medicine that is used for cancer. The First Nations they work with in Manitoba do this. The plant is located in Riding Mountain National Park. There is one medicine that includes 80 ingredients, it is a cure all for cancers, lungs, arthritis, TB, but does not heal overnight, must take over a long period i.e. year. Does get rid of these diseases. Like water it must be taken every day, half cup as it is strong and potent.

To close the day the New Brunswick region shared slides from their power point on the Breath of Life project.

DAY TWO: SEPTEMBER 9, 2019

The meeting was held at the Ma Mawi Wi Chi Itata Centre to accommodate the feast held later in the day. Participants introduced their new friends made through the previous day's introductions exercise. The Elders then conducted a pipe ceremony and water ceremony.

PRESENTATION: CANNABIS AND COMMUNITIES – ISADORE DAY AND GERRIT WESSELINK, BIMAADZWIN

Bimaadzwin is a First Nations consulting group that is focusing on the Indigenous cannabis industry in Canada to work with communities to explore and implement a cannabis framework. Isadore shared information on the background on the legalization of cannabis and the work yet to be defined. The research spectrum is preliminary, cannabis was previously from an illicit standpoint and now have to do catch up on research, look at it from a health policy issue. The legislation went through quickly and left provinces and health care community and First Nations to develop strategies.

First Nations must build a business case to get funding to do these strategies as there is not a lot of resources. Need targeted dialogue on this issue. Bimaadzwin is involved in a lot of different parts on this, working on a nation to nation level.

Isadore shared a slide on cannabis 101 and all the different names and a breakdown of cannabis. There is a lot of concern for safety, ensuring that children do not get hold of edibles. THC and CBD are complex issues, more than one makes you high and one makes you feel better. Need to discuss amongst the indigenous community where we are going with this. Some are taking rights-based position to assert jurisdiction. With rights comes responsibility, to respond to critical policy issue i.e. jurisdiction. We need education and learning on this. Liability issues if there is harm. Do we have enough information to make informed decisions and policy? Not yet. What is the difference between recreation and medicinal? Medicinal is tested more can tell you the THC and CBD%.

Question, is there law on the level of THC or CBC allowed?

Answer, provinces can say how much is allowed in plants, has to be marketed and advertised a certain way. If there are no regulations can have high levels. In Ontario capped at 25% for THC. On the black market there is no cap. First Nations looking at this seriously, if wanted to be legitimate, need good standards to keep people safe, better or above compliance.

The legalization of cannabis and its uses in both recreational and medicinal make the system more complex than the legislation that underpins the use and control of tobacco products. The use and issue of cannabis and the additive qualities of tobacco present some very different impacts on individuals, especially youth. The brains of young people do not finish developing until their early twenties.

How can communities draw from the Tobacco Control to inspire regulations and programs aimed at cannabis safety?

There is cultural appropriation in cannabis, First Nations needs to determine how much those teachings mean to the people. An example seen was in Mohawk territory, where they use First Nation words to market the cannabis product.

First Nations are now trying to negotiate a process, the end goal is to create agreement between First Nations and

government. What does this all mean for communities? Responsibility, jurisdiction, regulations and how cannabis will operate in your territory. In Ontario can smoke where existing tobacco places are, and some communities are putting in place additional cannabis smoking areas.

Participant Discussion

What has been the reaction in your home communities?

- Communities are happy about it, but now we smell it more often. Because they used to hide it so well.

What has been impact of cannabis in the past?

- A man switched from tobacco to cannabis because he heard it's not bad for you. Told its healthy and organic but still going into your lungs.
- Personal opinions vary.
- When starting recreation use, leads to daily use and leads to addiction. If you need that to feel better or normal, withdrawing and agitation.
- We have natural cannabinoids in our systems, aligning the chemicals in our body, but not everyone is the same.
- Have a friend with chronic issue, she used to smoke and now into a vaporizer which is now impacting her breathing from vaping cannabis. Are there studies being done?
- The problem with Health Canada putting this through, did not back up with proper studies, legislation put through, big societal shift. Need more studies on implication, people dying from vaping.
- Concern that the youth will continue to suffer, children eating edibles
- Responsibility to the youth, First Nations forced in a policy space.

Isadore shared that he did not want anyone to think he was there to promote cannabis, rather to share information and presenting to consider ways through the program's national strategy on how to control this.

Question, are you developing a national strategy and working with government?

Answer, working with Opaskwayak Cree Nation on investment side and on policy development, looking at government to government relationship with Canada to have jurisdiction in our communities. I am not working with Canada, rather contract with ISC last year. Here to create coordination and education.

Question, considering cannabis, any thoughts on regulations that should exist in your First Nations?

Answer, in Saskatchewan some First Nations have developed own legislation and now the province is trying to argue as they are not getting monies from this. Seems like the province is trying to work with Federation of Sovereign Indigenous Nations to work out percentages. It's all about the money on one level but also has to be backed by First Nations having own regulations in place.

Comment, in BC, consumption rate may not change very much, but with youth, the difference is that they are now smoking this vs tobacco. Will be hard to change, as its been around forever.

Comment, we are not looking at who we are rather getting caught up in foreign system, rather look to our traditional forms of parenting, we at the community level have to do the hard work. Government placating us to give a little bit of money to address this. Need to build our communities rather than looking at this piecemeal, need to reinstitute our values.

Isadore shared that last year when he started Bimaadzwin, concerned about the Elders and cultural aspect of this. Big financial audit firms, study to review this, didn't seem right. They were about money and take info and be a bottom line for them. However, a group like this with experience in looking at national strategy on tobacco, to further this on cannabis, so far no one has done that. Could be a lot of valuable info to come from this.

ISC shared that Health Canada is looking at this issue, there is some funding from FNIH through grants and contributions, some will be available for First Nations to determine their priorities, areas to address from a health standpoint. FNIH or ISC didn't receive a role in the cannabis strategy. Health Canada has a unit dedicated to indigenous engagement, unsure of their efforts or funds to help support these types of discussions.

Comment, government needs to know this is a critical issue, we need more coordination, and government folks to be part of the solution rather than more questions.

Comment, feels like government wants us to fail on this issue. Need to have our leadership engaged to understand the issues. Where we look at health impacts alone, see correlation to tobacco misuse and our ill health, this will be an added question mark. Our First Nations are bending to the will of this or up to use to create programs to withstand the pressure and need our leadership to understand. We all know we are underfunded and understaffed. The La Ronge First Nation has personnel policy on no cannabis use on site or use of it by employees and have an EAP to address drug and alcohol.

PRESENTATION: PEGUIS COMMUNITY TOBACCO - CARL MCCORRISTER

The community of Peguis First Nation started their community garden 9 years ago. After discussions between members that they were not using their land anymore and to give back they started the process. He shared that developing the vision with the community Is important and restoring food security for the people. This project has been seen as making positive steps towards local control.

Peguis collaborated with Tides Canada on the project and is working with other communities. The communities get together to share best practices. Four years ago, Peguis decided to grow tobacco after being gifted seeds, and has thus far shown good success. They grow the tobacco organically for traditional purposes and serve their needs in ceremony. They now share their tobacco seeds with other First Nations and brought some to the session to share. Peguis also developed a manual on food teachings, processes etc.

Carl then showed a video on the food programs.

PRESENTATION: MOTHER EARTH TOBACCO – TANNIS BULLARD

Tannis is one of the two owners of Mother Earth Tobacco. She shared the background of how she started, as one born from personal frustration with having to purchase commercial tobacco knowing that it can kill you. Her uncle passed away in 2005 and while preparing for the funeral she bought commercial tobacco and then questioned why as First Nations are we using this in ceremony as it's one of the four sacred medicines.

She started doing research on tobacco seeds, certified and organic tobacco, and found there was nothing. She ended up with an Ontario research company that researches history and make up of tobacco. She then met with farmers in Ontario that were growing organic tobacco. She learned that when tobacco is certified an outside body verifies that the crop is not impacted by pesticides or chemicals.

She found it interesting that there is an auction in Canada that farmers take their tobacco to for companies to

purchase, and not one company was interested in the organic tobacco as it costs 4x more. She chose to work with the certified farmers and began the process of navigating a new business and dealing with the governments.

The rest is history, in that same year she launched her business on First Nation land and is providing organic tobacco for people using it for ceremony. There have been challenges with governments over taxes and packaging, but their company prevails as they are unique and alone in this market. She has received many good accolades from people happy for what the company provides, and they stick to their original plan to provide good clean tobacco for people who use tobacco in ceremony.

Participant Discussion

Question, do you sell the seeds?
Answer, no.

Question, do you have a large market?
Answer, we sell globally.

Question, what is your production like?
Answer, we have zero workers, we are highly protective over what happens because it's a medicine. I follow my protocols. It needs to be treated respectfully. That is hard when you hire people. Currently it is myself and business partner and sometimes my son, and youth. Do not stockpile tobacco, as orders come in we make the tobacco for them.

Question, any offers to expand?
Answer, at some point will have to grow more, hard when it's our baby and to let go to somebody else.

Comment, I have been using your tobacco for past 4 years. I give thanks to Elders, youth, etc. now when the youth see other people give commercial tobacco they are now questioning.

PRESENTATION: COMMUNITY MOBILIZATION TRAINING – PAM SMITH, BLACK RIVER FIRST NATION, ELIZABETH PROSKURNIK, SOUTHEAST RESOURCE DEVELOPMENT COUNCIL, AND TANNAGER ABIGOSIS, BROKENHEAD OJIBWAY NATION

The Community Mobilization Training is based on the Kahnawake School Diabetes Prevention Project, a community based participatory research project with components in community intervention, research and knowledge transfer. It began in 1994, when Kahnawake found a high percentage of diabetes and found it needed to do school-based intervention, healthy eating and physical activity and applied to the whole community. It is a great way to get a full community together on a common theme. The overarching theme was diabetes but can be applied to others.

Community mobilization is a health promotion model that builds supportive environments in communities, includes indigenous ways of knowing and doing, identifies community values, creates a shared vision of wellness for the community and identifies strengths and opportunities.

This model was applied to the First Nations of Black River and Brokenhead Ojibway Nation (BON) and the presenters shared their community experiences. In Black River the focus was on healthy lifestyles, the land, positive relationships with family and community, communications, culture, education and future generations. A vision statement was developed and there are monthly meetings and gatherings to brainstorm these ideas and put into action.

BON's focus was similar with holistic health, lifestyle, balance, physical activity, safety from drug dealers, cultural values, communication, equality, education and prosperity. A vision statement was developed with a final report to the community and development of a committee for coalition, working with resources and getting people involved.

Challenges shared included finding space, timing, and engagement. They also shared lessons learned including, positive experience coming together, better communication, and developed relationships and networking.

DAY THREE: SEPTEMBER 10, 2019

The meeting returned to the Radisson Hotel for this day. An opening prayer was provided by Elders Dennis McKay and Elaine McIvor, Rolling River First Nation. A recap of the previous day was provided by participants sharing what stood out for them most.

ELEMENT 4: EDUCATION

Participant Feedback

The FNHA has established a gender support group. They would like to become more educated about Two- Spirit and gender fluid identities and representations and tailoring information for these groups. What does it mean to us? This demographic has the highest prevalence of different health issues. A follow-up meeting has been requested on what are the appropriate representations. The FNHA, made this a priority for all regions. This group can support training in how to be inclusive and respectful on that (gender).

In the BC north region, there is a challenge in travelling through such a big area. Healers want more education and to work with youth. There are tobacco songs. The project should create grants for either a traditional garden or smudge or smoke gathering. They take community-based and nation-based approaches.

Projects use the smokealyzer with youth to provide education on carbon monoxide. They enjoy sitting and talking.

On Vancouver Island, they are hoping to put in a families' piece using tangible visual aids. They purchased nicotine replacement therapy (NRT) so that participants have something they can see and touch. They requested confiscated vapes from the school to show participants. There is a need to be visual and tactile, and to prepare small kits to send out to people.

Every Child Matters (NB) was provided to an all-French community. They smudged in the school, which sparked their interest, as well as drumming. One community was trying to start teachings about medicines. It opened their eyes. A translator was useful.

Intervention training is provided online in a couple of different ways: 1) intro course for CHRs, CHDs, CNPs on history of tobacco, health effects; and 2) quarterly teleconference. It is good to be able to see participants' and colleagues' faces and the actual resources.

Question, do you have an evaluation tool?

Answer, the course takes an hour. It is not meant to take the whole day. The Deputy Minister signs the certificate for them.

Question, how many other CHRs are in Nunavut? Answer, 30.

Question, do the topics vary?

Answer, predominantly it is tobacco-related, but also includes other areas, such as health promotion. It is best to keep it discussions based. The challenges have been internet/connectivity and time to get all CHRs in the room at the same time.

They have gone into the schools, including using the smokelyzer and resources from the Northern Breath Easy Tobacco Project. Presentations are to Grades 4-5 through to Grade 12. The health team being smokers is a challenge. They tie activities to land-based teachings and activities. The focus is on harm reduction rather than on quitting.

Question, what are the topics of your workshop?

Answer, for the younger participants, it is on the effects to the eyes, heart, lungs and brain. They have tried to use telehealth, but you must be in the community for it to start up.

They developed a toolkit where they provide support as a regional First Nations organization. Activities involve a youth coalition against smoking. There are different tools that have been successful, such as an activity guide and a teacher resources guide from the Government of Nunavut.

For the toolkit that was created, they also want to produce a video. They share resources throughout the Atlantic. There is a need to develop a USB so that jeopardy game can be played. There are 33 communities in the region. They want to send to First Nations health authorities first. If people want access to it quickly, they can log onto the First Nations help desk.

Language is incorporated into the inside-out games. There are considerations of rolling it out within the immersion school. Another tool is the Respecting Tobacco brochure.

Facebook is used for the most part for resource information, and also for referrals. Posts are updated to ensure relevancy. They tried to contract out maintenance, but that didn't work and so, now it is being done internally.

The Northern Saskatchewan Breathe Easy project is involved in the Northern Tobacco Strategy (provincial and non-profits). Its role is to provide a holistic First Nations perspective of tobacco cessation. They learn from Indigenous and Western practices, which works very well.

Question, how receptive are non-profit organizations and non-Indigenous audiences?

Answer, they developed the map, which has slowed down because of the maintenance and updating and wasn't feasible for the funding that they have. They share resources of the strategy, and there is off and on reserve collaboration instead of silos. They adapt. Regarding the Smokers Help Line, they are still talking about having services for the different languages in order to be inclusive.

An affirmation cube was developed which brings together education and language. The little kids are willing to use the different languages for it. The challenge is how to get the letters with symbols used in writing Indigenous languages. Another challenge is the limited budget to make these tools and resources.

People don't read in Cree. Some speak but not others. They would like to get flashcards into the schools.

ELEMENT 5: CESSATION

Participant Discussion

Some use 24-hour challenges and put names in for a draw at the end. There are so many quit phases and they will eventually work. That is why some always do a 24-hour challenges, and in some instances, can turnout to last several hours or days.

Some focus more on harm reduction, but 3 communities had a 5-day quit challenge. At the end of the week, anyone who quit were in draw for a mountain bike. They didn't record how many quit, but harm reduction partnered up with others working in health. They have observed with increased physical activity, there is less smoking than those who had no increased physical activity. The youth programming was more traditional, set nets and harvested, smoked fish and the end of the week, incentives were provided.

In other instances, for 24-hour quit challenge, they are not able to give everyone a prize.

Some have held walking challenges. In one instances, this was with 3 communities with non-smokers. They counted steps during challenge and recorded accumulate all steps together which totalled 3 million steps. They had a BBQ and provided prizes for those with the highest steps, male and female.

In NB, they let participants keep the pedometers, and also provide water bottles, Tim's cards, Sports Check, or they find something that's central for people to use.

Quit stories are shared in newsletters, which can be added to NIDA's communications, and provide by season and pictures. Facebook community for each community in the Breath of Life project, where those who quite receive praise.

In other regions, quit challenges used to be 3 weeks, 6 weeks, and gifts are provided such as water bottles, bracelets, and airline tickets. Quit buddies will be used next year for students and parents.

In another region, an 8-week quit program that was a challenge of community vs community. The community with the highest quitters won money that they can use for something healthy, but now challenges focuses on youth by going into the schools to see if want to challenge each other. They would like to create partnerships that are beneficial. With the baseball tournaments, others come out to support them. It is about reducing, and that's a win.

Question, is there a limitation of what you can use without getting in trouble with funding on how much incentives you can give out?

Answer, not that I'm aware, just if fits within intent of the guidelines.

Participant, we stay away from gift cards, but we purchase something related to a health activity. Airline tickets were donated as prizes for quit challenges.

24-hour challenges are held closer to each other, so that if someone is unsuccessful for one, they can try again during the next one. Some have been able to quit for 3 months. They take online registrations. It is based on your honesty and trust to help another.

In some instances, quit to win challenges includes non-smokers, too.

Question, is there any follow-up with impact of quit challenge? Anecdotally, people are coming up to tell us they quit. They do self a check-in. Stress is what gets people going again.

In BC, there is a partnership with the BC Lung Association. For the impact of quit challenges, it is hard to track when you have many different communities and people to change.

How do we celebrate success? We have a Community Champions Program hopefully we find someone who can role model.

We offer tips when they do quit.

The NRT gum takes time to be activated. Just because they failed at using one NRT tool, they can find better outcomes with using two tools together.

In one region, they are celebrating success with certification and gift cards.

Regarding combination therapy, BC smoking cessation only allows 1 NRT gum or other tool for 12 weeks. Status First Nations can see NIHB for the other tool. They are promoting this info (provincial plus NIHB) in our region. Pharmacies and provinces are working together to get out this information.

The challenge is when community is rural or remote communities - these materials are difficult to access, and so CHRs can administer NRT. This is a challenge in BC.

In Saskatchewan, some of the nurses are bringing those types of smoking cessation tools to the northern and remote communities. There hasn't been a problem yet, and once they are told you can't do that, they will stop with northern pharmacies. If they are requested, they must provide them.

In one region, they work with pharmacist in community who provides the prescription on the spot.

One region has a partnership with the those working in the area of cancer and with the Ottawa Heart Institute. In this region, there are 25 communities that have CHRs, to access beyond that, regional health services, clients often must leave the community to get services. It is helpful to be able to track people's tobacco use. Tools that are culturally safe and relevant and in first language are also critical. It is important to get people on the same page.

In Saskatchewan, there is the smokers help line, and they are beginning to develop an Indigenous model. They are training individuals with translators and it will be rolled out soon. They have been working with province on quit challenges as well.

In BC, NRT must come from pharmacists. There is a declaration. Access is tricky. There have been conversations with STOP program in Ontario, to develop a contract with community organizations in the clinics to deliver NRT. It tracks the organizations the Indigenous community that is going to deliver NRTs in a good way, only asks to keep them safe. The model is working well. The stop program that is working well. They are supporting access to NRTs.

In one region, they are working with the addictions team to get locked storages/cabinets to have a small stash on NRTs.

In Nunavut, NTRs in the clinic and hospitals are provided for 2 weeks supplies on the spot, and if interested, they can then go to regional pharmacies for 5 months through NIHB.

Partnerships in other regions have included: formal work with NADAP, most rehabs centres are smoke-free, partnered with Brighter Futures, and once a month social assistance by talk with those that who are in line.

In another region, they do not have CHRs, but conduct work in 3 languages - English, French, and Inuit.

ELEMENT 6: DATA COLLECTION AND MONITORING

Introductory Remarks

Lisa Marie Wasmund, Indigenous Services Canada - Reporting will remain the same but after 2020 going forward, requirements will change. When there are federal investments, there are reporting requirements. With the renewal of the funding, existing data sources or publicly available data sources will be used, e.g. ISC grants and contribution system, the Regional Health Survey (RHS) regarding smoking prevalence rate and smoking during pregnancy rates, and the Aboriginal Peoples Survey, though these sources may not encompass all communities. What this means, with change in reporting, there is an opportunity to rethink what sort of indicators would be more meaningful to measure, how to continue measuring progress, sharing lessons learned, expanding evidence base, but also making evidence available so that federal enhancements can be accessed as well.

Participant: Is your department going to lead that change?

Lisa: Nothing has been determined. There is an opportunity to have input.

Participant Feedback

Regarding the survey, the sample group has changed. Everyone is collecting different data, and when they come together, all they do is check off the boxes. On reserve data is different than off. There is a need for standardized baseline data. There must be better understanding of what is out there instead of following the province and how they are doing their own thing. One collective COP group instead of us doing our own survey. There are so many different stats out there.

In one region, they experience has been that it is hard to get the people to sign their name for it (consent to participate in the survey). And if we do it (the survey) again, they say we don't want to do it. They take their name off it. They eliminated signing it. People are surveyed out.

People are comfortable in sharing the name of the community.

Kids don't want to fill it (survey) out with their parents looking over their head. They have the parents fill out the consent form. It (the survey) might work if it is done yearly.

Question, how do you count when go into the schools, by event or individual? Responses, it depends if the children from your community go to other schools our kids go to school on and off reserve. If they are federal schools or on reserve, then we can go into them, but if off reserve, you must have a criminal background check or

fill out another form with family services. People on reserve know you what you're doing, but those off reserve don't know.

For one CoP, it is just the numbers of students that are there are currently counted. i.e. 28 kids then 14, then baseline. The main challenges is for them to put their name on the paper.

Collective data through the RHS may be a good. In BC, the McCreary Centre Society conducted a health survey. They have asked them to make reports for the CoP or First Nation. That is helpful for advocacy. There might be an organization in province that might already getting this information.

A caveat with the RHS is that it only goes to 36 out of 63 First Nations in the Manitoba region as an example; but this might be an opportunity to get ahead of the next round.

The FNHA rolled out a new study with 5 communities within this region. Simon Fraser University trained five community associates. The FNHA is not getting the real data, they are getting the sample. They are using community research agreements, and the recruitment is happening. They must look at who owns the data and must consider the protection and the safety of the people we are studying.

Lisa Marie Wasmund stated, the FNIHB has a relationship with the RHS and recently asked for vaping questions to be included. It is presently out in regions being validated.

Saskatchewan might be moving on for access for public about own health data, what are there smoking rates?

Nine communities in Saskatchewan work with MCH. They have been asked who quits and who reduced for the pre- and post-natal, and for general population, do you know of anyone quit smoking and who started smoking again? A challenge is data collection because people don't like surveys. They always want to survey the natives. A challenge for the youth is that they do not feel hopeful. The CoP in Saskatchewan has close relationships with the MCHs and can rely on them regarding pre- and post-natal because of that relationship.

The hospital ship that travels around Nunavut has not yet released its report for 2017. People were willing to complete the survey. When $50 was offered, many wanted to participate.

With project funding, one CoP hired an evaluator to report on daily activities, baseline and then follow-up. They target the whole community, treaty days, and give the data. Next year, they will learn from the past year on how to move forward.

Participant Feedback on Next Steps on Annual Reporting

What is one or a few words to describe how best to tell the story of CoP work/impact?	*What are your suggested next steps on how this group can tell story of COP moving forward?*
People Sharing – a lot of inspiration from others Creating change – working in communities, doing things different One big newsletter or document – share all of our stories and not just hearing here in the session Environmental scan to share amongst each other Using all available media Collaboration and sharing Communication – to be able to communicate between all on a more-deeper level, continuously Create a Facebook Everything plus with more love To who are we telling the story to (identifying who the audience is – community, federal decision stories, and how to best to tell the story of impact, first identify what markers are you trying to move – collectively or individually) More visual – can see and touch Keep visual Like the visual – sharing a story in many different ways Community- and relationship building in community and supporting one another. Like the visuals – activities happening on the ground Sharing on a disk – sending to each other. Different media – local radio	Partnership, communication, partnership FNIGC around surveys and data way we can keep connected, better connection base data for our COP Telling our story collectively Get more connected Exploring that and finding resources to do that FNHA – gathering space, create a group posting of articles, form of media to post new projects or quarterly meetings of what people are up to and share ideas Communication Create a Facebook Continuing this discussion – process on how to follow, and those people who didn't attend today and those who are new Innovate – for our specific context it is hard to fit in the boxes – detachable appendix; Utilize any form of technological A newsletter that lists everything is doing, has done, twice a year or quarterly, to keep updated or give us ideas, sharing different ideas. Communication – how that applies to everyone, never give up

PRESENTATION: RESPECTING TOBACCO IN BC

They began through a process of regionalization - people are working in their regions. There are some administrative matters being sorted out. Moving forward, Virginia Toulouse is taking over.

As background, the smoking rate remains high (RHS data 2015-17); adults 40.3% daily use, 10.4% daily basis. They want to have Elders and land-based use in the forefront. There are four areas of wellness – be active, nurture spirit, healthy, respect tobacco.

Key findings from a literature review and regional engagement include: culturally tailored, be developed with and implemented by First Nations, address roots causes (colonization), community orientated, sustainable community-based and nations driven solutions, including community capacity, funding and supports allocated to community supports and resources.

Leadership has involved: Inside Out, smoke free signage – 250 metal/window signs sent; and next steps/opportunities include to develop and prepare signage to address vaping.

Cessation has involved: Tobacco Time Out, short-term quit challenge, social media is important; podcast series - Smokestack Sandra and season 2 of Tobacco Nation (these are 3 years old, will make new ones). People are telling stories about their successes and providing anecdotal information.

Research has involved PILAR - promoting Indigenous-led action for respective tobacco.

Other activities have included: growing traditional tobacco, Dads in Gear, maternal health and substance use reduction, and regional tobacco free champions.

The BC Interior region includes 7 nations and 54 communities, which stretches their human and economic capacity to be able to reach a wide scope. Honoring Tobacco began about a year ago where the following priorities were identified: education and awareness, community, traditional tobacco (promoting traditional use and de-normalizing commercial use), resources (ensuring cultural sensitivity with our partners), smoke-free spaces, NRT (removing barriers to access this).

The Frasier Salish initiative (highest population region) has included: pancake breakfast info sessions; youth vaping presentations; LGBTQ group presentation and survey to address concerns in this community; wellness BBQ/pancake to introduce wellness teams to all communities; vaping handout (using materials of partners and making culturally appropriate); pop-up quit clinics (2-3 hour clinics to administer CO levels and provide brief motivational interviewing); growing and gifting tobacco plants with goals to help communities learn to harvest and process the plants for ceremonial purposes; promoting dads in gear and quit now live to encourage community led programming; developed land-based quit kits including traditional teas, cedar affirmation cube, sunflower seeds.

Vancouver Coastal initiatives include: health promotion and community engagement: network to see where the tobacco file is sitting, who within the staff is able to partner, youth coordinator, respecting tobacco brochure (is one way to start engaging with people to raise awareness); identifying champions who can help in teaching; traditional wellness into the program and looking at things in more holistic way; coping strategy (NRT is great but what are other ways); cessation, traditional language can be a part of it with youth and child protection focus; smokelyzer testing; and community member face to face to plan the seeds.

Vancouver Island Initiatives have included: health promotion and youth engagement. This has included 50 different nations, divided into 3 major cultural families. Much time and effort has been taken to connect with health directors. There are no resources in community and so they have focused on youth. They have found that those who may have been smoking for 20-30 years can sometimes quit cold turkey. They have established a deposit place for cigarette and joints (smoke eater). They have held the Gathering Our Voices event which was attended by 1000 youth. They have had 400 youth come to their information booth at events and 75 pledge have been signed. They have developed cultural interactive pieces of artwork. The theatre is a great way to get youth to build self-confidence, speak and embody what you are seeing. Much research has been conducted to support wellness and health. Vaping is a big issue and requests keep coming in to work with youth. Additional activities include cessation and supporting youth; try to train nurses; smokelyzer screening result; quitnow.ca (collaborating; come and train for the day); and quitting resources for pregnant women (still in draft format).

Northern Initiatives involves 15 nations, 54 communities and 17 languages and 3 subregions. Work has been conducted with CEC. Activities include health promotion, community champion, and localized storytelling ("they did it I can do it" which connects with how lives are lived in that community). They are now doing video blogs involving interviews and branding with the emblem of the nation. A challenge is the large area, the difficulty in building capacity, and "de-silo-ing", which they are working to address. They would like to see the linkages between smoking and chronic disease prevention (diabetes high risk factor), looking at nutrition, cessation, 2nd hand smoke reduction grants, traditional tobacco garden projects, culturally safe intervention training for front line health workers, and youth/peer leadership pilot project (future initiative). Northern Traditional healers share their perspectives through research and evaluation activities. Their approach is also community-driven and nation-based.

Closing Ceremony

Closing comments were provided. The Elders provided a closing prayer and closing drum song.