First Nation and Inuit Community of Practice

Respecting Tobacco: A Discussion Paper to Inform the Future Federal Tobacco Control in Canada

Prepared by the First Nations and Inuit Community of Practice to Inform the Future Federal Tobacco Control in Canada

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Preamble

This report provides an overview of input received from the First Nations and Inuit Federal Tobacco Control Strategy Community of Practice for their views on the future of Tobacco Control in Canada since the National Forum on the Future of Tobacco Control in Canada held in Ottawa on March 1-2, 2017 until September 2017. The First Nation and Inuit FTCS Community of Practice are composed of 17 projects funded by the FTCS and provide services to 363 communities across Canada. The purpose of this paper is to include First Nation and Inuit perspectives from a project delivery viewpoint on the future of the Tobacco Control Strategy.

Our View of Sacred Tobacco

Respecting sacred or natural tobacco is an important message that the First Nation and Inuit FCTS Community of Practice wishes to share in this paper.

"This is a message I am passing from my Elders. Tobacco plays a major role in traditional cultural practices; therefore tobacco should be respected accordingly. In the beginning our Creator created tobacco as man. Before the tobacco passed on, the tobacco said, 'I will be a messenger for the Great Spirit, I must be respected or I can become harmful.'" – Late Elder Eli Bear, Little Pine First Nation.

From an Inuit perspective, tobacco does not have the same cultural or spiritual association as it does for First Nations. Tobacco was introduced by "settlers" or traders and was quickly adopted by the Inuit people. As a result, current prevalence rates for Inuit are among the highest of sub populations in the world at 80% daily smoking rate[1]

For many First Nations people, natural tobacco is considered a powerful traditional medicine that brings people together. It can be used in a positive way, to give blessings, while fishing and hunting and to ask guidance from knowledge keepers. Natural tobacco is often given back to Mother Earth or to the water or simply carried in bundles. It is one of the four natural medicines the First Nation peoples hold most sacred

As First Nations and Inuit people are revitalizing their culture after hundreds of years of colonization and assimilation policies, sacred tobacco is a medicine that is helping the many on the healing journey. Respecting tobacco as the Creator intended is helping individuals to respect their mind, bodies and spirit.

There is a difference between sacred and commercial tobacco. Commercial tobacco is that which is produced as an addictive substance.

[1] Health Profile of Nunavik 2011; Nunavik Inuit Health survey 2004

Understanding the Problem

The First Nation and Inuit people of Canada share a rich history with distinct languages and traditions that cover eras of important historical, social, political and cultural aspects of Canadian society. First Nations and Inuit populations face many challenges in their health and wellness. The historical and current context of colonization and the residential schools experiences have negatively impacted health. The social determinants of health (such as housing, food security, education, gender and income) have also impacted health. In addition, many communities face high suicide rates (mental health/co addiction), and the burden of diseases. Smoking or commercial tobacco misuse in First Nation and Inuit communities is evidence of that outcome.

Systemic racism also plays a role in how well Indigenous peoples receive care. As a result, the epidemiology of health issues demonstrates the significant disparities that exist. To improve health outcomes, the Truth and Reconciliation Commission recommended that health care professionals must aim for and provide culturally safe care by learning about Indigenous health and social issues and the factors that affect their health, lifestyle and communities. Furthermore, the Truth and Reconciliation Commission called upon the federal, provincial, territorial and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada was a direct result of previous Canadian government policies, including residential schools and implement the health care rights of Aboriginal people as identified in international law, constitutional law and under the treaties.[2]

Understanding the Target

How to get to less than 5% by 2035: While there have been significant reductions in tobacco use among certain populations during the past 20 years, prevalence remains very high among First Nation and Inuit groups (49-79% daily smokers).[3] Those involved in the tobacco control system have a responsibility to ensure that these groups are not left behind. To reach the target, research is required to establish baseline data; continue to pilot and implement strategies that are comprehensive and appropriate for the populations it serves, with suitable levels of resources. Currently funding is population based and short-term, whereas it could be based on prevalence and multi-year agreements to ensure sustainability. It may also be useful to develop short and medium term goals that are more specific to First Nation or Inuit projects as a way of illustrating the efforts s to achieve the main goal. The First Nation and Inuit Community of Practice discussed that a national target of 35% by 2035 would be a challenging achievement considering the current prevalence rates amongst First Nation and Inuit populations. There were arguments presented that setting lower targets for First Nation and Inuit people was inherently wrong and alternatively, sufficient funds should be allocated to populations with higher than average smoking rates so that all can reach the national target of 5% by 2035.

[2] www.trc.ca
[3] Community of Practice project surveys including Samson Cree Nation 2015

Reviewing the Elements of the First Nations and Inuit FTCS Projects

The Federal approach to comprehensive tobacco control is organized around four key intervention pillars: Leadership, Health Promotion, Cessation and Research and Evaluation. Linked to these pillars are six mandatory elements to be addressed in order for communities to receive funding. The First Nation and Inuit Community of Practice suggests reducing the six required elements to four so that the front line projects may focus on the following main priorities:

1. Prevent the use of commercial tobacco in the First Nation and Inuit populations, in particular among priority groups: children, youth, and pregnant women.

2. Protect from exposure to environmental tobacco smoke (ETS) – second and third hand smoke.

3. Reduce commercial tobacco use in the First Nation and Inuit populations in particular among priority groups: children, youth, and pregnant women, while maintaining respect and recognition for traditional forms of tobacco use within many First Nation communities.

4. Support approaches developed by First Nation and Inuit people that address high rates of commercial tobacco use; respects the sacred and ceremonial role tobacco plays in certain communities and revitalizes culture as a healing approach within the First Nation and Inuit commercial tobacco cessation strategy.

The activities would focus on (a) prevention; (b) education; (c) cessation (including harm reduction), and (d) data collection and monitoring. These elements will fit within the four pillars but will narrow the focus to a realistic and achievable scope.

The Community of Practice has identified indicators that more accurately capture the impact of First Nation and Inuit community programming including:

- of education, prevention and cessation presentations made to inform individuals about commercial tobacco use and it's harmful effects
- # of participants attending these presentations
- # of successful quit attempts
- # of quit attempts by person

Approaches to Achieve Tobacco Control Priorities in First Nation and Inuit Communities

6.1 Leadership

De-normalizing Commercial Tobacco Use

A common issue raised by the Community of Practice was the importance of de-normalizing commercial tobacco use in First Nation and Inuit communities. It is important to differentiate commercial tobacco from natural tobacco use in First Nation communities. (As noted above Sacred tobacco is not a part of Inuit culture.) Many First Nation people have a long history with the traditional use of tobacco therefore de-normalizing commercial use will require respect and an Indigenous approach. The present hurdle is to address the high rate of prevalence of commercial tobacco use among the youth, pregnant women and fathers, and adults generally in the First Nation and Inuit population. The objective is to promote the use of, and knowledge of, natural tobacco.

Solution: The Community of Practice suggests more focused education on the sacred use of Tobacco (for First Nations); how it was introduced, and then misused. Itis important to create awareness and support for the importance of natural tobacco for both ceremonial and cultural purposes where applicable. It is important to create easier access for natural tobacco to use in ceremonies. While commercial tobacco is readily available, only a few projects "grow a row" of tobacco, and purchasing natural tobacco is more difficult. However there is a growing desire for youth wanting to link with Elders and reconnect with the culture to gain "cultural security" in understanding how tobacco was used in ceremonies and traditions.

Cultural Based Programming

The Community of Practice promotes a holistic approach to the commercial tobacco cessation initiative. It begins with respecting natural tobacco and takes into consideration that cultural values, beliefs, language and worldviews will be approaches that will assist addressing this overwhelming prevalence of commercial tobacco use in the First Nation and Inuit population. One of the mottos throughout the Community of Practice is the "culture is healing" and this initiative presents an opportunity to teach individuals during health promotion and cessation activities protocols about the purpose of natural activities. Cultural based programming is a cornerstone to the success of commercial tobacco cessation activities. There is a stigma attached to attending self-help services, so projects need to be more creative in developing programs to draw the clients in for assistance

Solutions: The Community of Practice strongly believes in integrating "On the Land" based activities for prevention and education work. Community members are not going to come to a "Quit Smoking" workshop. However they will come for land based activities and that is where the education, prevention and cessation work can occur. Other programs ideas shared included paddling one evening, arts and crafts another. Sometimes it is just men, others it is just women or youth. The point is that individuals will not come through the door for a quit smoking craft making activity. It is further suggested that lung-health should be taught by knowledge keepers. One program shared that it integrates their education program into existing mental wellness programs as a promising practice.

Community Based Programming

A key message from the Community of Practice is that the First Nation and Inuit Commercial Tobacco Cessation program must be community based. The strategies and interventions must be targeted to each population group through community engagement. Currently, the projects are spread thin because they are mandated to address all six challenging elements. Projects should be community based approaches which sometimes appear at odds with the current federal perspective. Some projects really need to focus on pregnant women and children, whereas others focus on youth smokers or younger children who have not yetstarted. For some, the focus is education, whereas others focus on harm reduction. The priority of the Community of Practice is to focus energy where there is evidence of the most readiness for change and impact. Programs need to develop their work plans accordingly.

Solutions: Allow for more fine-tuning of goals and objectives in individual projects. Where appropriate, allow projects to opt out of one element if a business case has been made to focus on other elements. Alternatively, fund the project adequately to achieve all elements. Projects want to use innovative initiatives tofocus on the disenfranchised youth who are not being reached. It is important to make a significant investment in community designed and developed resource materials so that children, youth, pregnant mothers, fathers, and adults can see themselves reflected in health promotion campaigns.

Decreasing Demand and Supply

Engaging leadership by staff or community to achieve buy-in to enact change is currently a mandated activity. Bringing community and leadership to the same understanding about the burden of commercial tobacco misuse and how it is the similar addiction as drugs or alcohol proves challenging to get on the Council agenda according to Community of Practice members. Leadership are often too busy with serious acute health and mental health issues. Some appear less than supportive Therefore it has been very time-consuming to get bylaws passed although some have occurred. If bylaws have been passed there is a need to focus resources in more important areas such as addressing ongoing use of commercial tobacco use in home and vehicle where second hand smoke exposure is longer and in a confined area so much more material impact on health.

Provincial enforcement staff in Saskatchewan invites the First Nation tobacco program to join them during enforcement visits with retailers. The closest form of enforcement of tobacco retailers in Nunavut are the RCMP, which is trying to determine how to implement the Federal Tobacco Control Act. There have been examples in First Nations of sending a “Store Tester” (i.e. under-aged youth) to try to purchase tobacco products from retailers to determine if they are being sold to minors. Some Community of Practice members expressed discomfort and did not feel safe undertaking these activities as they had no authority or mandate to do so.

The Community of Practice agreed that their role should not be enforcement of tobacco legislation or regulations. There is a lack of manpower and capacity, and more importantly this takes time away from the more direct prevention, health promotion and cessation work.

Solution: Remove the enforcement component from the mandatory requirement of the funding proposal so that workers can focus on reducing the number of daily smokers and prevent new smokers through their prevention and education work as well as their efforts on second hand and third hand smoke. The Community of Practice does not believe that it should be involved in decreasing demand and supply of Tobacco products. It is beyond the scope and authority of many community-based workers. The projects will still be involved in second-hand and third hand smoke initiatives and briefing leadership, but the focus should be on the four priorities mentioned in the beginning of this report. Decreasing demand and supply would be most effective at the political and enforcement levels.

Second Hand and Third Hand Smoke

There are increased risks from second- and third-hand smoke due to the high rates of smoking among the First Nation and Inuit populations. A study by Kovetzy (2012) reported that 95% of the kids in Nunavut had second hand smoke exposure in the home, compared to 6% in the south. An interesting fact reported from the Nunavik Inuit Survey of 2004 is that 84% of households had smoking restrictions in them, and from that 54% reported total restriction inside the house. The 2016 Chemawawin youth survey found that 55% of youth reported SHS exposure in the home, and almost two-thirds were exposed in vehicles. Many children are born with second hand smoke exposure and require treatment in the NICU.[4] The effects of passive smoking on the health of young children is of great concern, as exposure to second-hand smoke has been linked to chest and ear infections (Health Canada, 2005). Respiratory diseases such as pneumonia and bronchiolitis are the leading causes of hospitalization for children in Nunavik in their first year of life, with rates that are far superior to those observed in the rest of Quebec (4,144 vs 625 crude hospitalization rates per 10,000).

The Regional Longitudinal Health Survey 2008/10 reported there was smoking in 44% of the First Nation homes within the past 12 months. An Alberta Community of Practice Study in 2015 found that 50% of the homes reported second hand smoke exposure based on a sample size of 1000. Further student responses during workshops places that number closer to 75%. It is important to note that reported SHS exposure of adults may under-represent the problem, as they are the smokers and if they are the only adult in the home, they will not report being exposed to SHS. It is youth data that must be of primary focus to illustrate the scope of the problem and potentially significant health impacts. All Community of Practice members raise second and third hand Smoke as a significant priority.

Solution: The consensus of the Community of Practice is to focus and re-energize an innovative culturally relevant education campaign regarding second and third hand smoke. While the Blue Light campaign has been effective in the past, there needs to be a new approach to health promotion with a more renewed focus to promote awareness of the dangers of smoking and SHS/THS. The reports of smoking in the home do not correlate with success reported of Blue Light campaigns; that is, although the light may be on, this does not mean that there has been a meaningful change in behaviour behind closed doors.

Protecting children’s health from the harmful effects of smoking (specifically second and third hand) can be a strong motivator for tobacco cessation among parents. For example, SHS increases the risk for sudden infant death syndrome (SIDS). The “Inside | Out” campaign in British Columbia discusses SHS and that everyone benefits from breathing space. When an individual smokes outside, the smoke is further away from others. Even if there is no one around at the time when smoking inside, the smoke stays around the house and can get trapped in fabric, walls and rugs (the dangers of THS). Second hand smoke from commercial cigarettes contains over 4,000 chemicals. Many of these toxins cause lung and heart disease. Approximately 70 of these chemicals are linked to cancer.[5]

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[4] Nunavik and Nunavut community of practice
[3] https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/cessation-fact-sheet

In addition, promoting smoke-free spaces in public areas and in the home will begin to address the dangers associated with second and third hand smoke. Clean indoor air legislation prohibiting tobacco use inside public and private workplaces have been known to influence societal organizations and networks, as well as support individuals to make behaviour choices consistent with tobacco-free norms (Zhang, Cowling and Tang, 2010). All provinces and territories have rules for smoke-free spaces in place. This could involve working with partners to support broadening smoke- and vapour-free spaces, including public spaces and multi-family dwellings that are currently impacted by smoking.

6.2 Health Promotion – Incorporating Culture in All Areas of Programs

Preventing New Smokers

Children: Too many youth are experimenting or actively smoking before the smoking prevention activities or education occurs. It is normalized at an earlier age.

The Community of Practice notes that First Nation and Inuit children are smoking by the age of 11 years of age (one Alberta First Nation survey reporting 35% of the youth population smoking daily). In Eeyou Istchee (Cree region of Quebec), they run a "No Butts To It" quit smoking challenges, and each time they do, several children aged 8 or 9 enter as smokers who want to quit. At Nunavik, each day they observe children as young as 5 or 6 picking up butts outside the store/hospital/hotel and lighting them. Their parents also report that the kids "steal" cigarettes from older smokers in the family. In Nunavik, most recent statistics in 2004 show more that 75% of 15 year olds are daily smokers of 11 cigarettes per day. In Chemawawin, the youth survey illustrated that over 40 per cent of youth who smoke had started between ages 10 and 13. The Community of Practice recommends focusing prevention efforts at children. Prevention activities should integrate culture into the work, recognizing the diversity of cultures represented by the projects.

The work currently taking place in the schools by some Community of Practice projects introduces colouring books at Grade 1. By grade 3 and 4, children are already starting to realize they are being targeted by media campaigns.

Solution: The best approach is to embed prevention efforts by working with schools and focus on deliver programs on the traditional use of tobacco with children from Grade 1. The Community of Practice believes in the need for innovative and culturally relevant resources to be designed to engage this target group as part of the prevention strategy. Inuit PR is a graded Book System (GRADE 2, 3, 4) that is the first program in the world that follows grades in school and emphasizes health promotion, including messages about tobacco. This is a promising practice that might be replicated in other First Nations.

Youth: As noted earlier in this report, almost one in three Indigenous youth are smoking daily (RHS) and the average age of youth who smoke is 14. The number of cigarettes consumed per day varies depending on geographical location, with the Inuit reflecting much higher numbers. There is an issue with "shadow lurkers" who are children and teenagers who pick up cigarette butts and smoke them. This is one way tuberculosis continues to spread. The goal of the Community of Practice is to really target this group and try to support them to stop now while they are young and healthy. Some projects are utilizing Peer Led Groups. Other projects are using revitalization of the culture to provide the youth with a sense of belonging and a cessation program (natural tobacco vs commercial tobacco use). Due to the prevalence of smoking among adults, as mentioned earlier, there is a need to de-normalize smoking among youth. However, due to the complexities of the social determinants, anxiety and mental wellness issues, a holistic approach is often required. The Community of Practice advised on the importance of using positive media messages on things that matter to First Nation and Inuit youth. The overall consensus was the need to really focus on campaigns for youth to prevent and/or reduce smoking.

Solutions: In addition to the typical peer groups and youth in school, the Community of Practice recommends finding innovative ways to interact with youth who are on the fringes of these groups. This might require thinking outside the box; building upon the land based activities or activities in which these youth are more interested. The Community of Practice recommends building a suite of culturally relevant toolkits instead of adapting non-Indigenous products.

Pregnant Women

Smoking during pregnancy is known to cause a range of health problems from premature births, birth defects and/or infant death through miscarriages or Sudden Infant Death Syndrome (CDC, 2016). The Community of Practice identified pregnant women who smoke during pregnancy as a high priority target group. They have found that the first point of contact for a pregnant woman is the Community Health Nurse who does not have the time or resources to assist the pregnant woman to reduce or quit smoking. For example, the Inuit population has high birth rates and 2012 data indicates that 85% of pregnant women smoke during pregnancy. The babies are born with measurable second hand smoke and during the first year of life many children have severe bronchiolitis or bronchitis. Medical costs often surpass $35,000 a year.

The Community of Practice members discussed training called *Brief Intervention and Commercial Tobacco with Pregnant to New Mothers*. It is used to train frontline staff to have that brief intervention, share information, do the proper referral, and have background knowledge of how to make a quit plan. It is also important to involve their support network and household members because the relapse rates increase if there is another smoker in the home. The goal is to support pregnant women on the journey in a caring manner.

Solution: The First Nation and Inuit Community of Practice implement a harm reduction strategy targeting pregnant women due to the high risk and importance for long term health of the mother and child. New and innovative culturally relevant activities need to be developed to increase positive outcomes.

It is important to support the Community Health Nurse, who often lacks time or resources, so that information can be provided to pregnant women. This may include information packages, information about cessation or harm reduction approaches (e.g. 5 cigarettes a day), or resources such as a Quit Line. Some pregnant women may benefit from connecting with peer-to-peer help, while others prefer to do any cessation or reduction activities on their own.

Education

Most First Nation and Inuit community members generally agree and understand that smoking tobacco is bad for your health. Therefore, one of the key messages is that the First Nation and Inuit Community of Practice avoids "negative or shaming" messaging that typically accompanies Tobacco Cessation Public Service Announcements. Our children, youth and adults deal with a difficult history, social inequities and often trauma. The Community of Practice is taking a strength-based approach and lifting clients up, meeting them where they are at. While the ultimate goal is to quit smoking for life, the message of Respecting Tobacco and reassuring them that even quitting for an hour, four hours, or a day is a success - is very

important for the First Nation and Inuit population. For example, Nunavut, PSA, was "Pass on Something Better" encouraging residents "As role models, parents and caregivers, we can pass on something better, like stories, wisdom, support and security. Let's teach our children traditional values of living healthy and tobacco-free lives." British Columbia First Nation Health Authority's message is "Respecting Tobacco", and Northern Inter-Tribal Health Authority's project is called "Breathe Easy".

- The specific population groups are:
  - » Children, youth, general adult population.
  - » Pregnant women and fathers.
  - » Promoting and encouraging the ones who have not started yet.

Nunavut is working towards Legislative changes to Nunavut Tobacco Control Act so the RCMP can do enforcement and would like to have a Tobacco free hospital in Iqaluit.

The Community of Practice focus on education is not only on the harms associated with commercial tobacco use, but moreover on encouraging individuals to go for screenings. Many projects use CO2 monitors in their education work. In addition, much education focuses on role modelling, such as not smoking in front children, or purchasing commercial tobacco products for their children. This is the pre-contemplative phase where workers offer information and offer individuals a support system or plan when they are ready.

Some projects also advise of the benefits of harm reduction (fewer than cigarettes a day) to start to encourage those who smoke that they could possibly reduce their nicotine intake or make a quit attempt. This is due to the high prevalence rate.

Solution: There are a suite of mainstream tools that are used in the education component. Some projects have designed videos and slide decks. As referenced below (under communication strategy) there is a need for more First Nation and Inuit specific designed culturally relevant resource materials rather than adapted tools.

Cannabis

The issue of cannabis legalization and regulation generated much discussion. Participants recognize that provinces will be setting the legal age and they must be ready to adjust prevention and education accordingly.

Solution: The First Nation and Inuit Community of Practice participants require up to date and culturally relevant communication and health promotion cannabis materials to add to their resources in readiness for the cannabis legalization and readiness. Training opportunities are preferred to address the impacts of cannabis legalization on the First Nation and Inuit population— particularly the younger adult population.

Mitigating Risks of New Products and Innovations

There was extensive discussion about new products such as vaping products and tobacco heat-not-burn products. There was concern expressed about how these products might undermine commercial tobacco cessation, while others felt that for some clients it was being used on a journey toward reducing nicotine intake as part of a harm reduction strategy.

Solution: More information is required to mitigate risks of new products and innovations particularly as a harm reduction strategy for daily smokers who may use such products and reduce nicotine intake by 50% or more. Greater regulation was recommended for all new products and innovations.

Communication Strategy

The Community of Practice members identified that simply using posters will not lead to changes in behavior and does not create sufficient awareness of a program or initiative. The best way to reach community members is through school presentations, land based activities, community programs, and social media – 21% of the population of Nunavut is a member of the tobacco project's Facebook page. The goal of the Community of Practice projects is to reach people and build awareness of the resources and information that is available; social media is very effective to this end.

In addition, a communication strategy needs positive messaging when addressing the First Nation and Inuit populations. Saying "do not smoke, do not do that" does not work because it is not culturally appropriate to use negative messaging such as shame or humiliation due to historical colonization/assimilation overtones and trauma.

Finally, it is important to the Community of Practice that rather than taking existing mainstream resources and adapting to the First Nation and Inuit communities, the process should start by identifying the needs and create tools with an Indigenous focus. New resources should be created from scratch that meets the needs of the diverse First Nation and Inuit populations.

Solution: Invest significant resources in the development of a new Respecting Tobacco Curriculum and Communications Strategy. The creation of a comprehensive culturally relevant school curriculum tools, posters, colouring books, games, and media strategy targeting First Nation and Inuit people is an effective method of education and health promotion. This could include a media blast of advertising across social media platforms and even billboards. The social marketing aspects of the campaign could include family, sports, music and personal appearance.

6.3 Helping Current Smokers

Cessation

The Community of Practice recognizes that "Quitting is a Journey" (FNHA). The Community of Practice understands that it might take a dozen or more quit attempts to begin see results. These are viewed as successful attempts and not failures because the environment around the individual may not be set up for a longer quit process. The projects celebrate all successful attempts even if it is only for a few hours or days.

Projects offer support groups, NRT, and brief counselling. Some projects offer longer quit challenges. First Nations Health Authority offers a monthly 24 hour Quit challenge. The Community of Practice noted that the challenges they encounter with the Nicotine Replacement Therapy is that the client must come to the Pharmacist for the prescription and counselling. The client is building the relationship with the worker and is hesitant to step through the door to another professional. Secondly, it is only offered for a five month period in a calendar year. Therefore, if a client exceeds a certain number of quit attempts, they are no longer eligible for NRT.

It was discussed at length that many people smoke to cope with anxiety or feelings of being overwhelmed. In addition there is a stigma attached to seeking help to quit smoking. Projects focus on behavior change and try to recognize the habits that encourage smoking and harm reduction. There are environmental factors that contribute to smoking patterns and where possible the worker will work with those within a wellness program.

The Community of Practice noted that often the health employees are themselves active smokers. The first target area of the programming could often include the health staff to lead by example. Even if the staff members use tobacco they can use their experience to assist others to reduce or stop using tobacco.

Solutions: A trauma informed approach to tobacco cessation is imperative when working with First Nation and Inuit people who are smoking. Additional training or human resources would be appropriate. Expand access to clinic based practices such as making Nicotine Replacement Therapy available 12 months a year on NIHB.

Incentives and Contests

Numerous incentives, contests, and feasts were successful in Community of Practice projects for Cessation activities.

Solution: Continue to support and enhance cultural/land based activities for cessation activities.

Harm Reduction Approaches

The Community of Practice discussed harm reduction at length throughout the preparation of this paper. While there were some varying viewpoints, the reality is that the majority of the projects are integrating harm reduction in one form or another. The Canadian Centre on Substance Abuse has argued that changing realities have led to a new focus on harm reduction and smoking, particularly if smokers are depressed or economically disadvantaged.[6] Some are encouraging individuals to try smoking less each day or to participate in a contest where they don't smoke for 4 hours. As mentioned above, research has shown, less harm is done to babies if mothers can reduce their smoking to five cigarettes. The goal is for those not ready for cessation, harm reduction is a step on the journey towards cessation.

Solution: To provide better information to Community of Practice members on harm reduction strategies.

6.4 Research and Evaluation

Surveillance (Including Data Collection, Monitoring and Evaluation)

The importance of having appropriate individual and community-level data is raised by Community of Practice members as an ongoing priority. There is still not a good understanding of the prevalence of daily smoking rates in the First Nation and Inuit communities. This would allow for in-depth surveillance and to provide ongoing data in a timely fashion. Data collection and monitoring is already one of the six essential elements of the FTCS and should remain an important factor moving forward. Currently 14 of 17 projects have completed baseline data or are in the process of undertaking surveys with one First Nation results finding that 50% are smoking daily and combined with occasional smokers 78% of the adult population 18 years and older are smoking. Projects are planning on replicating their surveys to measure change and target key populations as well as accountability.
The Community of Practice discussed that Health Canada may be aware there are higher rates in the First Nation and Inuit population than the mainstream population, though there is uncertainty about the full extent (e.g. 30% vs 70% higher) based on the evidence Health Canada is using. The Community of Practice members know the rates are higher. Tobacco data (such as utilization rates) specific to the First Nation and Inuit populations inform policy and program development at the Federal level. The most recent First Nation Regional Longitudinal Health Survey was completed in 2015 but the data is not available. Nunavut's Health Department completed their most recent survey in 2012 by identifying the key areas they would like to work with and let the communities collect thet data in the manner and language they feel is most appropriate. This reduces the barriers to accessing data (e.g. applicability, economies of scale, language) while producing accurate data. Nunavik's statistics is a bit more dated.

Solution: While the Community of Practice believes in a community designed and community based approach, there should be more collaboration between the project and the funding body in the development of survey design and data collection frequency, existing gaps in collection that may need to be addressed (e.g. training, resources, software) to promote community ownership. Data needs to be relevant to the communities, be community-owned, and respecting OCAP principles: Ownership, Control, Access and Protection ©.

It is in the best interests in both parties to obtain up to date data.

6.5 Capacity Building

Adequate Resources

The Community of Practicee shared the significant need to address the high prevalence of commercial tobacco misuse among First Nation and Inuit people requires a funding process longer than short term funding agreement. An estimated 80% of the Inuit population smokes and 50-70% of the First Nation population are daily commercial tobacco products users. These havehave significant impacts and burden upon the health system overall and will continue to increase if not addressed. Furthermore, the Federal Government is working towards a "5% by 2035" goal that will not be close to being reached by these target populations without sustained funding. These initiatives will only work if they are community-driven, and have access to appropriate, dedicated resources that support the implementation of best practices identified by First Nation and Inuit communities. A short-term funding timeline will not allow ample time for implementation or results. There is a need to establish long-term plan to ensure that the work completed to date is sustained in order to maximize public health benefits. This is a large, long-term problem faced by First Nation and Inuit communities across Canada that has not been addressed at the same rates or impact as mainstream Canadian society.

Solution: Community of Practice members were in unanimous agreement that funding should be based enhanced. Enhanced funding will enable projects to develop and implement a longterm plan for the First Nation and Inuit populations. The Community of Practice prefers a permanent funding model through five-year contribution agreements in lieu of the current model that is short term and proposal-driven. There is a recommendation to have flexibility within the Contribution Agreement to fine tune goals and objectives for individual projects while staying within the overall approve FTCS Framework.

[6] Canadian Centre on Substance Abuse. (2005). Substance abuse in Canada: Current challenges and choices. Ottawa, ON: Canadian Centre on Substance Abuse.

Human Resources

The Community of Practice devoted discussion to the Future State Model of the Tobacco Initiative. They shared the tobacco disease burden is so significant for First Nation and Inuit peoples that the existing tobacco model involving 2-3 tobacco educators to serve 10,000 - 30,000 people or more will not result in significant improvements to the population over time. Human Resource investments to a new model that would improve health outcomes could include: educators, clinicians, knowledge keepers, social workers and administrative support. The Community of Practice is looking to adopt a sustainable population health including wellness workers so that Tobacco Cessation initiatives could incorporate elements to address key determinant including culture, language and trauma. Community of Practice members shared the community health providers are already busy due to impacts of the social determinants of health which leads to high staff turnover and difficulties with staff retention. Therefore there is an assumption that the current FTCS model can draw upon existing community resources, but in practice this just does not work out effectively.

There were barriers identified by Community of Practice members regarding online tobacco training for staff with non-health backgrounds. Specifically there are barriers in receiving certification to provide tobacco counselling and cessation services (e.g. experience or learned knowledge not taken into account). The diversity of First Nation and Inuit service delivery options across the country include on remoteness, geography, distance to an urban setting, seasonal accessibility, and health human resources; thus online training is an important tool for capacity development.

Solution: Development of a new staffing model with a holistic Human Resource approach to address the goals of the FTCS would improve effectiveness and outcomes. The model could include: Educators, clinicians, knowledge keepers, social workers and administrative support. A properly financed and a full team approach to addressing tobacco misuse would be reflected in improved health outcomes of the First Nation and Inuit populations. In addition, increase training community resources for easy access to include online training options, telemedicine webinars and train-the-trainer models.

Community of Practice

Maintaining a Community of Practice is important for a knowledge exchange / hub to provide meaningful, ongoing, integrated knowledge exchange among First Nation and Inuit projects. Members of the Community of Practice stated a need to keep the Indigenous frontline community projects involved in consultations, such as by participating in the National Forum on the Future of Tobacco Control in Canada held in Ottawa March 2017. This allows input to focus on specific elements and to build capacity in various priorities identified, allowing the projects to work more efficiently. Face-to-face gatherings of the Community of Practice are a need, improve efficiency and are important for developing relationships.

Solution: Continue to support the Community of Practice as a knowledge exchange / hub that provides meaningful, ongoing, integrated knowledge exchange among First Nation and Inuit projects and enhance funding so they can meet in person twice a year. The Community of Practice should also be included in other major events and consultations.

Conclusion

The expiry of the current Federal Tobacco Control Strategy (FTCS) in March 2018 presents an opportunity to modernize the federal approach and target First Nation and Inuit populations Indigenous to these lands who have the highest prevalence rates in Canada.

The Community of Practice recommends that funding be continued to the First Nation and Inuit Component of the FTCS and specifically, that these projects be sustained so that the foundational work is not lost. As noted throughout the paper, there is need to de-normalize commercial tobacco use while being respectful of the traditional or natural tobacco for First Nations. The First Nation and Inuit component of the FTCS needs to be culturally relevant, community based and Indigenous designed in order to meet with additional success. The Community of Practice believes we have provided a road-map particularly with the overarching goals that will decrease the prevalence of daily smokers in First Nation and Inuit communities.

The targeted investment in the First Nation Federal Tobacco Control Strategy will not only help bring us closer to the 5% by 2035 target, but save lives.

The First Nation and Inuit Federal Tobacco Control Strategy extends their appreciation to Health Canada for the opportunity to share their insight and feedback.

Notes

First Nation and Inuit Community of Practice

Respecting Tobacco: A Discussion Paper to Inform the Future Federal Tobacco Control in Canada

October 2017