

INDIGENOUS COMMUNITY OF PRACTICE - CANADA'S TOBACCO STRATEGY

VIRTUAL GATHERING REPORT
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HOSTED BY NATIONAL INDIGENOUS
DIABETES ASSOCIATION



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Session 1: February 3, 2022

Opening and Welcome – Treffrey Deerfoot Aissikotoyomahka

Treffrey shared the origin of his traditional name. He explained how the eagle feather carries our prayers up. His prayer is for everyone. He is honoured to have conducted the invocation and bestows good energy to everyone.

Setting the Context - Jeff LaPlante, Executive Director, National Indigenous Diabetes Association

Jeff shared that National Indigenous Diabetes Association (NIDA) has coordinated these annual Face-to-Face meetings since 2013-2014. They are opportunity for Communities of Practice to meet, share their work, network, and to learn about projects and initiatives across the country. Due to COVID-19, this year's gathering is being hosted virtually.

Roundtable Introductions & Project Updates

Regional projects and representatives' introductions and welcoming new projects

Atlantic Region:

Quebec Region:

Alain Ishac and Victoria Grey (email update), Nunavik Regional Board of Health Social Services (NRBHSSS), shared several initiatives: campaign against Tobacco in Nunavik (Northern Quebec) – poster campaign distributed to all 14 remote communities; raising awareness through radio - Taqramiut Nipingat Inc. (TNI), all local FM radio station, and CBC that aired on all four Inuit Nunagat, including, Nunavik, Nunavut, Nunatsiavut and North West Territories; and, video production – of non- and ex-smokers, which will be uploaded to Facebook, and additional filming on the Hudson Bay Coast. Once completed, a news release will be issued for the next steps towards cessation in Nunavik. Dr. Merryl Hammond and her husband Rob Collins developed a forthcoming booklet for the cessation program. The file was paused due to the pandemic but is now continuing. They are searching for non-smoker community health workers and a cessation leader to travel to all 14 remote communities with them. Survey findings show a high rate of smoking.

Ontario Region:

Jeremy Dokis, Healthy Living and Wellness, Dokis First Nation, shared that they are conducting presentations to community, differentiating between traditional and commercial tobacco. He is hoping to learn more about approaches to this and other cessation efforts at this session.

Manitoba Region:

Nunavut Region:

Saskatchewan Region:

Dawn Mentuck, Onion Lake Cree Nation, shared that they have been working on educating and going into the schools to share and teach about traditional versus commercial tobacco, vaping, and cannabis. They will be working on students growing their own tobacco in their own garden as well as working on food sovereignty. They will also be having social media contests.

Alberta Region

Kyla Prakash, Métis Nation of Alberta, stated that they are undertaking four major interventions, three of which have been launched including group intervention and quit retreats. Programs are culturally-adapted. Participants must be Métis-registered or in the process of registration. More information is on is on their website.

Treffrey Deerfoot Aissikotoyomahka, Sacred Tobacco Collaboration, Alberta Health Services stated they are looking to expand to a pan-Treaty approach with Treaty nations in Saskatchewan and Manitoba. He sees different challenges to programming – a piecemeal approach including splitting funding at high levels so that by the time it reaches communities, there is little left. They are collaborating with Alberta Blue Cross and others to engage grassroots knowledge keepers, elders, and youth, who are championing program efforts. Speaking the truth is the healing process of our people. So many times, governments and others outside our community know how to get information out of us, but how do you put the person back together. He stressed the need to be prepared to address mental health.

British Columbia Region:

Lloyd Main, Métis Nation of British Columbia, stated that they established a tobacco and vaping cessation program. Due to COVID-19, the program went virtual on a one-on-one basis, and have also held a virtual healing circle with the Elders on mental wellness and COVID-19. The program is moving into working with people with chronic cannabis use. They are conducting research in approaches to cessation success and recently started a Breathing Right competition.

Jadyn Koldeweihe, Nurse Advisor and Tobacco Coordinator, First Nations Health Authority, shared that they are taking a virtual and partnership approach with Quit Now to increase capacity at the community level through training. Other activities include Respecting Tobacco (teaching about traditional tobacco and sharing seeds and Tobacco with Chronic Conditions (how tobacco affects chronic conditions and utilization of a holistic approach involving dietician and others).

Cory Gambler, File Hills Qu'Appelle Health Services, stated their program involves 11 First Nations, which have been experiencing high numbers of COVID-19. They have held many virtual meetings, and in the past 5 months have been partnering with the Lung Association of Saskatchewan on vaping and tobacco education for youth and adult allies. Virtual training is provided to adults every Wednesday for two hours and to youth within the schools. Elders share the creation story of tobacco and topics include traditional versus commercial tobacco.

Federal Government:

Laura-Lee Kelly, Senior Program Officer, Indigenous Services Canada, Alberta Region
Eva Jacob, Senior Program Officer, Indigenous Services Canada, Alberta Region
Sarah Stein, Senior Program Officer, Indigenous Services Canada, Alberta Region
Catherine Legault, Program Officer, Tobacco Control Directorate, Ottawa

Update from Indigenous Services Canada - Lori Rudolph-Crawford, Senior Policy Analyst, Indigenous Services-Headquarters

Communities of Practice (COPs) were developed under the previous strategy. It is good to see the momentum continue. This is a valuable opportunity to learn, share and work together. There has been many successes shared through this group and past reports, for example, resolutions, increased non-smoking spaces, etc. Work around prevention is hard to see sometimes.

Budget 2018 announced renewal of Federal Tobacco Control Strategy (FTCS) providing for ongoing funding to address high rates of commercial tobacco use and to align with First Nations, Métis, and Inuit taking more of a distinctions-based approach. We are presently entering the 4th year of FTCS, it has been tough to make strides with COVID-19 as the priority causing activities to shift. However, this work is important. COPs are a great opportunity to build upon successes. COPs are encouraged to continue to participate and share what is working and what is needed. All new partners are encouraged to reach out and to participate in virtual gatherings and in quarterly calls.

NIDA and its Board of Directors are recognized as well as co-facilitators, Melissa and Keely. Within First Nations and Inuit Health regions, there is a designated lead to provide support. Contact information can be shared. In these sessions, Health Canada colleagues will be presenting and hold the lead on CTS overall.

COVID-19 and Smoking: What do we know so far? - Merryl Hammond and Rob Collins, No Butts To It!, Cree Board of Health and Social Services of James Bay

Research round-up summaries were developed by the No Butts About It (NBIT) team regarding the question – does smoking contribute to more severe COVID-19 symptoms? This was done by monitoring and condensing medical literature including over 500 pages of research articles.

Participants were engaged in a questions and answers activity based on the findings of this research:

- 1) Which is worse – the COVID-19 pandemic or the smoking pandemic? ANSWER: In November 2020, it was estimated that the worldwide death toll for COVID-19 was over 1 million. According to the World Health organization, smoking kills 8 million people per year, which is 20,000 deaths each day from smoking. Tobacco is a major risk factor for non-communicable diseases.
- 2) Are smokers increasing or decreasing during the pandemic? ANSWER: Both in response to “pandemic-related stress”. Successful smoking cessation following virtual treatment declined during the pandemic. In June 2021, among approximately 7,000 people in developed countries, 47% of smokers reported thinking about quitting because of COVID-19.
- 3) Why is it so hard for smokers to quit during the pandemic? ANSWER: Social factors including a vicious cycle of anxiety, social isolation, lack of support, and boredom, with unsuccessful attempts to quit. With people spending more time at home, it’s easier to relapse, with more time to smoke, lack of a routine, and other factors.
- 4) Are children and youth who smoke or vape at higher risk for COVID-19? ANSWER: Yes.
- 5) Are elders and adults who smoke for many years at higher risk for COVID-19? ANSWER: Yes.

Summary of research roundups were provided on Facebook and sent to communities. They are meant to answer community questions and to bring frontline health workers with what is going on so that they feel included. This activity strengthened the confidence of the NBIT team through conducting research

and turning it into engagement, which is what cessation and prevention work is about. It was well received by the community.

Questions and Answers

Did you come up with any Métis-specific information? How would you isolate this information when Métis living with Cree relatives?

We do not recall Métis-specific information.

How can other people use this tool?

Yes, and information will be shared on the tobacco campaign taken up in the region.

Alain Ishac stated that he will also share information on a tobacco campaign they have taken up in their region.

Engaging Elders and Knowledge Keepers to Reduce Commercial Tobacco Use Among Indigenous Youth - Treffrey Deerfoot and Les Hagen, Sacred Tobacco Collaboration with Alberta Health Services

Treffrey stated that this initiative involves Treaty areas 6, 7, and 8, where engagements with youth and Elders are conducted. This takes a different approach than the federal approach where it sets up a program up and the program leaves when the federal government leaves.

Les stated that the rates of First Nations commercial tobacco use is 2 times as high as the general Canadian population. Age of initiative in commercial tobacco use is earlier in Indigenous communities. Emerging issues, such as vaping, must be considered. It is higher amongst Indigenous youth (Grades 7-12) than the Canadian population. Youth who vape are more likely to take up smoking. Two-thirds of tobacco users are clinically dependent. Best practice (i.e., effective, culturally appropriate, community based) commercial tobacco use prevention programming is lacking. There are some good lessons from the US which is published. Prevention programming when in place has not supported all programs.

The impact is that First Nations have higher rates of smoking-related illnesses than the general population, including heart disease, lung disease, COPD, diabetes, SIDS. In 2017, Alberta reported the potential years of life lost due to disease of the respiratory system was 478 among First Nations people compared to 143 general population.

Vaping is an emerging issue. Indigenous students are more likely to vape than non-Indigenous students, contributing to commercial tobacco use and addiction. In 2016/17, 37% of Indigenous and 28% of non-Indigenous students vaped. WHO, Canada and others have classified nicotine addiction as an illness.

The impact that is hoped through the initiative is that interventions that will break the cycle and change the narrative surrounding the Indigenous peoples of Alberta, which are both overdue. Marginalization, commercial tobacco use, and inequities (e.g., childhood trauma), factor into to various problems down the road.

The project concept is a keep tobacco sacred collaboration. Elders and Knowledge Keepers are empowered to engage and support First Nations youth in commercial tobacco use prevention and

restoring cultural practices regarding sacred tobacco. Rightful restoration is an important element of Indigenous culture. Treaties themselves were endorsed with the pipe.

The project purpose is to support commercial tobacco use prevention among First Nations communities by engaging Elders, Knowledge Keepers and youth to develop and implement local initiatives to prevent and reduce commercial tobacco use and to restore cultural knowledge of sacred/traditional tobacco.

Project objectives are: 1) increased youth participation in meaningful engagement and empowerment activities; 2) increased opportunity for sacred/traditional tobacco cultural knowledge sharing between Elders/Knowledge Keepers and youth; 3) increased intergenerational initiatives focused on community commercial use that support sacred/traditional tobacco cultural knowledge restoration; and 4) increased community capacity to support commercial tobacco use prevention policy and programming.

Community collaboration is key and is guided by principles of engagement, including a focus on equity, an intergenerational approach, support for sustainability, and building partnerships. Project consultations started in 2019, one held in 2020, and one in 2021.

What has been learned is that it is vital to share the meaning of sacred tobacco, access to traditional tobacco, and healing that comes through the reconnection of culture, language restoration, and reconciling the history of First Nations people. We have many tools we can use.

The conceptual application as approved by the Public Health Agency of Canada and funding was approved in 2022.

We must move forward by respecting the voice of Indigenous communities in honouring the sacred role of tobacco while creating a path forward to address the devastating effects of commercial tobacco.

Questions and Answers

Regarding the principles of engagement – when engagement is conducted, are you sanctioned by community?

Yes, we get invited. We will also accept invitations to present in other provinces.

Session 2: February 10, 2022

Opening and Welcome - Treffrey Deerfoot Aissikotoyomahka

We are speaking up and say no more on the uneven relationship that has gone on for years. They want to compensate us for residential school. There are a lot of hurts deep down. Once you expose the wound again, it is very painful. As Indigenous people, we are stepping up.

Treffrey thanked Jeff and Sylvia, NIDA, for helping to give us insight on tobacco and how it is important to us moving forward in our ceremonial bundles. Tobacco is a form of communicating. It is our protocol and stands within our ceremonies.

Commercial Tobacco and Vaping Prevention Wise Practices in Indigenous Communities – Sarah Waters & Angeline Webb, Sacred Tobacco Collaboration with Alberta Health Services

The purpose of this presentation is to discuss wise and best practices approaches to preventing and reducing commercial tobacco and vaping within First Nations. The distinction between commercial and sacred tobacco is important.

Tobacco does have nicotine. Commercial has far more and companies make sure additives are added which lead to addiction and commercial tobacco dependency. Up to half of all people who use commercial tobacco will die from a commercial tobacco related illness and this will be up to 10 years earlier than someone who has never used.

Vaping products are battery-operated devices which heat liquid chemicals for oral inhalation. They have looked different over time – from cigarette-like to “stealth” devices (can look like other items making them hard to identify, e.g., a pen). Most do contain nicotine even if labelled “nicotine-free”. Nicotine is highly addictive. It is essentially freebasing when heating nicotine. Heat from the aerosol can create a new chemical. It does not go through the same health standards as other products. Different health effects are being seen, including permanent lung injury, heart attack, cancer, and birth defects. There are many other impacts: changes in brain development; vaping may be linked or lead to cigarette use or renormalize smoking behaviour; nicotine poisoning; addiction; and dental damage.

We are seeing significant use of vaping products by youth including among grades 6 to 12 years and in youth adults 20-24 years of age. Kids who vape are 3 times more likely to start smoking. Parents are unaware of the issue. There is a disparity with commercial tobacco use. Amongst First Nations, it is about 2 times as high. For First Nations youth, it is about 3 times higher. Smoking starts at about 12 years of age and peaks at 16 and 18. Vaping is higher, in 2017, it was 37% and 28% for Indigenous and non-Indigenous youth, respectively.

Benefits of commercial tobacco reduction outcomes have not been felt equally across Canadian society. Disproportionate rate of commercial tobacco use in First Nations communities is imbedded within the context of involuntary disconnection from culture, land rights, language, etc., unequal distribution of resources and lack of access; top-down approaches instead of community-based; and modelled on western concepts.

The priority is to prevent commercial tobacco use and vaping and providing support for people to cut back and quit commercial tobacco use by focusing on changing knowledge, environment, and social norms. Programing shown to be effective, involves changing environment through policies, needs to focus on settings that risk exposure to commercial tobacco. Current wise and best practices for First Nations commercial tobacco and vaping reduction and prevention. Most promising interventions include:

- 1) Cultural restoration of sacred tobacco
- 2) Youth engagement and leadership – youth involved in community change, holistic, community specific, flexibility, youth led, advocate for change in policies, engaged in program development, engage peers and community, and counter tobacco industry appropriation.
- 3) Community and social norm change
- 4) Community access to sacred tobacco – e.g., development of healing gardens, community, and public places to grow and to use according to protocol and with reverence
- 5) Increasing community knowledge of harm and the role of tobacco and industry by undermining sacred tobacco misappropriating tobacco for their own profit
- 6) Support for improved access to culturally based and appropriate commercial tobacco and nicotine cessation services

Introduction to TEACH Courses and IT'S TIME Toolkit – Megan Barker, Centre for Addiction and Mental Health

The TEACH Project is a knowledge translation initiative that seeks to enhance treatment capacity for commercial tobacco cessation interventions. It offers evidence-based accredited, accessible, and clinically relevant curricula to a broad range of health care providers and community health workers. The project highlights include between 2006 and 2022; 6,265 unique practitioners trained; 1,477 organizations engaged; 155 webinars offered; 1000+ TEACH listserv subscribers; 8 continuing education awards, 95 conference presentation and posters; and 7 toolkits developed.

The TEACH online courses include 10 faculty led courses, 2 self study courses, they are approximately 4 to 5 weeks in length, are accredited, highly interactive and asynchronous. The TEACH core course online is an interprofessional comprehensive course on Treating Tobacco Use Disorder. The key competencies include screening and assessment, psychosocial and pharmacological interventions, and harm reduction and relapse prevention. It is a 5-week online course or 19.5 educational hours.

Some of the other courses include E-Cigarettes and Vaping: Approaches to Address Use with Adults and Youth, Integrated Chronic Disease Management and Prevention; Tobacco Interventions for First Nations, Inuit and Metis Populations, and Tobacco Interventions for Clients with Mental Illness and/or Substance Use Disorders.

The TEACH Community of Practice includes a Listserv (join TEACH's mailing list), trainers' toolkits, and educational rounds.

There have been Indigenous collaborations, their projects collaborate with Indigenous health workers, helpers, educators, and Elders to build capacity in commercial tobacco cessation. They take a co-

creation approach with all partners to develop culturally relevant materials. The Tobacco Interventions for First Nations, Inuit, and Metis Populations course was co-created with an engagement circle in 2015. It offers commercial tobacco use within an Indigenous social determinants of health context. To register for future courses, visit: <https://teach.camhx.ca/moodle/>

The IT'S TIME Toolkit are resources to support First Nations and Inuit with quitting or reducing commercial tobacco use, designed for use by healthcare providers, community workers, and helpers. The toolkit approach utilized two-eyed seeing applied to tobacco cessation approaches. One eye is evidence-based practice or western knowledge, one eye is wise based practice or Indigenous ways of knowing, both eyes together support a strengths based and wholistic approach. The Toolkit consists of sessions, summaries of key activities and discussion, educational materials, evaluations, sign in sheets to templates for certificates. The toolkit can be found at www.teachproject.ca and click on "provider resources".

Project Perspectives on CTS Model - Jeff LaPlante, Executive Director, National Indigenous Diabetes Association

Jeff stated that NIDA would like to get COPs' perspectives on the continuation of their work as this is last year of funding under CTS and to see if there is any space/desire for NIDA to advocate. Measurement and parameters instituted in the evaluation were coming from Health Canada and we heard that measurements were not all that relevant. NIDA developed a position paper on the NADA site which articulated that there was not a traditional relationship with Inuit communities and so, some of those projects were lost.

Next year will be the final year of funding under CTS. NIDA can advocate for communities or projects. These present sessions are forums to talk about how much your activities may have changed with the activity of the funding, what do projects envision to be appropriate funding going forward, and looking at this model – what works for you and doesn't and what role NIDA can play going forward?

Closing – Elder Imelda Perley

Elder Imelda shared about the importance of giving gratitude. After our meeting, she will make an offering to the Earth Mother, and we trust she can still hear us. The snow is telling us we need more rest so that can be more bountiful in the spring. Muskrat root is intended to encourage us. The bear reminds us of the stamina we are gifted with. Sage blesses our session, so that what we hear, say, and see is a good vision for the conference. May we see each other in the same circle around the council fire so that we may ignite the good things our people want to see. Song symbolizes reclamation.

Closing Song - Laurie Ann Nicholas

Session 3: February 17, 2022

Opening and Welcome – Elder Kim Wheatley

We are in the time where we have some work to undertake. The time of the calendar that we are in is the Bear Moon. The bear is giving birth at this time to the cubs, and they will get blueberry milk because that is what they ate in the fall.

Traditional knowledge is the foundation of meetings. It is how we can connect in a good way, create a safe space for everyone to listen well – go from head space to heart space. Each one of us is at different stages of our learning. Hoping that grounding self with rocks, which are ancient beings. Out of gratitude we call them grandmothers and grandfathers. They know all the teachings and the stories. We must spend time with them and invite them to share. They will wrap you up in great care and emanate energy towards you and those things that are amiss.

We draw our minds to the Second Order of Creation – grass, trees, bushes, all the medicines. They wrap their roots around grandmothers and grandfathers. They are food sources for us and help to heal our bodies, nourishment, shelter. They are getting ready to peak faces through snow and bring the promise of new beginnings and hopes. Roots are about connections, and we should feel connectedness in our work, and we are all part of the circle, we are all equal and part of purpose and have gifts.

Third Order of Creation – where elder brothers and sisters live, where we live to take care of our families, those live in sky and on the earth. They were here before us and teach us how to engage in different ways. Sky grandmother is looking down at us during this time, shifting the ices. Water is the life force which fills all our bodies, over 75% water. It is a living force. It holds memories of all our ancestors. When we are looking for ideas and meaningful connection, we can go inwards to ask for help. Our lineage is powerful, ancient, and strong – invite them in, let them flow through and remind us of what we can do today.

The Fourth Order – human beings. We are so dependent upon those 3 other orders. What you intend is what you will meet. Each one has a role to play. We are not here by accident. Take what you can learn today and send out to those not present. Do your best to be a change maker because we all are. We can take nothing for granted, nothing comes easy, teamwork makes the dream work.

Spirit can travel through anything, who knows what ancestors are standing with you now. Take time to go inward. Being present is the most important gift you can give. Make time to settle selves so that we can really be connected.

Improving Access to Sacred Tobacco in Indigenous Communities – Treffrey Deerfoot & Darrel Melvin, Sacred Tobacco Collaboration with Alberta Health Services

Treffrey stated that this is a collaborative initiative. It is inclusive of major, nationally recognized organizations and help in engaging Indigenous communities in Alberta. They would like to expand to Saskatchewan and Manitoba for a pan-Treaty approach. As Indigenous people do not have to go very far – put tobacco down and share with Creator and ask to hear our prayers. As we do engagement, Elders tell us about responsibility.

Treffrey shared about his beaver bundle – it tells us about the creation story and tobacco which engages life to all other plants, giving thanks for that plant and how we are going to use it. Along with tobacco is the animals – eagle feather was held by one of our Elders this morning. Animals are a part of our thanksgiving in praying to Creator. Three brothers to tobacco – sweetgrass, sage, and cedar – were all gifted to us. These are the common denominator amongst Indigenous people to communicate to our Creator and have specific purposes. Each are unique and different to our communities.

Today, he is sharing the importance of the tobacco plant. He is committed to help create this collaboration. We are constantly engaging Elders and youth. Grassroot conversations needs tobacco because it was given to us and is part of our creation story. We put it in a pipe and lift up to the heavens.

Darrel Melvin presented a power point presentation, “Improving Access to Sacred Tobacco in Indigenous Communities”. The purpose of the initiative is to discuss approaches to increase access to sacred tobacco within First Nations communities towards increasing tobacco cultural restoration and growth. There are common threads to traditional tobacco use. Colonization resulted in an involuntary disconnect from culture and loss of traditional knowledge including traditional tobacco. Colonization has restricted access to original tobacco plant as well as its traditional and ceremonial use. This has led to increased health disparities including disproportionate use of commercial tobacco. Commercial tobacco continues to be used as a substitute, and access to traditional tobacco is limited and is excluded from comprehensive commercial tobacco reduction frameworks. Fundings supports have not been sustained and is inequitable – not all communities write proposals. Our initiative is more equitable – it is offered to all communities.

Approaches to increasing access include increased opportunities for growing of traditional tobacco within communities, supports Elders and Knowledge Keepers in leading and engaging youth and community members to learn how to grow, harvest, and use traditional tobacco, and include access to traditional tobacco in comprehensive tobacco reduction strategies. This initiative uses a community-based approach to support communities in developing the sustainable infrastructure to grow traditional tobacco and transfer knowledge and supports youth involvement in gardens in school-based approaches using leadership and guidance from elders and knowledge keepers.

There is a commitment from all collaborative partners to ensure this is done in a way that is led by communities. We are there to play a supportive role to help with access and resources because it is not our role to tell people to how to do things; rather to provide support to communities to decide how things are going to happen.

Questions and Answers

Where are you getting your seeds from and are seeds available to individual community members who may not be a part of the gardens?

Treffrey stated, in our bundles are seeds that date back and have been regenerated over time. These are the seeds we hope to use. Some communities have their own seeds and if they do not, we share. We have to have the stories and the songs. We go back to the root and that is why we are engaging the Elders and Knowledge Keepers because they have the stories and the songs. All our ceremonies and rituals are passed on to us in a good way. We get these seeds by looking to our Elders and Knowledge Keepers.

Is there an actual process where youth are being taught? There were different varieties of seeds. We must all learn how to grow these plants - how and when to grow as knowledge to pass on.

Treffrey stated, in regard to sharing of knowledge, as a collaboration, we have put together various videos and received funding to hire people to bring this information to the classrooms. We are going to engage champions within the community, what better way to hear from your grandpa and uncle instead of a bureaucrat. It is grounded in the community, lead with the community, and let them enhance it. Often, the government brings in a program and then it leaves and that's it.

Is Alberta the only territory that has funding for the traditional growth of tobacco?

Darrel stated that Alberta Health Services provided a grant for partnership to hear what was needed and how to move forward in a good way. Reconciliation means nothing without action – it is about restoring leadership and cultural connection. With the grant, will be connecting Elders and youth. There are a variety of things that will be done and the grant the next year will be testing the concept and laying the groundwork for the future and will be creating a fund to build sustainability.

Elder Imelda Perley stated, in the east coast, our tobacco isn't in seeds but in red willow reeds. We shave and take the bark of the red willow. As an Elder in residence at the local school, we teach children how to harvest and utilize respectfully. Boys and girls are taught their roles. This can be something we can collaborate on – enough red willow to share. Elders across the country are concerned about IRS, day schools, and public schools – how much are they learning about their ways, this is what we must do.

TEACH IT'S TIME Toolkit Demo Activity – Lisa Beedie, Cancer Care Ontario & Alexandra Andric, Centre for Addiction and Mental Health

When we discuss commercial tobacco, we are helping people get back to sacred knowledge and use. We use the two eyed seeing approach – an Indigenous lens with one eye and other western lens. In the work we do, we must view work in two ways traditional approaches to addiction and Indigenous and Western means to helping people with this.

Two toolkits have been developed - one for Inuit and one for First Nations. A Helper's Guide breaks information into digestible chunks and can be useful working with community members and clients. Adaptation of tools is welcomed. Activities within the toolkits involves exploring readiness – what thought patterns about the person themselves affects them in trying to make a change. Often, people are ambivalent to make the change. Assisting people with health – physical, emotional, spiritual, and mental – and to invoke conversations about tobacco, can be commercial or traditional. We use Indigenous system of knowing and strength-based approach to service delivery.

This is an immersive activity. Ceremonial activities are to explore mental readiness. You cannot address mind body and spirit unless you know those aspects are ready to be received and sometimes, we already arrive with preconceived feelings. Often, we must release things for things to come in. How can you move through this process if these aspects or elements are not even connected, create a safe space? When we use multiple aspects of our being, we can retain what we have learned longer – smell, taste, etc.

The toolkit is for service delivery and for when the relationship with community members is already established. It is for people to reflect because smoking is not just about smoking. We must have empathy and acknowledge people in whichever way they want to share. Often there are underlying issues.

The activities are for using all the senses in the bodies. In the participant booklet can find coping strategies that are culturally relevant to the individuals you are working with. These can be adapted to communities. The coping strategies are to start the conversation to help people figure out what a strategy could be. We must unlearn unhealthy ways of coping. It is important to look at the uniqueness of each community and working the person where they are at and their values. Lisa stated that they can share the power point but will have to take out the picture of the ulu.

NIHB covers sprays. Regarding funding – funders can make you jump through hoops. Not everybody that we work with has those same principles, e.g., within funding mechanisms it is whatever is needed and flexibility in reporting. Your voice and spirit are powerful.

Health Canada: Addressing Vaping Presentation - Kazia Peplinskie and Sunita Gringas, Tobacco Control Directorate, Health Canada

The presentation was intended to provide a brief diagnostic of vaping in Canada and highlight federal actions on vaping product control. The 2020 snapshot showed prevalence of various substances among Canadians aged 15 plus. Poly use was highest among Canadians who use vaping products, dual use was highest among Canadians who use cannabis, and single use was highest among Canadians who smoke cigarettes.

The statistics have shown Canadian youth and young adults are also using a variety of substances. Vaping products were used by 3% of Canadians aged 25 years and older compared with 14% of those in the 15-24 age group. In the older group, 46% are dual users (smoking and vaping) and 48% formerly smoked cigarettes. Among those that are dual users, they reported they vape to quit and/or reduce the number of cigarettes they smoke. Vaping products are commonly used as an alternative nicotine product by recent former adult smokers.

While youth smoking rates have declined significantly the youth vaping rates are high. The rates for ages 15-19 have doubled over a two-year period (2017-2019). Health Canada continues to monitor youth vaping rates very closely. Despite concerns that vaping may lead to smoking, in Canada and the U.S. rising youth vaping rates have not been tied to increased smoking rates.

Factors associated with youth use of vaping products include societal and community and interpersonal reasons. Exposure to commercial marketing, the perception that vaping is less harmful and there are flavoured vaping products make it more appealing to youth. Vaping is a highly social behaviour and youth with friends who smoke or vape are significantly more likely to use vaping products themselves.

Polysubstance use and mental health challenges among adolescents are also linked. In 2018/19 the COMPASS study found that 18% of high school students reporting using two or more substances in the past 30 days, with alcohol and e-cigarettes being the most common pattern use. Female high school

students who reported symptoms of both anxiety and depression were at the highest risk of engaging in polysubstance use.

Vaping products introduce new and unknown risks to individuals, youth are especially susceptible to the effects of nicotine. It can alter teen brain development and affect memory and concentration. Children and youth may become dependent at lower levels of nicotine exposure than adults. The long-term effects of vaping are unknown. Health Canada's advice is quitting smoking is the best way to improve health and evidence shows counselling services and Health Canada approved medication or nicotine replacement therapies are effective.

Canada has acted to address vaping products including Canada's Tobacco Strategy launched in May 2018 which aims to reduce tobacco use to less than 5% by 2035, and by passing *the Tobacco and Vaping Products Act* which came into force on May 23, 2018. It created a legal framework for regulating vaping products to protect young persons from nicotine addiction and tobacco use while allowing adults access to vaping products as a less harmful alternative to smoking. It contains a number of restrictions to protect youth and requires a legislative review every 3 years.

Budget 2018 invested 330 million over 4 years to support government tobacco control efforts and the regulation of vaping products. The strategy is led by Health Canada in partnership with other federal departments. Actions to address youth vaping include strengthened regulatory controls, enhanced compliance and enforcement, public education, partnerships and collaboration, and enhanced research and surveillance.

Canada is also taking a polysubstance use approach through the Canadian Drugs and Substances Strategy. The strategy takes a four-pillar approach of prevention, treatment, harm reduction and enforcement and encompasses all substances. The leads from this Strategy work with the CTS to ensure an aligned approach recognizing that people often use multiple substances.

The next steps on vaping are to provide supporting public health advice and data to support Finance Canada's design and implementation on the national tax on vaping products. Complete by May 2022 the first legislative review of the *Tobacco and Vaping Products Act*, which will focus on the vaping-related provisions of the Act and their administration and operation, particularly the provisions designed to protect youth. Consider the way forward on potential regulations to restrict flavours in vaping products, following the public consultations held from June to September 2021 (25,000+ comments received), and continue implementing Canada's Tobacco Strategy, including given consideration to expanded and new innovative measures.

On COVID-19 and smoking, there is evidence that people who smoke may be at a greater risk of developing more severe symptoms of COVID-19, as smoking negatively affects the function of the lungs. Preliminary scientific evidence suggests a history of smoking may substantially increase the chance of adverse health outcomes for COVID-19 patients. Having an underlying health condition, such as one caused by smoking, also puts individuals at risk for more serious illness and even death. This continues to be an area of emerging research.

Questions and Answers

Are we able to compare the differences in vaping rates on reserve vs. off reserve?

At this time, we do not have sufficient data to identify the rates of vaping product use among Indigenous peoples. The 2020 Canadian Community Health Survey is expected to capture information regarding off-reserve Indigenous rates of vaping; however, this data is not yet available, so it is too early to determine whether there will be sufficient data to be reportable.

Is consideration being given to diverting revenue received from the proposed federal vaping tax to First Nations?

The proposed federal vaping tax would be an indirect tax applied to producers, similar to federal excise duties on cannabis. As such, section 87 of the *Indian Act* would not apply to relieve status individuals of this proposed duty.

In addition, Budget 2021 announced the Government's intention to engage with interested Indigenous governments and organizations on a potential framework for interested Indigenous governments to implement a sales tax on fuel, alcohol, cannabis, and tobacco (FACT) within their reserve. Finance officials are assessing whether this potential framework could include new sales taxes on vaping products as well.

Is there any research being done on holistic medicines, such as mullein or red willow, as a possible alternative to vaping product use?

At this time, Health Canada is not aware of federal research being done on mullein or red willow, particularly in the context of alternatives to vaping. Regarding alternatives to tobacco, we have noted that a mixture of mullein plant with algae has been patented as a tobacco substitute in the US, and that there are studies showing that the use of traditional tobacco may help Indigenous people enrolled in tobacco prevention and cessation programs.

HeartSmart Learning Program & SOLVE Online Vaping Awareness Program – Nicole Zorotheos & Jennifer Michaud, Heart and Stroke Foundation of Canada

The presentation provided an overview of HeartSmart Learning and Certification, how to order the books and additional resources and an overview of HeartSmart SOLVE programming.

For over 60 years Heart & Stroke has been dedicated to fighting heart disease and stroke. HeartSmart Kids (Grades K to 6) and HeartSmart SOLVE (Grades 7 +) help support children, youth, and their families to build the best start for a healthier life.

HeartSmart Kids provides resources for educators, students, and families created in partnership with Indigenous organizations and communities to help develop a better understanding and awareness of overall heart and brain health. The resources include Indigenous health perspectives and promotes behaviour that contribute to a holistic approach to health. Some include learning experiences such as being active and eating nutritious foods, effects of sugary drinks and screen time and the importance of mental and spiritual health and markets to kits and vaping awareness etc.

HSK is intended to empower educators in teaching heart and brain health with support of free student and family resources that enhance health literacy in the school, community, and home environment. The program takes a holistic approach to heart and brain health with a health reconciliation lens and

includes Indigenous health approaches, learning about safe and equitable access to food and water, the importance of storytelling, music and dance, spiritual, and mental health.

A sample of the programming was shared and how to access and order from the website www.hskids.ca
The programming on anti-vaping includes education and activities.

The HeartSmart SOLVE is a new interactive activity for students in grades 7+. The activities offer the opportunity to investigate evidence files, test knowledge and solve a mystery. An overview of the resources was provided and can be found on the same website. The program is happy to partner on content and co-create especially on traditional tobacco.

Following this presentation there was closing comments from NIDA and the Facilitators.

Closing Prayer – Elder Mabel Horton

Elder Mabel thanked the all the presenters for their work. She shared her background of working in the nursing and health field for 40 plus years. Was happy to see the traditional tobacco in Alberta and hopes it will go nationwide. She shared that many are coming back to our ways and ceremonies and glad the importance of tobacco is being carried out through our traditions.