First Nation and Inuit

Federal Tobacco Control Strategy

Community of Practice Face to Face Gathering

Proceedings Report

SEPTEMBER 25, 26, & 27, 2018

Accommodations: Grey Eagle Hotel 3777 Grey Eagle Dr, Calgary, AB T3E 3X8

Proceedings Report of the FN/I FTCS Indigenous Community of Practice Held September 25, 26, & 27, 2018

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DAY ONE - TUESDAY, SEPTEMBER 25, 2018

PARTICIPANTS

Stephanie Anctil, QC Corey Bighorn, MB Kevin Bulldog, AB Tiffany Chu, BC Larissa Coser, BC Paul El-Hadded, QC Val Fosseneuve, SK Tracey Jirak, BC Abigail Kaptingei, SK Maggie King, SK Jeff LaPlante, MB Farrah Louis, SK Nicole Leclair, AB Paul Linton, QC Bonnie McCloud, AB Marlene McDougall, MB Alton Michel, SK Oasoeg Milliea, NB Jodie Milward, BC Charmaine Mirasty, SK Lorraine Naziel, BC Justine Ndubuka, SK Yvonne Nepoose-Rich, AB Tennie Running Rabbit, AB Alison Sappier, NB Robert Sillyboy, NB Kara Steel, BC Kristy Ste Marie, NU Lisa Wasmund, ON Jimmy Weasel Child, AB

Treffery Deerfoot, Knowledge Keeper, AB Dr. Lee Brown, Presenter, BC Tyler Janzen, Presenter, BC Andrea Williams, Facilitator, ON Richard Running Rabbit, Co-Facilitator, AB Sylvia Sentner, Administrative Support, MB Ashleigh Taylor, Administrative Support, ON

CEREMONY

Elder Treffrey Deerfoot welcomed participants to the meeting with an opening ceremony and prayer.

OPENING COMMENTS

Facilitator Andrea Williams leads a round of introductions for everyone to share who they are and where they come from. See Appendix A for FTCS background and overview.

UPDATE FROM INDIGENOUS SERVICES CANADA

Lisa Wasmund, Senior Policy Analyst, Population Health and Wellness, Indigenous Services Canada

Lisa Wasmund's Comments:

- Lisa explained, the Federal Tobacco Control Strategy will be renewed as it was scheduled to end in March 2018, but is instead being rebranded as Canada's Tobacco Strategy.
- They proposed enhanced funding of 80.5 million over five years, starting this year with 17.7 million ongoing. Those new investments will be shared among several federal departments, Health Canada, Public Health Agency of Canada, Indigenous Services of Canada, Canada Border Services Agency, Canada Revenue Agency, the RCMP and Public Safety.
- The federal policy process is to access federal budget funds is a lengthy process and it's still underway, so the portion of new investments that will come to Indigenous Services
 Canada and be allocated through contribution agreements is still yet to be determined.
 We're anticipating a decision, hopefully, by November. That's the latest that we've heard.
- With the new federal tobacco strategy, Indigenous Services Canada is committed to supporting the engagement of indigenous peoples and organizations for the codevelopment and co-implementation of distinctions-based approaches to address the high rates of commercial tobacco use among first nations Inuit and Metis populations. I point this out and, in fact, there's a bit of information in your pamphlets about Canada's tobacco strategy. That's the broad, all departments approach. In it there's reference to this engagement for the co-development of distinctions-based approaches.
- Once the federal approvals for budget allocations have been received, it's anticipated that funds will be available late this fiscal year to begin supporting engagement activities. Engagement activities are likely to continue into next fiscal year, 2019/20 and while this is happening, I think the ideal situation ... if you agree, would be to have your work continue for the next fiscal year.

- The community of practice discussion paper that was developed last year, I wanted to make sure it's acknowledged it's a tremendous piece of work that presents thoughtful and comprehensive considerations. In this work, the discussion paper will be key to informing future engagement discussions with other partners.
- I would encourage projects to think about how ... and organizations ... about how you would like to be engaged and share your ideas and your preferences, perspectives with your FNIH regional representative. The objective of the engagement will be for the co-development and co-implementation of distinctions- based approach to addressing high rates of commercial tobacco use. For you, as projects, you've been on the ground. You've been on the front lines and you'll be instrumental in informing how this process evolves and for what outcomes should be achieved.
- Participant Comment: The other point she's making is it's a modernized strategy, so it doesn't have to be six elements, is that the point that we're also saying. It's no longer the six elements that we've been doing. You can prioritize what you need to do for your project and work with your regional representative and stay ... but staying within the blurbs we have here, you can't go outside ... you've got to stay within this priority. Say, this is what we want to prioritize, start working with your representative now. Understand that for 2019/20, the funding is going to be at the same level because things haven't rolled out differently. But get working now and say, These are what our priorities are, this is how we want to do it. This is what we want to focus on. This is the budget we require, so that they can send that up the channels, right?
- Lisa Marie Response I think the idea is that through the engagement, if funds are not going to be enough for everybody across the region ... at the regional level and with partnership tables, how they wish to implement those investments. It could be proposal-based. It could use the same criteria, but that will be a decision made in partnership and won't be imposed. I can't speak for every region, but in some regions, things are working quite well with how it's organized and others there's room to enhance that or improve.
- Yes. The idea is that there will be some investments in the early year to support that engagement and however bringing people together ... having different gatherings, supporting travel, supporting that engagement and then once that phase or period is over, the remainder of the budget would go to where it's programming and the resources that you've identified.

Health Break

The session recessed at 10:20 a.m. and reconvened at 10:30 a.m.

ELEMENT #1: PROTECTION

Essential Element #1: Protection

Actions on tobacco protection measures

- Policy Focus for protection measures within communities that are youth-focused.
- Policy Focus for protection measures for community members against second/third hand smoke.
- Policy Focus on Marijuana Legalization and its impact on work of the Tobacco Cessation Workers, non-smokers, and community members.

Participants joined a sharing circle and offered the following comments with the following prompts:

Vision – Please provide a short description of your activity(s). What are the objectives or focus areas of your activity in this element?

Relationships: What relationships have been developed? With whom? How did you engage? Where are the gaps/challenges? Solutions and ideas?

Knowledge learned/ Tools developed: What policies, toolkits, approaches, workshops etc have you developed to implement your objectives in this element? What have you learned? Please bring examples to share in circle with the group.

Action: What results have you achieved to date in this element? What have been some key success(es) to date towards achieving your vision or objectives? What do you think should be priorities moving forward?

Participant Responses:

- Protection, let's see. Well, we have a lot of communities being serviced...Recently, I've been focusing on setting up at pow-wows and Treaty Days. So I did a lot of traveling to a lot of the communities, set up our displays, and we've had a lot of, I guess, interest from the younger generation, especially the kids that are five, six, seven, and eight being exposed to the harms of commercial tobacco. They're actually really attracted to these big teeth that I carry around on me. At the same time, I've been doing a lot of data collection with the youth at the same time throughout the summer...We did hire summer help last summer where a toolkit was developed for First Nations committee's communities to implement all of the signage in the communities.
- For cannabis, there's a lot of concern coming from a lot of us. Cannabis consumption is really high in our community. So of course, there's a lot of concern about that and my mandate has been to inform and bring reliable information on the law, on cannabis, on its effects, on why the legalization process is arriving, and why Canada decided to make this move. There's opportunities and possibilities for you, so how can you work this out. Especially in cannabis in October to address that problem with the health board... There's action has been made in the last few months, but we're at a point that we don't know where to go anymore, so we have to sat down again and rearrange, really, or what are our options are.
- I know Health Canada has a policy workbook on workplace policies and the development of them around smoke free workspaces. But going through, especially that one ... I know one thing we talked about at our last meeting was developing resources that are culturally appropriate. So we've been trying to focus more in that area. So especially with our toolkit that we're still developing, all of the power points that'll be in there, we kind of wanted to cover everything. So definitely, we do want to highlight second and third hand smoking and we also, for sure, want to do more awareness stuff with the health leadership and the schools in the communities.
- One way we were thinking of doing this was...It's still in development right now, but it's pretty much, I'm calling it a community protection guide. What it is essentially is just key facts and key measurable steps that chief and council, band administration, health directors, school principals can make in their facilities to protect their employees, their students. So it's education and its measurable steps that they can take. We did develop in the last year, a band council resolution template. So that was used by, actually, to first nations. So they contacted us wanting assistance in that area. So we've been trying to develop those resources so we can kind of announce them at our upcoming conference.

So we're looking at February 20th and 21st for our annual conference. We're definitely also going to focus on the community education portfolio and the schools.

- In the past, we've always focused on chief and council, health records. We try to have the youth as much possible, but we realize that there's definitely low engagement with the school staff themselves. So we definitely wanted to have people from the school at our events. And so that's a perfect time in February to kind of unveil these resources. They're currently in development, so that's what we've been focusing on over the last year, kind of trying to take to heart that the idea of developing our own stuff, and making those available for our communities. And I would say one gap we're having right now is direct face to face engagement with health records and chief and councils.
- Right now, one of my main focuses on the youth in the schools because I am a teacher.
 So I'm going a lot into the classrooms and doing presentations and lesson plans on commercial tobacco, first, second hand ... We do have a lot of youth asking about cannabis. We just recently had a workshop with our organization on cannabis. I can't remember the doctor that we invited, but we got that information. And then I just put it together to put a short presentation... And I just kind of made it towards lung health, so I already went to the one committee to do a presentation with just community members. And then I did a presentation in a grade eight classroom.
- As for youth, I utilize the smoker's lung, Mr. Gross mouth and I recently got a smokalizer. So I use those three tools, I guess, to get the kids active, to see what happens if you're a long term smoker. I also use a lot of land based cultural activities. So I take them kind of out of their peer groups where they don't smoke as much. I guess, trying to take them canoeing, fishing, hunting, a lot of cultural methods and activities which is good because I got some funds under mental health land base through Jordan's Principle. So I can use that to support what I do. As far as second and third hand smoke, education is key...I target the adults more on that aspect, like new mothers, fathers, women and men's nights just to educate them, I guess, and create awareness.
- So any time that we would have sessions in our community, we'd get people that we've heard say, since you guys have been into our communities and talk about it, we know a little bit more than what we knew before. Because they were just smoking and not knowing the chemicals that were put into cigarettes. The second hand smoke, how it affects babies from eating if the baby's around. So we've got a lot of communities left to let people know the effects of it. And I think they've been around our community, maybe, five years plus this year.

- What I've been focusing on...is empowering women. What I do with some of the young women is I teach them how to make ribbon skirts. And one of the things that come out of it is I also introduce them to traditional use of tobacco. Also looking at role of women to empower them, these young girls. We're starting at nine years old and letting them girls know that they can make something in a day and we provide them with the material and the ribbons as well, and introduce them to having a stronger self-esteem about themselves as well saying no to drugs and alcohol, and tobacco.
- Working with managers of the stores within the region, and bringing the understanding of the tobacco laws that are provincial. But there's some pullback that they don't have to follow the provincial legislation being reserve. And so some of that is a pushback. We also have a no smoking policy which is three meters from the entrance of any building. And to me, that's not adequate because the smoke. You will have to walk through it. It's like a gauntlet walking through there to get your office. But those are some of the things and the other thing is about a challenge about enforcement. People think that we're enforcers of the policy and we're not. And I get a lot of pushback from coworkers in regard to who's policing them.
- The other way we deal with smoking is not always calling it smoking cessation. We do a lot of work with the young men and regards to traditional activities on the land. And if you're going out hunting bear or moose or whatever, you can't smell like an ashtray because you're not going much. And so with that, we're teaching them how to hunt and back to their traditional roots. We have a lot of success in a lot of substance abuse, alcohol...doing all the other stupid stuff they're doing because they're trying to learn to support their family, and to provide food for their family...So through those other traditional programs, are having better effect on substance abuse and on smoking. If we called it Hunting for Smoking Cessation, we wouldn't have anybody there. But if we call it a traditional activity to get back to your roots, and we have a lot of people there.

DISCUSSION ABOUT ISSUES AND CHALLENGES

Discussion about the new cannabis legislation

Participant Responses:

- Yeah, I'm hearing that many of you are getting approached with questions that I guess stem from ... I'm trying to make sure they understand from legal questions to policy-type

questions, the whole gambit. Within health Canada there's a ... It's called: Cannabis Legalization and Regulatory Branch, and they're a new branch created within Health Canada to roll out this legalization. So, looking at all aspects, from the regulation but here, they have a team here to support engagement especially with Indigenous populations.

- So I within what they call it a healthy living program area and there's a mental wellness area that has addiction programs, mental health promotion, suicide prevention areas. They work closely with that cannabis legalization branch in supporting and I think they actually helped fund Thunderbird to do some kind of work. It's interesting that a part of some of those dialogue sessions.
- In terms of a tobacco strategy how the cannabis component to its health promotion piece, it won't, the strategy itself will be tobacco first. In terms of how it's operationalized, or how to meet what people are asking for? It's interesting range here from your perspective. You're not supporting a lot of work events around cannabis.
- There is this confusion that they think marijuana is healthy, it's good for you and, helps with cancer or whatever they think. Carbon monoxide is carbon monoxide, it comes out of cigarettes, it comes out of smoking marijuana. So yes, if you take extract of marijuana and you take it in a pill form or something like that, maybe it's healthy. But, if you're smoking it, it's no longer healthy. So there is that, we have to educate I guess.
- That's all I wanted to say, don't stress too much about your role in it, to have those contacts, mental health, current use. Try to work together, try not to get the younger generation into it as much. Education, prevention and awareness, basically.
- The thing that worries me and bothers me about the cannabis legalization is way back when, when tobacco became legal, we didn't know much about it. It was bragged about as being a stress reliever and all of these other things, and so people took to it. Now, I don't think you'll find a parent that doesn't know that cigarette smoking is harmful. What worries me is now that cannabis is going to be legal, the same news is being given out about it. Oh, its for this, it's for that, there's medical cannabis, there's this ... What parent is going to be able to do once it's out there? Be able to make a decision about what they're going to tell their children, because the home is the first place where they get information. Are they going to be able to tell them what the harmful effects? What the truth is about cannabis? You have the drug dealers on the street saying this, now you have the medical profession almost agreeing with them. The only disagreement is, well you have to buy it from the government, you have to pay your taxes on it.

- All in all, it's not safe, we don't know what else they put in it. So you have two groups that are selling the same thing, with the exact same message. What worries me is how are we going to get to the parents and the school kids? So that they understand and are able to give good information to the children and that scares the living daylights out of me. Yeah they smoke it now, the parents are against it, why? It's illegal. It's not that its, they're not saying, Oh it's bad for you, they're saying, no don't smoke drugs, it's illegal, you'll go to jail. It's going to come out in three weeks to be legal. So what are they going to tell them? What information do they have? The health profession's not giving it out. The government's not giving it out. She just said, they're not ready. They won't be ready.
- One community, there's more youth protection cases in the community than there are kids. I don't know how it happened, but there's more youth protection cases than there are kids. With that, residential school has totally ripped the traditional parenting. We have some that are very excellent parents, they keep their kids on the straight and narrow and teach their kids at home, but that's some, it's not the majority. When I was young and running around the res, if it was dark, and no matter who it was that was older than me said, Eh, go home. You went home, you didn't question them. Now, you tell some kid at night to go home, what do they do? They flip you the bird, they throw rocks at your house, they crash your car, whatever.
- The tobacco strategy is looking to address the high rates of commercial tobacco use. If you were getting questions about cannabis, I'm hearing different things that maybe there's an education for all of us, as individuals, as parents, ourselves, as people in our community to know about the harms and effects. The different compounds, like the cannabinoid compound versus THC. There's an education for all of us to be aware of the health address questions but also for us to defer people, that's important. I think just as many of your projects use different aspects to address tobacco, physical activity, or sport or land based opportunities to talk about what it is to be healthy and that sort of thing.
- At this point people will look to us as a number one, because even within health they
 have enforced it and they're going to be questioning this national act coming out on the
 17th, but there's no enforcers. They aren't there yet, so it just seems natural that they're
 going to look for the enforces that have done something similar.
- Canada has a contribution program called the Substance Use and Addictions program and I can share a link with Andrea to share with everybody and within it they have the criteria to apply for this money looking at opioids, cannabis and tobacco use. But looking at it as a substance use and from an addiction stance.

Participants joined a sharing circle and offered the following comments with the following prompt:

Please discuss the children and youth component for the protection element and your protection measures against second and third hand smoke, including bylaws. What are challenges you have faced? What activities are you promoting? And if the cannabis question has come up with you or issues around that.

Participant Responses:

- We've been doing some work in our leadership and with our communities around planning. Really briefly, a big piece of how our leaders are supporting the youth is that we have a lot of young chiefs in our region, and they're saying we need to be better role models, and they're encouraging all the chiefs and the people working in the band offices to quit smoking so the youth will see that and will follow that, so that's been a huge push at our leadership discussions, which has been really great...We're also encouraging the active youth, so a lot of our communities we're making sure that you can find soccer and hockey and are on the water and in the canoes to get them to quit smoking because you can't smoke and be active at the same time.
- We do a lot of traditional wellness teachings, so in our region we teach about not abusing our medicines and how our medicines are there to protect us, and tobacco is one of those sacred medicines. When we respect it, and we use it properly it takes care of us, and when we don't we get sick from it.
- We've amended our Tobacco Control Act, so we've increased our buffer zones now from three meters to nine meters. We actually have smoke-free spaces now, so schools, playgrounds, health centers, and anywhere generally that children and youth congregate is the language used in the legislation. We are also looking at putting together a legislative proposal to further enhance our Tobacco Control Act with, again, a focus on children and youth. We also heard through and through that we've seen great successes with keeping our homes smoke-free over the last couple years, so that that messaging has really resonated and that community members have heard and have taken it outside, but what we've also heard is that it hasn't really resonated with cannabis smoke in the home.

- Because of some of the geographical challenges that we have in the north, we rely
 heavily on social media just to communicate a lot of these protection pieces to people as
 well. Our Facebook page is alive and well. Community members are generally very
 receptive to it, and we get a lot of uptake on it as well.
- That's the message that we try to spread in our reserve about tobacco being a sacred medicine and to keep it sacred, to offer it rather than smoke it. We have a logo about it. It says keep your dreams alive and live tobacco free. When I explain to the youth, it's just kind of like, live tobacco free. If you're offering tobacco, you're kind of freeing your worries by offering your prayers to the creator, and also the other side where, leave it alone and don't do it type of thing.
- Another thing we do is our swag. We like to have swag because they always tell us, too, that it reminds them of our messages that we pass on. We try to have that. We don't have it all the time, but it does help. We get good feedback that they said sometime that they drink out of one of our water bottles or if they see their decals or something like that, that it reminds them not to smoke or to try to keep on quitting.
- We're looking to the idea of creating scenes and plays about issues that matter for youth around tobacco use. Having them create the stories and create short plays where we can maybe take these to communities and have them present what their issues are and ask for the audience to come in and try to solve these issues with the youth within community.
- A toolkit that looks at second-hand smoke in the home. It's when the children are inside, the smoke goes out. Health promoters can use it, or anyone in community if they're hosting an event. They set it up, and there's a board game for the kids to play with, and it is created to be culturally appropriate for First Nations communities. The health promoter can speak to the parents while the kids are playing the little game, and there's flashcards. It's actually pretty neat. The kids usually deplete me of all the tattoos that come with it.
- This past year we focused in on connecting cancer and tobacco use, and that was well received. We had a theme of superheroes, and the workshop presenters that were there were making it very engaging, very interactive. There was swag. We got some good survey information done there as well.

Lunch

The session recessed for lunch at 12:00 p.m. and reconvened at 1:00 p.m.

ELEMENT #3: PREVENTION

Essential Element #3: Innovative Approaches to Prevention Presentation/Workshop

Dr. Brown is the Director of the Institute of Emotional Health and provides teaching Pro D Training and an accredited class on Creating Emotional Competency in classrooms & organizations

- Dr. Brown will present about the Garden and the place of Tobacco in the garden as well as the youth program they have.
- He will also talk about the traditional principles that they employ at Round Lake with an accompanying power point presentation.

Dr. Brown's Comments:

- Discussing the garden I use a phrase that I learned from the elders of Six Nations.
 Tobacco is the chief healer of creation. To us, it's a number one healing plant. This is in here. This is when we still had rows. When I moved to the Okanagan, I was there about three months, and I had a dream that I was walking on the west side of the Okanagan Valley on the mountain range. I was coming on the trail, and in the dream I saw what I assume to be an ancestor. It must have been an Okanagan ancestor coming the other way, and he shouted my name in a way that just stunned me. It was so forceful.
- Lee Brown, he said, so loud. He said, we, the ancestors of this land are aware that you have brought a pipe here to this territory. There were pipes here before, but there was none recently, and his voice started to change and be a real nice voice. He said, so since you have, we will share with you in this dream the tobacco mixture that was used here. We're going to give you our mixture. He said, The first thing we want you to put in your tobacco mixture is sage, he said, because we the ancestors have observed that these days sometimes evil people take the pipe, and even when they're starting to smoke the pipe, in their mind they have a bad thought.
- In their heart, they have a bad feeling. Put some sage right in there so they'll be blessed as they smoke. He said, then we give you the cousin of tobacco that grows here, mullet.

Then we give you the original tobacco, which you don't have, but the seeds will be given to you not too long from now. He said, each one of those about equally, sage, mullet, and tobacco. Then he said, we give you three other things that grow here: the inner bark of a red willow; bear root, a medicine that bears use to heal themselves with. It grows up by Big White Ski Resort in Kelowna. It has such a nice smell. You don't have to look for it. You can smell it.

- It was a little while later that I was invited to speak at Six Nations, and when I was back there, someone asked if I wanted some seeds. Then I had those seeds, and I brought those seeds to the Okanagan First Nation and started growing tobacco there around the early 1980s. Other guys seen I was doing it, so they wanted to start growing it, so they started growing it. Then I moved to UBC and I started this garden, and I started trying to gather traditional medicinal plants with the exception of comfrey, which is actually from Europe originally, but it's such a powerful healer and so many of the elders use it for bone health and tendon health that we include it.
- We have about 68 medicinal plants in the garden, about 68 medicines now. Two women, one from Manitoba...Young, and another one from South America, Tonya Combs, approached me and said, Is there any chance we could grow tobacco at the garden for ceremonial use? I said, Yeah, what a great idea. I'll give you guys two rows. They started growing those two rows there, and from there it's manifested. This year the garden ... and I think it's because since I retired the garden has returned to Dr. Eduardo Hovel 00:49:38, one of the faculty of land and food systems, and I think he has a deal with the First Nations Health Authority to grow tobacco for ceremonial purposes.
- They have a lot more tobacco this year. This woman over here mentioned that tobacco was sacred. That's something we teach the youth. Tobacco is a sacred thing. One of the things that the elders at Six Nations said, All sacred things, when misused, bring a sickness to remind you of their sacredness, including your own body. All sacred things, when misused. I was invited. It's a good thing. I would have probably been the most unpopular guy in the longhouse. They had a big marijuana convention at the UBC longhouse, and they wanted me to come and speak, and it's a good thing I had some other thing to do that day because I would have probably told them that if you think you're going to make big money off of marijuana, you're going to make sickness.
- Tobacco is making sickness, but it is a medicine that can be taken internally, can be used for offerings or can be mixed with other medicines to make them stronger. It is a medicine. I wouldn't take commercial tobacco internally, but ... Many times I've given

these talks ... every time, I always say that the elders say that when Columbus came here we had no major illness as we have now. In a survey of 3,000 native people in Saskatchewan in the 1950s, not one had diabetes. Not one. Not one had cancer.

- As a matter of fact, when I was growing up, my relatives used to say to me, the one good thing about being native is you never get cancer, which is not true now. It used to be true. Natives didn't get cancer. Now we are getting cancer, and I think most of it is because of diet, stress, the way that we're living. We're living in an unsacred manner.
- Tobacco is a reciprocal offering. These are edible flowers, by the way. Every Saturday when the children come to the farm, they make lunch out of the garden, and this is one of the things we have is flowers in our salad. They have a really tangy taste. When I offer tobacco to a plant, one of the reasons tobacco is a chief healer of all things, it is a plant that we have been given to offer to other plants to get their medicine or to get them to use for healing, to explain to them what we are going to do. In that tobacco I'm offering is nitrogen. When I drop tobacco, I'm giving the plant a gift of nitrogen it needs to grow. I'm giving it something. It's not just tobacco. I always try to drop it at the roots so that the plant receives something for the medicine that we're taking.
- The CREW program I've already mentioned, the Culturally Relevant Urban Wellness for youth. This is what I thought was something else, but that's cold foot, good for the lungs.
 Good for the tobacco mixture. We have four goals in our youth program. I'll quickly go through them.
- One is harmony and diversity with emphasis on applying aboriginal knowledge and practice to having a good and healthy live in an urban setting, and that's not easy. Creating emotional and cultural competence by interacting with the garden. We use garden metaphors to help the youth create the emotional skills. What's it take for a plant to be healthy? What does it take for you to be healthy? When the children make their own little section of the garden, they study every plant. Does it get along with the one next to it? Does it need more water? Does it need more sunlight? Then we relate that to what kind of friends do you need to be healthy and make sure that you have a good life and a healthy life?
- They spend time in the garden. They develop a garden plant. They spend time learning from an elder and knowledge keeper. They learn how to do some of the things that have been mentioned here today. They learn how to make a drum during the year. They learn a little bit about painting. They learn how to weave cedar. They learn how to make cedar

bracelets. They have elders that come in that sing with them to teach them a little bit about singing.

- Then they have a time of personal growth and development, but we started calling that now a time of service. Every time they come, they have time with a knowledge person, they spend time in the garden and working in their garden plot, and they do some kind of service on the farm.
- We like them to know to the point where they feel they can really use five, six, seven really safe medicines like sage, like yarrow. It's one of the best teas you can ever drink. So that when they see these things when they're walking around and they're looking at the world, they'll have meaning. Meaning brings health. I think the elder when he was speaking today, I think someone mentioned the directions. They learned about teaching of the direction of the east, the south, the west, the north, so that when they're facing different directions they have meaning. Meaning brings health.
- 50,000 people a year visit the farm, and those men were so kind. Every single person that stopped, they encouraged them to come. Countless children come and stand there to carve a little bit. At least 1,000 children contributed to carving this pole, from all over the world...we try to create community around food. We create community around food, around growing food, around harvesting food.

ELEMENT #2: REDUCING ACCESS TO TOBACCO PRODUCTS

Essential Element #2: Reducing Access to Tobacco Products

Innovative approaches to limit tobacco use and misuse at the group or population level that engage and target community members in relevant settings and environments

- First Nations and Inuit leadership to take action to reduce demand and accessibility or tobacco products by leveraging various strategies impacting access to and availability of tobacco products
- Limiting the appeal of vaping for youth and non-smokers: strategies to counteract vaping
- Key Questions: What has been your focus? What relationships have been developed? What knowledge/tools have been developed? What results have you achieved?

Participants joined a sharing circle and offered the following comments with the following prompts:

Vision:Please provide a short description of your activity(s). What are the objectives or
focus areas of your activity in this element?

Relationships: What relationships have been developed? With whom? How did you engage? Where are the gaps? Solutions and ideas?

Knowledge learned

Itools developed: What policies, toolkits, approaches, workshops etc have you developed toimplement your objectives in this element? What have you learned?Action:What results have you achieved to date in this element? What have been

some key success(es) to date towards achieving your vision or objectives?

Participant Responses:

- When I did my survey...I had asked the kids, and there was 45 kids who filled this out, ages 15-17. I asked, What is s so good about vaping? Of the 45 that answered my survey, there were about 8 I'd say, who answered that they do use it, they do it because:
 1. Vape tricks, super rad, and 2. because they just prefer it over the smoking and they think it's healthier. Then, my other example would be, the rest of the kids all said it's super lame and people look stupid doing it, so that's kind of nice. But the other, I went up to First Nation, which is a remote community, it's not overly close to Mackenzie but out that way in North Eastern, B.C. I met with a girl's group there and they were ages 10-12. They had told me that they liked vapes because of the cotton candy, the bubble-gum flavors and they think that they look sexy when they do it. This was a group of about 10 girls, anyhow they're all kind of giggly and that, but they find themselves to look cool and it gives them sass.
- There was a little vape shop and on the poster in the window it said: Vaping, the healthy way to smoke. So they're advertising it as healthy and sexy and you'll have an ad in a magazine with a movie star holding a vape and it looks sexy and the flavors. From a B.C. woman point of view, it's a huge medical issue, because you're ingesting all those particles, we have charts that compare the levels of formaldehyde and propylene glycol and things that are in the vapes that are also in cigarettes, they're much less in the vapes but people who vape are often doing both. They're also a gateway for smoking

among young people who don't smoke yet, because you're going to get a better hit from a cigarette. They're also vaping more, because they can do it without offending people, so you end up getting the same amount of chemicals in your lungs.

- Another thing to add, I don't know if anyone's heard of the Jeweling, I know I've gotten all the Instagram for it, but it's full of videos of young kids who are taking one little hit, it looks like a little micro USB, for anyone who doesn't know what it looks like. It's just pure nicotine, and it comes out like a soft vapor so kids can, do that, in class and blow it into their sweaters and not get caught. If you go on the Instagram, if you follow any of it, it shows kids doing this in class while the teacher is teaching and it's like, Can you get away with it? And then all kinds of funny videos of how many hits of the jewel can you take before you're going to get all messed up. It's primarily in the States.
- The other adults are saying that, that's the reason I can quit smoking, because with vaping I can add the amount of nicotine in it. When it first initially came out, it was supposed to come out as 5mg for the first month and you wean yourself off until you get down to a zero, or 2mg. But now, it seems like it's going the other way, kids want to get more of it. And, Popcorn Lung, the reason why it's that, is because, if you look at cigarette smoke, it's just a light and when somebody shows vape, that smoke stays right there, that vapor just goes up right slow, that's why it's all wet, and that's why it's getting it all stuck in your lungs.
- I want to know why Health Canada is issuing statements like, Vaping is less harmful than smoking. If I'm hearing all of this in these documents that we have in our brochures saying that vaping is less harmful than smoking, is it really?
- One cigarette, one vape compared, yes the vaping is less harmful, because there's no carbon monoxide so if someone's using a regulated vape that's used for getting off cigarettes as a harm reduction strategy, which would be the only way it's less harmful.
- So you know, we're inadequately resourced in terms of what we can provide to the people we're targeting. We're not resourced enough in training, we have to pass it off onto somebody else. People are confused what our goal is and they have so many policies, we have prevention, we have all the different aspects of our harm reduction to educate people and yet we're very under resourced in terms of our training and also what it looks like in our communities. How are we addressing it in our communities, because it is part of a cultural thing at the same time you want to limit abuse of it. So finding that balance between what's harmful and what borders on abuse, people have to know.

- Also if you're trying to reduce the harm of whether it's vaping or whether it's marijuana or tobacco and people are bounced all over the place, they get the same as us when we try to get information, we get bounced all over the place, we give up. And those people that are addicted, or have issues, mental health issues, they're going to give up faster.
- I feel like to truly understand, we really need to see the whole scope of what these products are, what they look like, so we can take that context with education that we're developing. I personally would like to make a visit to one of these regular retailers, just to see what their process is when someone who is looking in association goes through when they go to their store, because I've been told that there is on site education. But for our own program education, it can't just be one blanket statement. We really have to develop different strategies for ... By the audience that we're talking to. So whether it's you, whether it's the general public, the adults, children, or actual people that are trying to quit smoking and they've tried NRT, they've tried every coping strategy.
- I did have one quick note, without data collection that we've been doing, we've discovered that almost two third of youth grades 5-9 are reaching, at least in South Manitoba, get their cigarettes from other sources apart from a store. So, that's an indication that education and prevention work is very important.

Health Break

The session recessed at 2:30 p.m. and reconvened at 2:45 p.m.

CLOSING COMMENTS FOR DAY ONE

Andrea J. Williams, Williams Consulting, offered closing comments for Day One. Setting the reconvene time for the following morning.

DAY TWO – WEDNEDSDAY, SEPTEMBER 26, 2018

PARTICIPANTS

Kripty Sto Maria NUL	Maggia King SK
Kristy Ste Marie, NU	Maggie King, SK
Lorraine Naziel, BC	Abigail Kaptingei, SK
Kara Steel, BC	Charmaine Mirasty, SK
Jodie Milward, BC	Val Fosseneuve, SK
Larissa Coser, BC	Alton Michel, SK
Bonnie McCloud, AB	Corey Bighorn, MB
Yvonne Nepoose-Rich, AB	Marlene McDougall, MB
Kevin Bulldog, AB	Stephanie Anctil, QC
Tennie Running Rabbit, AB	Paul Linton, QC
Jimmy Weasel Child, AB	Oasoeg Milliea, NB
Farrah Louis, SK	Alison Sappier, NB
Justine Ndubuka, SK	Robert Sillyboy, NB
Jeff LaPlante, MB	Tiffany Chu, BC
Lisa Wasmund, ON	Paul El-Hadded, QC
Tracey Jirak, BC	Sylvia Sentner, MB
Jeffery Deerfoot, AB	Nicole Leclair, AB
Cory Gambler, SK	

Andrea Williams, Facilitator, ON Richard Running Rabbit, Co-Facilitator, AB

COMMUNITY OF PRACTICE MEETING CONTINUES IN SIKSIKA FIRST NATION

Trip to Blackfoot Crossing Historical Park (BCHP)

FILM VIEWING

Viewing of film re Sacred Use of Tobacco & presentation from two knowledge keepers

Lunch

The session recessed at 12:30 p.m. and reconvened at 1:15 p.m.

TOUR OF THE BLACKFOOT CROSSING HISTORICAL PARK

A guided tour of the Blackfoot Crossing Historical Park

CLOSING COMMENTS FOR DAY ONE

Everyone returns to Grey Eagle Hotel

DAY THREE – THURSDAY, SEPTEMBER 27, 2018

PARTICIPANTS

Kristy Ste Marie, NU	Maggie King, SK
Lorraine Naziel, BC	Abigail Kaptingei, SK
Kara Steel, BC	Charmaine Mirasty, SK
Jodie Milward, BC	Val Fosseneuve, SK
Larissa Coser, BC	Alton Michel, SK
Bonnie McCloud, AB	Corey Bighorn, MB
Yvonne Nepoose-Rich, AB	Marlene McDougall, MB
Kevin Bulldog, AB	Stephanie Anctil, QC
Tennie Running Rabbit, AB	Paul Linton, QC
Jimmy Weasel Child, AB	Oasoeg Milliea, NB
Farrah Louis, SK	Alison Sappier, NB
Justine Ndubuka, SK	Robert Sillyboy, NB
Jeff LaPlante, MB	Tiffany Chu, BC
Lisa Wasmund, ON	Paul El-Hadded, QC
Tracey Jirak, BC	Sylvia Sentner, MB
Jeffery Deerfoot, AB	Nicole Leclair, AB
Cory Gambler, SK	Lee Brown, BC

Andrea Williams, Facilitator, ON Richard Running Rabbit, Co-Facilitator, AB

CEREMONY

Elder Jeffrey Deerfoot welcomed participants to the meeting with an opening ceremony and prayer.

OPENING COMMENTS

Introduction of participants Circle Summaries from previous day

PRESENTATION #1: PRESENTATION/WORKSHOP BY

Presentation #1: Presentation by Tyler Janzen

Tyler Janzen is a marketing communications strategist with an innate ability to see the big picture while maintaining focus on the details

 Tyler Janzen possesses a Bachelor's Degree in Communications and more than five years managing public health campaigns related to young adult and Aboriginal commercial tobacco use, obesity and physical activity, Tyler brings strong strategic planning skills and leadership to Rescue's Social Branding Team, and provides valuable insight on expanding Rescue SCG's business in Canada.

Tyler Janzen's Comments:

- I work for Behavior Change, a marketing company called rescue, a social change group.
 We are a US based company out of San Diego. However, I myself am from Vancouver and worked from Vancouver. Our company has been around for quite a while now. It was founded in 2001 and really the core focus of our work has always been exclusively on positive behavior change, public health and social health related program.
- We've worked on campaigns, programs and interventions related to tobacco, commercial, tobacco, a physical activity, nutrition, sexual health, cannabis use and alcohol use. We have quite a few staff across the US, I am the only Canadian staff member at the company but what we do, we are a full-service agency and what that really just means is that we're not a traditional marketing company or traditional advertising agency. We focus on kind of end to end program audience research program strategy and development, creative asset development videos and social media content commercials, things like that and implementation and evaluation. I think that's really what sets rescue apart from maybe a traditional communications company or an advertising company, is that it's that end to end focus on the research to start with everything.
- One thing that all of our programs have in common is a focus on behavior change. The idea that to change behavior, we must change something that affects behavior. When we're talking about behavior change, we're talking about changing something that

influences that behavioral decisions of the audience because we can't change behaviors directly, we have to tweak this equation so we do look at it like an equation. Where if you were to change one or more of the variables, you can change the outcome. So, we view these as key pathways to change and the first pathway, here on the left, focuses on the knowledge change pathway and then all those chains pathway is where we have some key piece of information.

- The exchange pathway and the exchange pathway is which is what a person perceives as the cost or benefit of a behavior. The most common exchange pathway I would say is through taxation to make unhealthy behaviors more costly or healthier behaviors, less costly and more appealing. The last and one that we're going to be focusing on a lot today is the norm change pathway, which has really used when you have a behavior that is culturally entrenched, Usually, you use it when you're trying to engage and reach and change the behavior of a smaller sub segment of a population of very hard to reach segment where a lot of these other pathways might not have reached them, might not have had an effect thus far. That's where we start to look at more of a norm change pathway to affect behavior change.
- But no matter which pathway you choose, it all starts with one question. Who's your audience? What do we know about them? How can we reach them? And when we're talking about what we would consider these more stubborn socially entrenched cultural behaviors, light commercial tobacco use, the first thing we need to understand is that the behavior we are targeting is probably a good idea for the audience or it was at some point in their lives, it's serving some sort of function in their lives that we can't simply brush aside.
- The identity cycle here is really rescue's summary of how identity and behavior come together. At the top of the cycle is each person's multidimensional identity. This includes things like their family identity, their religious identity, their traditional heritage identity, and many other possible identities that are layered together to form this individual's multidimensional identity. What we're really focusing on here today predominantly is their social identity because this is largely where tobacco use among youth particularly happens.
- It's that social identity, that peer-based identity that is driving this behavior. And so consciously and subconsciously people look to others, particularly youth who are achieving their desired identity more successfully than they are. These we would consider the influencers within their culture. They learned from experiences which

behaviors are associated with each identity. In the case of tobacco use, which identities that it's associated with and once in association is fully formed as we go around the circle there, a person will feel the desire to continue to perform that identity or perform that behavior in order to conform to that identity that they're trying to, to be a part of.

- The evidence-based segmentation factor that Rescue used to segment our audience is called peer crowds. Peer crowds are the macro level connections between peer groups with similar interests, lifestyles, influencers and habits.
- All right. There we go. And we just haven't done enough research yet to know if this peer crowd really is that big in Canada. Mostly from rural areas but not necessarily. Rural and urban as a geographic designation whereas country is a social designation and you can find country teens in urban environments just as you can find any of these other peer crowds in rural environments. Just a different way of segmenting. Then, the alternative peer crowd. These are the counter-culture teens. These are the teens who do everything they can to be different from the preppy popular teens, which includes tobacco use. You're going to see in a minute how we see significantly elevated risk of commercial tobacco use among alternative teens.
- What you can see here, this is focused on tobacco use and the average there for all teens is the white a bit at the top there. For any tobacco use, this is past 30 day use, I believe, we're talking average for all teens in Virginia is 22.1% but you see the concentrations among the hip hop peer crowd and the alternative peer crowd with mainstream being significantly less at risk. When you look at it on a product by product basis, when we're talking about cigarettes specifically, you see a different picture again. The alternative peer crowd, significantly more at risk than the average Virginia teenager with again, mainstream being significantly less at risk.
- The way we would approach that, when you think of those behavior change pathways that I mentioned earlier, is that we're not at a place yet to do a norm change strategy around vaping education. We would be more focused on knowledge changed pathway because what we're seeing is a larger group of teens across the board performing this behavior using this product. At that point in time, it's more cost effective to try to reach them with more of a general market team campaign that isn't quite so targeted as what we would typically use for a commercial tobacco prevention campaign.
- Segmentation acts like a prison that takes the wide range of mixed values that you encounter in audience research, whether their focus groups or surveys or things and it

separates them into different sub groups that each have their own distinct clear and distinct values.

- With that in mind, what's happening here is that this creative doesn't have a sense of who the highest risk teens are. Therefore, they can't develop a message, they can't develop creative, and they can't develop something that resonates with the specific highrisk audience you're trying to reach. A high risk hip-hop, a high-risk alt teen, they're going to look at this and they're going to say, that's not me. That's not my group of friends. That's not who I hang out with. That's not what I think. And they're going to ignore it.
- Every one-point increase in an ace score was associated with a 16% increase in odds of identifying with hip-hop up here crowd and a 20% increase in identifying with the alternative peer crowd. Really kind of interesting when you start to think about young kids growing up and having certain life experiences and how that is shaping who they are and how that then in turn is shaping what risk behaviors that they are performing. That's what leads us to this across almost every team risk behavior that we see. Concentrations are highest among the alternative and hip-hop peer crowds, average amongst the preppy and country and lowest among mainstream teens.
- Our goal when we start to develop health education prevention campaigns for teens is to show non-mainstream teens that they can be healthy too, rather than trying to change who they are, right? They can live healthy within their identity that they already have.
- Here's our identity cycle again and our goal here really is to change the image associated with a specific behavior within a specific peer crowd. Hip-hop, alternative country, et cetera. We want to introduce a social brand that is more influential than the current role models within the culture. That's the goal.
- When we go to implement a campaign, when we go to implement a social brand, we're always prioritizing two-way communication. It's not a push message, it's a back and forth. It's an opportunity to open a dialogue with our audience.
- When we're looking at these high-risk peer crowds, the first one I want to point out or show you is these country teens, these rural kids. The goal here is always to associate some sort of peer crowd, social, cultural value with the pro health behavior, the tobacco prevention behavior or whatever we're trying to address with that value.
- You can see there much more of a focused message than, well you didn't hear the audio in the previous ones but the commercials that we're trying to just kind of reach all teens with more watered-down message that didn't necessarily resonate with the values of any

specific teen. This one does. This one, the truck, his hat, everything about it, him bow hunting is very kind of country peer crowd related and the messaging that it's using there connects back to the values that we have heard through our research, this focus group, sorry, through focus groups that this audience has and cherishes.

- We were able to follow that up in 2017 with an additional survey with, I think it was 3,500 or so high school age teens. This is what we found, overall amongst all teens, tobacco use has decreased 32.6% but what's interesting and what's great to see is that when you start to look at each of individual peer crowds, you see constant, excuse me, concentrations of tobacco use reductions more than the general teen audience focused on the segments that are messages and campaigns. We're actually focused on reaching. So alternative teens a decrease in again, I think the measurement is past the 30-day tobacco use, a 48.7%, country 46.4%, hip-hop 42.2%.
- There definitely appears to be opportunities to apply the peer crowd science that I've described today to reach these youth as long as elements of their traditional culture are built into the visuals and into the messaging.
- Perceptions of advertising effectiveness increase with the addition of culturally relevant messages and symbols. Distinguishing between traditional and commercial tobacco and demonstrating respect for elders. That was all very important, so that's great to see. And the concept of the personal testimonial resonated well and also with aboriginal youth in the United States at least from a preliminary standpoint and the work that we've done and this continues, like we've really just scratched the surface.

Participant Response:

Health Canada is the lead with as many partners with any strategy with any indigenous services. And so I'm just sort of sharing this as a suggestion and for knowledge for all, but, much of the funding that comes to FNIHB is allocated regionally to support community based programing partners. However, on their website, Health Canada, part of the new Canada tobacco strategy has an effort to protect young people and non-tobacco users including public education, resources and marketing. And so, I'm just leaving this with you, I don't know if you've been in touch with them, if they've been in touch with you. This could be an interesting approach for Health Canada to take to support all Canadians, indigenous, non-indigenous. But looking at not the mainstream, not people who are in, you know, like you were saying, already have their different motivations for not using commercial tobacco.

Health Break

The session recessed at 10:30 a.m. and reconvened at 10:45 a.m.

ELEMENT #6: DATA COLLECTION AND MONITORING PRESENTATION OF YEAR-END REPORT

Essential Element #6: Data collection and monitoring presentation of year-end report

- Collection of baseline data on smoking statistics within the region/communities in order to inform the planning and design of the project.
- Integration of data collection strategies with provincial partners to prevent duplication of interventions.
- Monitoring and reporting on the project, including data collection, reporting and analysis mechanisms that align with First Nations and Inuit principles for information and research governance, such as OCAPTM and others.
- Plans to report on trends and share best/promising practices and knowledge gained from the project and with partners and other communities.
- Analysis of Four Key Success Indicators: An increase in the % of smoke free public spaces; An increase in the # and type of smoking related resolutions and policies are in place; The # and type of promising practices that are identified and shared with other communities; A decrease in the # of daily smokers in comparison to initial baseline.

Facilitator Andrea Williams Comments:

We are now in our fourth year of data collection. There are winter projects for develop. There were four success indicators that were mandatory and that was an increase in the percentage of smoke free public spaces, an increase in the number of type of smoking related resolutions and policies, the number and type of promising practices, and a decrease in the daily smokers in comparison to your initial baseline. So that form that was developed was to help nationally collect that data so that we can measure change over time. That's just the National Annual Data Collection Form. Each project is also collecting their own data, or some are and some are not. So, this is a mandatory data collection that has to happen annually and gets sent to me as your national evaluator. Some regions also mandate that they send it to the regions. So, there's two mandatory reporting elements that each project has and that's the year-end report that includes your financial report and then that form.

- You can see that they're definitely doing a great reach. And again, like I say, I can't really talk about change over time because I have so much missing data at the moment, but when we were talking earlier yesterday about the cannabis, we are definitely saying you're working with a lot of different people. And in the data, we're saying the most significant change that we're seeing, even with not all projects reporting, you're seeing a spike in the work with educators. So, once I get the rest of the data, well I can't draw any conclusions.
- We only actually reported on something like sixty seven of the buildings, so the whole survey is misguided because out of the two hundred and one buildings that she surveyed, there's only sixty seven actually accounted for in the survey. So, there's just this issue with how the survey's set up.'
- So, we're still not counting how many are actually, because there was assumption made that there would only be one store, one band office, one whatever when the survey was set up. So, we have numbers, and then we do have counts. And I think there was kind of an assumption that the number of buildings wouldn't change over time in the first nations and they do change over time, so we are seeing a change.
- This is our idea about decreasing the number of daily smokers and it's broken down by subgroup and the idea is how many people started an intervention program? How many people completed some sort of harm reduction or smoking cessation or commercial tobacco program? The third part of the question says how many people reduced their smoking? And how many people stopped smoking all together, by subgroup. So, that's the tally that we're seeing right now. Not a lot of people are seeing, it's hard for our people to do that count over time, but we're getting there.
- It's amazing the number of people who are at that time. I think we'll cap it at five projects have completed a survey. Five projects in the process of doing a survey and two not. That's what it says this year. And then five projects are planning on replicating their baseline surveys... we're really focusing on adults in the general population. We're really starting to focus on school age children and youth and we're really starting to narrow our focus to pre and post-natal woman in our study populations.
- We looked at activities and services that were delivered and education of youth sponsoring challenges and events were the top activities delivered by the projects. I think that in redoing this survey, like again its four years old, there is just so much

emphasis on talking about youth when we know the projects are starting at kindergarten. So, it needs to say children and youth, not youth because the activities are more focused than that.

- The leadership, so you know how we asked those questions about promising practices? It's leadership, trying to engage with them, again the idea that you sometimes have this issue around competing priorities, but there was again comments that you're making a lot more progress and the idea that when you have a relationship with community leadership that's really important to the overall success...innovation has been key and again that the sacredness of tobacco cannot be overstated. For First Nations, but of course, it's different for Inuit and reconnecting to culture as well as emphasizing overall health and utilizing social media and technology to amplify and spread the message.
- Challenges, contests, games have been used making smoking cessation fun with short term goals. So, we've been seeing that over and over again the idea that we have to make it achievable so just start with short term, quick challenges to and trauma informed so that we could demonstrate people if they're able to quit for a short period of time that there's a step forward, a harm reduction model toward cessation.
- For some, barriers, leadership has been. Tobacco sales are an economic driver for many communities and perhaps that's one of the reasons why they don't enforce bylaws and enforcement has continued to be an issue throughout the four years of the FTCS.
- The interesting part has been that, although it's been this process of working with leadership over even having a discussion about tobacco for some projects, now that the legalization of cannabis is coming forward, some leaders have now reached out to projects to have conversations as to how to address the legalization of marijuana because they're seen as more knowledgeable about the legislation. Health promotion, turnover of staff, some projects have been a challenge. Yeah. And another challenge has been some of our workers have really heavy workloads.
- A big challenge has been participation and just being very creative to have participants engage. Competing priorities is not only an issue with community members, but with health workers as well because one of our requirements was actually to work with our health team and a lot of the health workers also smoke.
- My greatest comment is that we need a whole new survey. We need to start over. We
 need the indicators without question, but we need to do this differently. We need
 standardized. You're going to do your own work, but we need to reconvene our

evaluation committee and we need to look at this survey because it's not giving us the most meaningful data in the world.

We have to have some meaningful data there to capture some of those numbers, to make the evidence based case that we're doing. I have no doubt we're doing excellent work. Part of this survey was to capture the excellent work that we're doing and some of the people are in the room, as we were arguing with the original evaluator, some of the projects push back and say ooh I don't want to collect that. It's in our best interest to collect some of this information to make the case so that we can have the enhanced funding.

Lunch

The session recessed for lunch at 12:00 p.m. and reconvened at 1:00 p.m.

ELEMENT #4: EDUCATION

Essential Element #4: Education

Addiction and Tobacco Use:

Innovative strategies, potential challenges, past successes and future paths

- Training for community workers on health promotion, tobacco-related topics, and effective approaches.
- Education and skill development activities directed to specific groups of community members.
- Key Questions: What has been your focus? What relationships have been developed? What knowledge/tools have been gained? What have you achieved?

Participant Responses:

- Having this nutritional knowledge keepers advisory circle has really helped us doing things in a good way. And it's given a lot of good energy to our program. And you can see that too with the work with the film yesterday. People that were involved, they use that much more strength. And I'm really proud of that film, because we were all able to engage our community members in the process. So, I think for us when it comes to

education, all these key elements, I think that's one of the key sharing that I want to share with you guys.

- With our education, we always make sure to include the addiction piece. We never want to contribute to the growing negative stigma around people that use commercial tobacco. We want to acknowledge that it is something that's a very difficult ... this is something that a lot of people chose. Some people picked it up from home. It's normalized and it's very prevalent.
- This is where we got to start going and talking to the rest of our elders and stuff to how do we help them? How did they help us in their times? And education is with the kids.
 Everybody's fridge is a two foot by eight foot billboard. You get the kids to start writing down on crayons, stop smoking. Or this is what I learned today. And you see it. Mom and dad always stick it on the fridge.
- When I go to the schools in my community, I talk about tobacco. But, I also do activities with them. So, let's say from smoking or second hand smoking. I do bring rocks. And I bring paint brushes. I bring paint. And I let them paint on their rock. So, they have something to keep from learning. Because usually they say you learn best when you're doing something. You're keeping that ... you're recording it down onto the rock.
- So, eventually it does work, because I do have people come up to me say, Guess what?
 You remember when I told you I would never quit smoking? I would keep smoking on my death bed? Well, today I quit smoking. So, I feel like that's an accomplishment. And I planted a seed. They thought about it. They acted on it. They came back to me and told me they quit. So, that's my thing. Planting seeds.
- In past we really refocused our efforts in the education towards prevention in children in youth. So we revised the teacher side for in school. We've also built a curriculum for health and wellness workers in communities that really focus on a lot of those interactive tools that others have mentioned. And it's rooted in best practice and youth engagement tobacco control.
- Alright, so I guess we're talking about education. That's one of my strong points as a tobacco outreach worker. So I do go into the classrooms a lot. From Kindergarten to grade 12 and all the lesson plans that I make are grade appropriate for each grade. And there's a thousand lesson plans on the internet and you can always tweak them. You can always put your own inclination in there. I always bring in an elder. Well, most times I do get an elder to come in with me before I start my lesson. And through education I also, not only in the classroom, I take it to group homes. Or youth centers. Friendship

centers. I work with Child and Family Services from other organizations to pass on that education to parents. To youth.

- We're working with the tree education council right now. We're making a book that's on traditional tobacco and also a little bit on ... well, it's on both traditional and commercial. So it's a culturally appropriate book. It's also written in Cree. It's about a grandson and his Mshoomis and how they talk about traditional tobacco. And how if you smoke commercial tobacco it will harm your body and whatnot. So, through education we're, I guess, making culturally appropriate resources for the kids.
- So, when you do the education component, everybody knows it's bad for you, so I don't say this is what's going to happen to you when you smoke. They know that the high risk of getting cancer, all the bad stuff. So, I just touch on that part. Just a tiny bit. And then, we move into, So, why do you smoke? Whether they have underlying issues. Then, it goes to, so what can you do to feel better instead of smoking? So that's where this coping.
- We also tried a school contest where we give the students brochures to go home and do with their parents. So, any student who comes back with signatures signed from the parents, they got a present. So, that way we encouraged them to go read these materials together with them.
- I don't know if any one of you have heard about body mapping before. Yeah. So, you have this white sheet of paper and you tell them to trace their body. And that sheet of paper you let them think of what factors causes them to smoke. Whether it is environmental. Whether it's their family. Whether it's the social economic factor. So, after they're through this whatever think them causes them to smoke, you ask them what can we do to help them quit smoking? And it's from them that come to cessation. If they want more support group.
- As for the doing education presentations in school, I did a lot in the elementary schools.
 When we did the smokeless tobacco, the chewing tobacco, I put the graphic when they're getting the surgery and all that, and the jaw, to kind of scare them, but at the same point to show them that this is a real thing that can happen to somebody, and it drove home to the kids.

ELEMENT #5: CESSATION

Essential Element #5: Cessation

- Services and supports to help people quit smoking.
- Linking to existing federal/provincial programming and supports
- Providing role models, mentors and support groups to help people quit smoking.
- Training for health care workers in smoking cessation and harm reduction
- Key Questions: What has been your focus? What relationships have been developed? What knowledge/tools have been gained? What have you achieved?

Participant Responses:

- They want to quit all their addictions and I don't really have a program, per se, for adults.
 I mean, I've introduced different programs but not mine that I've initiated. Like the quit to run. And so, with adults I always have the resources available. I have handouts, pamphlets, I've made little quit smoking kits myself. And I always make sure that I have enough to go around. I have little piggy banks in boxes that I give out that as part of our ... one thing that was part of our campaign.
- For the youth, when I go into the schools, lately I've been using elders and staff.
 Teachers who have quit smoking and I use them as an example. As role models to come in. Some of them are willing to come in with me in classroom to classroom and talk about their journey of quitting. And some of our youth get inspired by that. Some don't.
- I take kids out in the winter, I take them snaring. Rabbit snaring. Ice fishing. Setting your net. Sliding. Road hockey. So there's a lot of ways where it'll take away that ability or thought of having a smoke, because they're being active.
- If its adults and we're in a workshop, we talk about why because they have a reason to smoke aside from just being addicted. So, it's mental health, stress, separation. One of the partners aren't working. So, attributing mental health and then the addiction part of anger. We talk about those kind of things. So, education, cessation, addiction really tie into each other a lot within my workshops.
- We've been involved in social media marketing for the past three years. And it has been very successful. We've reached more than 20,000 people in northern Saskatchewan.
 And the social media account has been very tight. People call on how to quit and asking for support.
- The other thing that I'm doing with some of the cessation work is working with coworkers like the mental house workers as well as the maternal health, and introducing

other programs where we can introduce ribbon skirt making with younger girls. And, that has been really successful, that the young girls can do that within one day if we put our minds to it. And it gives them a sense of accomplishment that they can complete something, in that one day.

- And we also tell them water is life, and so I always tell them, whenever you have the urge to have a cigarette, drink water. One of the most important things we always tell our people.
- Well with my program, I do a lot of education programs with the kids. I bring in people from all the health services to do presentations with the youth in the school. Also, with the afterschool program, I do presentations about smoking with the younger grades. And, coloring contests, and stuff like that. At community events, we have a booth set up.
- The biggest ones that abuse: alcohol. Tobacco. And some drugs. It's not our people. It's our governments. They have turned them into one of the biggest things for making money, for taxation. And that one of the other things that's very, I wouldn't call it interesting, but somewhere along that line, is that these same governments that make the money off these things and call it taxable, have given us the right not to pay our taxes on these things. So we can get our alcohol, our tobacco, and probably our marijuana, tax free in our communities. Which does not help us. So that's the deal with addiction, from where I sit.
- Recently we have had to have a community referendum, in one of our communities, to hold a powwow, which is literally crazy. They didn't have a community referendum to have a church meeting, but they have to have a community referendum to deal with their own culture. It's getting confusing for the people, but through education, what we're trying to do with education, is we're teaching our local CHRs, Community Health Representatives, I don't know what it would be in your areas, but they would be the link between the community and the population, they're the first one.
- I'm more in the engagement and research phase of our program, so I've been attending health fairs and been going there and promoting our tobacco turn up challenge. That is a cessation tool that we have. It's a 24 hour quit challenge. Any community member can sign up online, it's just the first Tuesday of every month, and it's just based on an honour system. The point of it is to get people to think about how long they can go without smoking commercial tobacco.
- About the Tobacco Timeout program, I just got my numbers and over the last fiscal year, we had 822 people quit smoking for 24 hours. Yeah, it's pretty cool. We're trying to find
stats, or a way to follow-up with those people, and I know that Skylar has tried to get those numbers. We do a 30 or 45 day follow-up call to see how it's going and we do know people are continuing that journey and we just haven't had a good way of tracking that just yet.

- There's a lot more around traditional wellness. Land based. Trauma informed. We really want to talk about why people are doing what they're doing, why there is addictions and tobacco is one of them. Creating a more holistic approach that can be brought into communities by many practitioners at a community team based level is the direction we're hoping to go in.
- Also another strategy we had was because we service 36 communities, we were brainstorming on smoking cessation and how we can reach out to everybody so we did a smoking cessation support group via telehealth. Everyone could call in, tune in, once a week. It was for six weeks.
- Another thing we've done was focus groups with our tobacco sample committee. We have a committee that consists of band members from the different tribal councils and we have a quarterly meeting every quarter, and we do rely on them for guidance and advice. Things that they would like to see, and we implement that in our tobacco programming. Also, when it comes to data collection we've done personal interviews and testimonies from people who have successfully quit smoking as a result of our tobacco program. We have it documented that people have successfully quit and they tell their own personal story, and a lot of them have quit from different, I guess, different parts of our program.
- I don't know if any of you know what the Matrix is, not the movie. The description is, the Matrix program is an intensive outpatient addiction recovery program developed from over 30 years of research during the cocaine and methamphetamine epidemic in the United States. It is currently the gold standard approach for methamphetamine dependence. It's geared towards to those sorts of addictions, but I think it's, and again I have direct contact with my co-worker. Who is the Matrix expert? I hope to use that, because it's really client based, it follows the model of what the client needs and wants as opposed to what we want for them. I think that's a really effective approach. I hope to use that over the next few months. I haven't tried it yet, I'm going to be in the developing stages of it.

CLOSING COMMENTS AND FAREWELL

Facilitator Richard offered closing comments and thanked all for participating and contributing valuable information over the last couple days.

APPENDICES

APPENDIX A

First Nation and Inuit Federal Tobacco Control Strategy

Community of Practice Face to Face Gathering

"BACKGROUNDER"

SEPTEMBER 25, 26, & 27, 2018 ACCOMMODATIONS: GREY EAGLE HOTEL 3777 GREY EAGLE DR. CALGARY, AB T3E3X8 MEETING ROOM: BIG PLUME ROOM

Background and overview

We are eager to come together and collaboratively share and learn from one another at the Fourth Indigenous FTCS Community of Practice Meeting. The Planning Committee has structured the meeting to enhance communication and knowledge transfer between projects and focus on the six essential elements.

Purpose of FTCS Indigenous Community of Practice

Over the course of the two previous years, the Indigenous FTCS projects have taken ownership of their Community of Practice with objectives of:

- Knowledge sharing and management sharing relevant resources and providing learning opportunities
- Promoting and disseminating project outcomes and successes, gaps and solutions
- Guiding and participating in the annual data collection activities through the establishment of Evaluation Steering Committee and development of the tools.

Our **Community** is defined as the selected First Nations and Inuit communities or organizations who received funding through the FTCS and our **domain or field of practice** is the implementation of comprehensive tobacco control strategies and interventions aimed at reducing and preventing commercial tobacco misuse within these Indigenous communities.

A **Community of Practice** was deemed important for this initiative to provide an opportunity for groups of people who share a concern or passion for something they do, in this instance commercial tobacco cessation for Indigenous people, and learn to do it better as they interact regularly. We have attempted various means for knowledge sharing including setting up a COP on a wiki page, monthly calls, and a Facebook page. For Indigenous projects, our most important way of knowledge transfer is face to face meetings which currently occur once a year. After the first two annual meetings, the FTCS Indigenous Community of Practice has prepared the First Nation and Inuit FTCS Community of Practice Agenda to respect Indigenous communication and knowledge sharing processes.

Format of the Meeting

- 1. The FTCS Indigenous Community of Practice meeting will be held in circle rather than plenary style. We are sharing Circle Lead responsibilities among the team.
- 2. To facilitate the Indigenous community of practice approach, we have introduced a circular model to stimulate discussion for each of the six blocks of discussion in the agenda.



In the Indigenous community, circular models are often used to stimulate discussion and organize thoughts. The four directional working wheel¹ presented here represents a visual depiction of discussion questions presented below for the FTCS Community of Practice.

The FTCS projects are engaging in a <u>visionary process</u> in which stakeholders identify their vision for the health and wellness of their community – in this case with respect to non-commercial use of tobacco. In order to achieve this vision, it is necessary to first gain an understanding of the current situation and describe the project and where they are at. Stakeholders often rely on *intuitive knowledge* when working in this quadrant based on their in-depth knowledge of community.

<u>Relationships:</u> Refer to the experiences that one encounters as a result of relationships built over time. It examines how we relate to people. It provides an opportunity to gain an understanding of the attitudes and awareness that exist at this particular point in time regarding an individual, community and national wellness issues. In Indigenous teachings, it takes time to establish relationships. It is important to learn from one another and ensure that all are kept informed. Relationship building is a key activity for the FTCS projects to achieve their objectives to engage advocates, community groups, leadership and individuals to support the vision of the projects.

Knowledge: This is the opportunity to confirm what the FTCS projects know intuitively, apply what they have learned from promising practices, develop policies, workshops toolkits, and reflect on what will have the most impact in their area to achieve the vision. Often referred to as *learned knowledge*, projects have taken the time and are now developing approaches or creating a culture of doing things that are appropriate for their projects.

¹ We understand that such models are not uniform or applicable to all First Nation, Métis and Inuit people, however it is within this context that the circular models can be used in diverse belief systems.

<u>Action</u>: This quadrant refers to movement and represents strength. This component is important as it activates positive change and gets closer towards achieving the FTCS project vision in a respectful and ethical manner which supports Indigenous health and well-being².

Background

The First Nations and Inuit Component of the Federal Tobacco Control Strategy (FTCS) aims to promote information and knowledge sharing. It supports the development and implementation of comprehensive tobacco control projects that are holistic, and socially and culturally appropriate. It also strives to reduce non-traditional tobacco use, while maintaining respect and recognition for traditional forms and uses of tobacco within communities.

The three main objectives are:

- 1. To prevent the use of tobacco among young people and adults.
- 2. To protect from exposure to environmental tobacco smoke (ETS).
- 3. To promote cessation among smokers.

The six essential elements of the Federal Tobacco Control Strategy are:

- 1. Protection
- 2. Reducing Access to Tobacco Products
- 3. Prevention
- 4. Education
- 5. Cessation
- 6. Data Collection and Monitoring

Participants:

In addition to the project participants, there will be FNIHB regional representatives and one FNIHB national office representative attending the Indigenous FTCS Community of Practice in their role as project advocates, to listen and learn how to support their projects.

² This interpretation and language is the intellectual knowledge of Andrea J. Williams under the direction of Elder Shirley Williams, Wikwemikong Independent First Nation. Please cite appropriately. The circle or medicine wheel is a central expression of culture, representing a unifying force in life. It is a representation of traditional theology, philosophy and psychology. There are different but related versions of the medicine wheel for different Indigenous groups. One common aspect is that they are based on the four directions and four seasons. A circle is a symbol of completeness. Central to the teachings of the medicine wheel is the goal of **Bimaadiziwin or "living a good way in life". This entails balancing oneself within all aspects of the four quadrants of the** wheel. Today four-quadrant models or working wheels are used to organize work and situate activities within an Indigenous framework.

ESSENTIAL ELEMENTS OF FTCS

Note the Federal Tobacco Control Strategy has shifted to a Canada Tobacco Strategy. The First Nation and Inuit Projects in the Community of Practice have been working under contribution agreements mandating the following elements until such time as the new requirements are rolled out. The following is provided if you wish to organize your thoughts or responses to any of the discussion in the upcoming Community of Practice.

Essential Element of the Federal Tobacco

Control Element #1

Essential Element #1: Protection

Actions on tobacco protection measures

- Community leadership implementing youth-focused tobacco protection measures within communities (e.g. prohibiting sales to minors).
- Policies to protect community members from second hand smoke (e.g. no smoking bylaws in public places, smoke-free workplaces, reducing exposure to second hand smoke in homes).
 - 1. Vision What are the objectives or focus areas of your activity in this element?
 - 2. **Relationships**: What relationships have been developed? With whom? How did you engage? Where are the gaps/challenges? Solutions and ideas?
 - 3. **Knowledge** learned/ Tools developed: What policies, toolkits, approaches, workshops etc have you developed to implement your objectives in this element? What have you learned? Please bring examples to share in circle with the group.
 - 4. Action: What results have you achieved to date in this element? What have been some key success (es) to date towards achieving your vision or objectives? What do you think should be priorities moving forward?

Notes/Thoughts

Essential Element #2: Reducing Access to Tobacco Products

Actions to reduce access to and availability of tobacco products within communities

- First Nations and Inuit leadership to take action to reduce demand and accessibility of tobacco products within their communities by leveraging various strategies impacting access to and availability of tobacco products, including access to low cost cigarettes.
- In communities where measures to reduce access to tobacco products are already implemented or are in place by default (e.g. Inuit communities in remote locations), activities may focus on developing strategies to ensure access to tobacco products remains limited.
 - 1. Vision What are the objectives or focus areas of your activity in this element?
 - 2. **Relationships**: What relationships have been developed? With whom? How did you engage? Where are the gaps/challenges? Solutions and ideas?
 - 3. **Knowledge** learned/ Tools developed: What policies, toolkits, approaches, workshops etc have you developed to implement your objectives in this element? What have you learned? Please bring examples to share in circle with the group.
 - 4. Action: What results have you achieved to date in this element? What have been some key success(es) to date towards achieving your vision or objectives? What do you think should be priorities moving forward?

Notes/Thoughts

Essential Element #3: Prevention

Innovative approaches to prevent tobacco misuse at the group or population level that engage and target community members in relevant settings and environments

- Integration of healthy behaviours and smoking prevention messages and activities in different settings (e.g. family/home environment, school-based programs, community programs, media, and health, cultural and, sport, recreation and treatment centres), targeting specific age-groups.
- Strong focus on children, youth and families, including youth engagement/youth-led activities.
- Elder engagement/elder-led activities.
 - 1. **Vision** What are the objectives or focus areas of your activity in this element?
 - 2. **Relationships**: What relationships have been developed? With whom? How did you engage? Where are the gaps? Solutions and ideas?
 - 3. **Knowledge** learned/ Tools developed: What policies, toolkits, approaches, workshops etc have you developed to implement your objectives in this element? What have you learned? Please bring examples to share in circle with the group.
 - 4. Action: What results have you achieved to date in this element? What have been some key success(es) to date towards achieving your vision or objectives? What do you think should be priorities moving forward?

Notes/Thoughts

Essential Element #4: Education

Education and skill development activities directed to community members; and, training for community workers on health promotion and tobacco-related topics

- Age and gender-specific education on the dangers of tobacco misuse (e.g. activities that focus on the family environment, peer pressure, pregnancy, second-hand smoke exposure, etc.).
- Training of health workers on effective approaches to supporting smoking prevention.
 - 1. Vision What are the objectives or focus areas of your activity in this element?
 - 2. **Relationships**: What relationships have been developed? With whom? How did you engage? Where are the gaps? Solutions and ideas?
 - 3. **Knowledge** learned/ Tools developed: What policies, toolkits, approaches, workshops etc have you developed to implement your objectives in this element? What have you learned? Please bring examples to share in circle with the group.
 - 4. Action: What results have you achieved to date in this element? What have been some key success(es) to date towards achieving your vision or objectives? What do you think should be priorities moving forward?

Notes/Thoughts

Essential Element #5: Cessation

Tools, programs, training and activities to support community members to quit smoking or quit other forms of tobacco misuse

- Services and supports to help people quit smoking, such as nicotine replacement therapy, briefinterventions, etc.
- Linking to existing federal/provincial programming and supports, such as quit-lines.
- Providing role models, mentors and support groups to help people quit smoking.
- Training for health care workers in smoking cessation
 - 1. Vision What are the objectives or focus areas of your activity in this element?
 - 2. **Relationships**: What relationships have been developed? With whom? How did you engage? Where are the gaps? Solutions and ideas?
 - 3. **Knowledge** learned/ Tools developed: What policies, toolkits, approaches, workshops etc have you developed to implement your objectives in this element? What have you learned? Please bring examples to share in circle with the group.
 - 4 Action: What results have you achieved to date in this element? What have been some key success (es) to date towards achieving your vision or objectives? What do you think should be priorities moving forward?

Notes/Thoughts

Essential Element #6: Data Collection and Monitoring

Use of tools and strategies to collect, analyze and report on data; and, share best/promising practices

Collection of baseline data on smoking statistics within the region/communities (e.g. rates of smoking, views of community members toward tobacco use, community needs assessments, etc.), in order to inform the planning and design of the project, including performance reporting

Integration of data collection strategies with provincial partners to prevent duplication of interventions

Monitoring and reporting on the project, including data collection, reporting and analysis mechanisms that align with First Nations and Inuit principles for information and research governance, such as OCAPTM and others.

Plans to report on trends and share best/promising practices and knowledge gained from the project with partners and other communities.

Analysis of Four Key Success Indicators:

- An increase in the % of smoke free public spaces
- An increase in the # and type of smoking related resolutions and policies (by Band councils, Tribal councils, governance bodies, etc) are in place
- The # and type of promising practices that are identified (both new and existing) and shared with other communities
- A decrease in the # of daily smokers (in one or more sample population groups, such as adults, youth, pregnant women, etc) in comparison to initial baseline
- 1. Please provide a short description of your activity(s) in this area?
- 2. Is your project evaluation in place? Is data collection underway for the four Success Indicators or other baseline and other relevant data?
- 3. **Knowledge** learned/ Tools developed: What data collection or information sharing tools have you developed to implement your objectives in this element? What have you learned? Please bring examples to share in circle with the group.
- 4. Action: What have been some key success (es) to date regarding Data collection and Monitoring particularly with respect to the 4 success indicators (you may wish to refer to your national annual outcome reporting form)?

APPENDIX B

Canada's Tobacco Strategy

Reaching Less Than 5% Use by 2035

Tobacco use continues to be the leading preventable cause of premature death in Canada. While tobacco use has decreased, a significant number of Canadians still use tobacco and cigarette smoking kills **45,000 Canadians each** year. The total costs of tobacco use are more than \$16B per year. The Government of Canada has announced a target of less than 5% tobacco use by 2035 to reduce the staggering death and disease burden of tobacco use. Reaching this target will save millions of lives and billions of dollars.

The Government of Canada will continue its legislative and regulatory efforts to protect youth and non-smokers, including the enforcement of the recently enacted *Tobacco and Vaping Products Act*. But we also recognize that **more needs to be done**. Canada's Tobacco Strategy represents a shift towards a more comprehensive and integrated approach to addressing tobacco use.

The Strategy will feature broad, population-based approaches needed to achieve the ambitious target of 5% by 2035, and targeted approaches focussed on specific populations suffering from high levels of tobacco use. It recognizes the potential of harm reduction—helping those who can't or won't quit using nicotine to identify less harmful options—while continuing to protect young people and non-smokers from inducements to use nicotine and tobacco. It reinvests in research and surveillance, and will provide grants and contributions funding to support our partners in this national challenge. Budget 2018 announced **\$80.5M in new funding** for the Strategy to build on existing resources, bringing our total investment to approximately **\$330M over the next five years**.



What does "Less than 5% by 2035" mean?

Today, there are approximately **4,6 million Canadians** (15%) using tobacco, of which approximately 3.9 million are cigarette smokers.

Based on population projections, reducing the rate of tobacco use to less than 5% means there would be fewer than **1.8 million Canadians** using tobacco.

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Cessation and Harm Reduction

Nicotine Replacement Therapy (i.e. gums, patches, and lozenges) and pharmaceuticals are currently available to help Canadians looking to quit.

Vaping is less harmful than smoking. Completely replacing cigarettes with a vaping product will significantly reduce a smoker's exposure to toxic and cancer-causing chemicals. Adults can access vaping products containing nicotine as a less harmful alternative to smoking.

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Health Canada

Santé Canada





Cessation Support

Nicotine is a powerfully addictive substance. It is not easy to quit smoking and many Canadians are unable to do it on their own. We are committed to working with the provinces and territories to significantly revamp smoking cessation services across the country, to make it easier, faster and more appealing for smokers to access the support and tools they need in a way that best works for them.

Access to More Choice

Traditional cessation approaches are not the only tools available to help Canadians transition away from smoking cigarettes, the most deadly nicotine delivery system. A **harm reduction approach** aims to reduce the negative consequences of cigarette smoking by recognizing the potential benefits of using less harmful alternatives. The *Tobacco and Vaping Products Act* now provides adults with legal access to vaping products.



Helping Canadians Most at Risk

Certain groups of Canadians face smoking rates that are considerably higher than the general population and require more targeted action to ensure **no one is left behind** in Canada's efforts to reach less than 5% tobacco use by 2035. Health Canada, the Public Health Agency of Canada and Indigenous Services Canada will expand their reach to groups with higher rates of smoking through increased resources in tobacco programs.

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Some Canadians Have Higher Smoking Rates

- The prevalence of smoking among **Indigenous peoples** is approximately 2 to 5 times higher than among non-Indigenous Canadians.
- Young adult males aged 20–24 report the highest prevalence of current cigarette smoking (22%) as compared to other age groups and higher than among females in the same age group (14%).
- Smoking prevalence is high among LGBTQ+ persons, with estimates suggesting tobacco use ranges between 24% and 45% across different groups.
- By industry, more than one-third of construction workers smoked in 2011 (34%), followed by mining and oil and gas extraction workers (29%) and transportation and warehousing workers (29%).

Recognizing the unique challenges of addressing commercial tobacco use by Indigenous peoples

Traditional tobacco plays a **sacred and ceremonial role** in certain First Nations communities; however, the rates of commercial tobacco use continue to be far more prevalent among Indigenous peoples than in the general population. The Government of Canada is working with national and regional Indigenous organizations to **co-develop distinct approaches** that would address high rates of commercial tobacco use, **while recognizing the unique circumstances** of Indigenous populations in Canada.



Protect Young People and Non-Tobacco Users

Tobacco and Vaping Product Deterrence

To protect Canada's youth, the Government of Canada will update and improve the effectiveness of **public education resources**, including developing a new marketing campaign to educate the most at-risk youth, young adults and their parents of the harms and risks associated with tobacco and vaping products and nicotine addiction.

Further Limiting the Appeal of Tobacco and Vaping Products for Youth and Non-Smokers

Canada is internationally recognized for its leadership and expertise in regulatory action to address smoking and tobacco use. The recently enacted *Tobacco and Vaping Products Act* will support the implementation of **plain packaging measures for tobacco products**. We will also explore potential options that could **further reduce the appeal and addictiveness** of tobacco, including taxation, price interventions, and the regulation of nicotine content.



This image is an example used during the 2016 consultation on plain and standardized packaging. The Minister of Health is committed to completing the introduction of these measures and a regulatory proposal is currently under development.

Enforcing the Law and Combatting Contraband

Canada's enforcement tools will be updated to stay ahead of changes in the marketplace, such as e-commerce and the promotion of products online. The Government of Canada, in collaboration with the provinces and territories, First Nations, and international law enforcement partners, will continue to enforce the law and undertake independent research to better understand and assess Canada's evolving contraband tobacco market.



Strengthen our Foundations in Science, Research

and Surveillance

The Government of Canada is committed to informed decisionmaking on policy and programming. Canada's Tobacco Strategy is reinvesting in science and **building an evidence base** to underpin all of our actions.

In response to the evolving product landscape, we will increase efforts to further understand how Canadians interact with emerging products.

We will also explore **industry accountability**, including mechanisms through which the industry could make a direct contribution toward the costs of tobacco control and public health activities.





Canada's Tobacco Strategy is the result of significant consultations with partners, stakeholders and Canadians.

Successful implementation of the Strategy depends on strong **collaboration and coordinated efforts**. The Government of Canada will continue to work with a number of partners, including the provinces and territories, national and regional Indigenous Organizations, municipalities, non-governmental organizations, community agencies, health care professionals, and the academic and private sectors.

For more information, please contact Health Canada's Tobacco Control Directorate: www.canada.ca/en/health-canada/corporate/ contact-us/tobacco-control-programme.html

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