

INDIGENOUS COMMUNITY OF PRACTICE CANADA'S TOBACCO STRATEGY

8TH ANNUAL FACE TO FACE GATHERING
VICTORIA, BC

FINAL REPORT
FEBRUARY 2023
HOSTED BY NATIONAL INDIGENOUS DIABETES
ASSOCIATION



Table of Contents

Executive Summary	3
FACE TO FACE GATHERING – DAY ONE – FEBRUARY 27, 2023	4
Opening Comments	4
Opening Ceremony	4
Welcoming Comments	5
Round of Introductions	5
Review of Agenda	6
Shawn O’Connor Presentation	6
Discussion and Dialogue	6
Update from Indigenous Services Canada Presentation	7
Discussion and Dialogue	7
Goals and Vision for Community of Practice Facilitated Discussion	8
Keep Tobacco Sacred Collaboration Project: Wise and Best Practices to Prevent and Reduce Commercial Tobacco and Youth Vaping in First Nations Communities Presentation	10
Discussion and Dialogue	11
Kaa-Wiichitoyaahk (We Take Care of Each Other): Weaving a Métis Wraparound Approach into Cessation Programming - Metis Nation BC (MNBC) Presentation	12
FACE TO FACE GATHERING – DAY TWO – FEBRUARY 28, 2023	14
Opening Prayer	14
Opening Comments and Recap	14
Keynote Speaker Dr. James Makokis Presentation	14
Discussion and Dialogue	16
Update on Health Canada’s Work on Tobacco and Vaping Presentation	16
Discussion and Dialogue	18
Lung Health Foundation Quash: Present and Future Potential for a Youth Smoking and Vaping Cessation Program Presentation	20
Discussion and Dialogue	21
First Nation Health Authority Health Through Wellness: Respecting Tobacco Presentation	22
Community of Practice Interactive Dialogue and Discussion	22
Closing Comments	26
Closing Prayer	26

Executive Summary

Canada's Tobacco Strategy (CTS) is the current federal strategy to address tobacco use in Canada and is designed to help achieve the target of less than 5% tobacco use by 2035¹. Funding was committed from Budget 2018 for five years to help Canadians to quit or reduce the harms of addiction to nicotine and to protect the health of youth and non-smokers from the dangers of tobacco use. The Community of Practice is funded from this strategy to work with Indigenous groups to create specific plans to continue and expand existing tobacco projects in Indigenous communities, and work with national and regional Indigenous groups to co-develop distinct strategies to meet the needs of Canada's Indigenous peoples.

The National Indigenous Diabetes Association (NIDA) provides support and coordination to the Indigenous Community of Practice. NIDA's primary goal² over the years has been to assist the COP and their respective communities to achieve project objectives and to enhance co-learning and knowledge exchange. This gathering is the 8th Annual hosted by NIDA and aims to provide essential information and opportunities for knowledge translation amongst the COP, government, and organizations. This is the first in person gathering since 2019 and post COVID pandemic.



¹ <https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy.html>

² <https://nada.ca/practice-of-canadas-tobacco-strategy/>

FACE TO FACE GATHERING – DAY ONE – FEBRUARY 27, 2023

Opening Comments

Facilitators Melissa Hotain, Sioux Valley Dakota Nation, MB, and Laila Hotain-Daniels, Sioux Valley Dakota Nation/Swan Lake First Nation, MB welcomed the participants to the Indigenous Community of Practice, Canada's Tobacco Strategy 8th Annual Face to Face Gathering. They acknowledged the Lekwungen peoples on whose traditional territory we gathered on and the Songhees and Esquimalt Nations.

Opening Ceremony

Elder Treffrey Deerfoot, Aissikotoyomahka, Siksika Nation led a pipe ceremony to begin the gathering in a good and respectful way. Treffrey is Chair of the Keep Sacred Tobacco Collaboration and an Elder for the gathering. Treffrey shared his Blackfoot teachings and understandings with the in-person participants.



NIDA STAFF: SYLVIA SENTNER AND
CELESTE THERIAULT

FACILITATORS: MELISSA HOTAIN
AND LAILA HOTAIN-DANIELS

Welcoming Comments

Celeste, new Director for the National Indigenous Diabetes Association (NIDA) welcomed everyone to the gathering. NIDA has continued to support the Community of Practice (COP) over the years and through these gatherings. The gathering aims to facilitate networking, building bridges, strengthening distinctions-based projects and to build momentum post pandemic.

NIDA is mandated to provide support to the COP and through discussions and feedback will understand the challenges, ways to provide support and create outcomes for all. Through the survey provided in November participants provided recommendations for agenda items for this gathering. A key theme was to focus on youth and how this work can connect to and to empower and provide knowledge to youth through the various distinctions-based teachings and understandings.



Round of Introductions

The facilitators led the participants through a round of introductions. The gathering was a hybrid event held both in person and virtually. Participants joined the gathering from British Columbia to Quebec, including Community of Practice, Government, Organizations, and Presenters.

Review of Agenda

The facilitators reviewed the agenda for the gathering, changes included a new presentation from Shawn O'Connor on Day One, the Mental Health Youth Land Based Project for Day Two was removed as the presenter was unable to join, and Health Canada moved their presentation to this slot. On Day Two the presentation from the First Nations Health Authority was moved up to allow for a combined interactive discussion on the COP and future gatherings.

Shawn O'Connor Presentation

Working at the University of Toronto School of Public Health with the Ontario Tobacco Research Unit (OTRU), Shawn's team received a grant to work and partner with Indigenous groups. The funding went to 6-7 First Nation and Inuit groups and organizations, the projects were developed and led by these groups. The presentation is to share successful initiatives that were achieved including:

Some found that providing information on distinctions and ceremonial forms of tobacco and commercial tobacco was useful, some organizations have grown tobacco using plant based and garden education. This allowed the project to plant and distribute seeds, to bring community in and provide both an individual and communal space.

There was success in the harvesting and how communities viewed tobacco and bringing back traditional forms. Secondary effects outcomes included Elders and Community more likely to utilize ceremonial versus commercial in ceremonial spaces. There has been movement and change away from commercial tobacco, prohibiting cigarettes in these spaces, lessons they believe improved their community and creating dialogue and a way into smoking cessation.

Another project included an Inuit group transforming an outdoor smoking pit into a health and healing garden, adding physical structures, landscaping to a nice garden. Inuit communities have no ceremonial tobacco, and the rates of smoking are between 30 to 80% in the north. This space provided for reflection, exercise, and smoking cessation with their clients.

A third initiative utilized creativity, at Wiki Health and others they worked with children to create pictures of their experience with tobacco. Children created images and designs of both traditional forms of tobacco and family members smoking. The pictures created a space for open discussion on ceremony and commercial tobacco. One community posted the pictures in a community space and brought community members into view and reflect. During this time, health workers would offer cessation services through education and materials.

Discussion and Dialogue

Question on the age of children involved and it was adaptable to different age groups? Response, another community was able to adapt the program to different age groups.

Question on how to adapt wording for smaller children to understand? Response, a third-party evaluation was done by Wiki Health and Kenora Chiefs Advisory, this report may provide that answer. Recommended to let the children do this work and explain what it means to them.

Question on the impact on cessation? Response was there wasn't a lot of evidence but more support for treating the tobacco and distinctions use and the slow removal of commercial tobacco from ceremonial spaces, and not getting people to stop using ceremonial tobacco rather commercial.

Question on the funding and reporting requirements? The response was the project started 6-7 years ago and started as a feasibility study, did a second round of funding of 100,000 for one year of work and some utilized over additional years. Communities spent differently over different periods of time. This was part of a larger grant, and the funding was provided for communities to develop their own programs to deliver, we offered research and evaluation knowledge. They reported back through year end reports, some quantitative and some qualitative lessons learned to help others in the future. Knowledge was also shared with the funders, and funding came to an end and projects are completing this fiscal year.

Update from Indigenous Services Canada Presentation

Mary Trifonopolous, Senior Manager, Healthy Living Unit, Office of Population and Public Health, National Office of FNIHB joined the session virtually to provide an update from Indigenous Services Canada (ISC). She provided a territory acknowledgement of the lands she is situated on and thanked the Elder, Facilitators, and NIDA for hosting the gathering and a rich agenda with diverse topics and speakers.

Mary has been working with FNIHB for 20 years and in this role for 7 years. She has seen COP grow and evolve, was able to meet with original projects in 2017 in Ottawa for a National Forum hosted by Health Canada. COP was able to share information that many were not aware of pertaining to the distinguishing of ceremonial and commercial tobacco. Pleased to see this gathering continuing since 2015 to share information connect and learn from one another and to build momentum. It is also an opportunity to problem solve, address challenges and barriers. Previous reports from the gatherings highlight the successes addressing commercial tobacco use.

Budget 2018 announced the renewal of strategy and renamed to Canadas Tobacco Strategy. There was an enhancement to the funding and committed for ongoing for self-determined First Nations, Inuit and for the first time Métis led approaches to address high rates of commercial tobacco use. The model shifted from a proposal based and time limited with reporting requirements to ongoing funding to more projects. ISC received requests from regions and partners for resources, some communities are just starting with not a lot of funding and would benefit from learning from those projects that have done the groundwork and indicators for success. Encourage finding ways to share and showcase the resources, activities and reports of results and successes. NIDA would be a good place for this and ISC and regions can further support that information and knowledge sharing.

Government and Ministers at times want to know results, mandates of government change and they want to know what the impacts are. There is an added benefit to put stories out through your voices and advocacy through your projects.

Health Canada will speak on their work to provide overall lead on the broad strategy which includes regulations, legislation, vaping, policy and mainstream public education and campaigns, and in collaboration with other federal departments and agencies.

Discussion and Dialogue

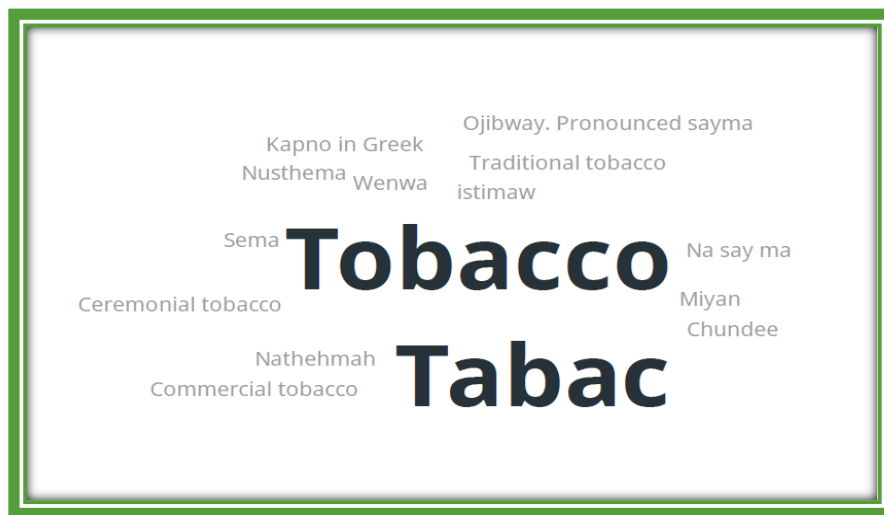
Comment that there are real human resources challenges and the need for adequate resources required. Response of recognition of the work and key efforts of NIDA and facilitators to facilitate these connections and

Canada’s Tobacco Strategy. Each region has an ISC designated lead for tobacco to support your work, encourages COP to reach out.

Goals and Vision for Community of Practice Facilitated Discussion

Facilitators led the participants through Slido, an online interactive session to ask key questions on challenges and barriers, successful initiatives and activities and best ways to engage youth in tobacco and vaping cessation work, and what human and financial resources are required to ensure successful programs.

Participants were asked to share how to say tobacco in their first languages:



QUESTION 2: WHAT ARE SOME CHALLENGES AND BARRIERS YOU FACE IN YOUR WORK AS COP?	
Lack of resources	Geographic size to staffing ratio
Ongoing funding	Community member participation
Communication	Covid 19
Isolation	Technical issues, lack of broadband
Short staffed and lack of supervisor support	Stigma of smoking
Insufficient funding	Politics stigma (unlikely to share)
Not seen as a priority	Transportation issues to participate
Funding	Staff turnover
Lack of human resources on the field	Competing priorities
Prevalence of youth vaping	High staff turnover
Funding	Bureaucracy

QUESTION 3: SHARE SOME SUCCESSFUL INITIATIVES OR ACTIVITIES PERTAINING TO TOBACCO AND VAPING CESSATION THAT HAVE WORKED IN YOUR PROJECTS/WORK

Providing different activities for youth in areas that may be lacking (recreation)	Blue light program, giving households a blue light to put outside their homes to show that their household is a nonsmoking home
One on one support, providing wrap around supports, education resources and presentations	Zoom consultations (during Covid)
Developing relationship in culturally appropriate language	Outreach, going to schools and talking to kids about prevention and making informed decisions and community interaction.
Would like to I expand outreach to network events or offices or organization like sports team, homeless shelter, etc.	Client focused care
Using culture as a point of strength	Social competency building
Animated videos	Presence at youth events, make it easy for youth to engage with your materials and message
Growing tobacco to reach about its traditional uses	Culturally relevant no smoking signage
Community led	Peer to peer story telling

QUESTION 4: WHAT ARE THE BEST WAYS TO ENGAGE YOUTH IN TOBACCO AND VAPING CESSATION WORK?

Connect with role models	Presentations which are real example bring a real set of lungs, Youth focus groups
Let them lead change in their communities	School workshops
Listen first to youth perspectives and what they view as issues - youth focus groups	Including their voices in program development and ongoing program management
Online consultations and meet them on their level	Social media
Train them to become role models	Facebook community groups
Get them at an early age	Youth peer role models
Go where they are and give good door prizes for engaging!	

QUESTION 5: WHAT ARE THE HUMAN AND FINANCIAL RESOURCES REQUIRED TO ENSURE SUCCESSFUL PROGRAMS?

Having a good supportive supervisor. Hold Regular meetings. Be willing to approve worker's ideas. Have products readily available like patches or other withdrawal support	CTE training Funding for tobacco reduction professionals in health regions
Collaboration with other departments, training staff throughout the province on brief intervention model. More tobacco cessation counselors	Involve primary care workers as smoking is a risk factor to any health problem
Starting early in life. Giving education to the children in the schools on what tobacco is, how to use it positively and what the negatives are. Teachings on tobacco.	Assistance in navigating the grant writing process

QUESTION 5: WHAT ARE THE HUMAN AND FINANCIAL RESOURCES REQUIRED TO ENSURE SUCCESSFUL PROGRAMS?

Connections with other program areas	Local tobacco cessation educators in the communities
One or more champions	A solid team of ongoing partnerships across Canada that contribute to program management
Advocates and representatives for all different groups of people	No competing priorities
More flexible reporting to ensure you can value narrative	Adequately staffed program areas
Sustainable funding model	

Facilitators led participants through the feedback received and sought clarity on various points raised, additional information not included in the charts is noted below:

- Need for wrap around services and holistic frameworks.
- Vapers don't consider themselves to be smokers, when talking with youth remind them it is harmful and it is inhaling and consuming commercial tobacco, include in the whole line of work to be done.
- Need for more education and data on vaping as a harm reduction tool.
- The need to meet people where they are at.
- It was noted that the provincial public education on vaping and evidence is every changing.
- The opportunity for using social media and message to reach the youth such as TikTok.

Keep Tobacco Sacred Collaboration Project: Wise and Best Practices to Prevent and Reduce Commercial Tobacco and Youth Vaping in First Nations Communities Presentation

Presenter Treffrey Deerfoot began the presentation on the importance of land acknowledgements and the history of Indigenous lands and the intention to share resources. Traditional tobacco is not just for this room it is meant to be shared with mainstream. The power of engagement and collaboration to keep projects focused on distinctions-based approach and conversations with treaty nations throughout the province.

He shared the development of this project from a PHAC grant in year one to creating pilot sites (1 in each of the 3 Treaty areas). The purpose of the project is to support, with leaders from First Nation communities, the prevention and reduction of commercial tobacco use and youth vaping among First Nation communities through the rightful cultural revitalization of sacred tobacco and community driven setting change.

The current collaborative partners include Action on Smoking & Health, Alberta Blue Cross, University of Alberta School of Public Health, Alberta Health Services (Tobacco, Vaping & Cannabis Program and Indigenous Wellness Core), and Canadian Cancer Society.

Sarah Waters, Health Promotion Facilitator, Alberta Health Services Tobacco, Vaping, and Cannabis Program Steering Committee Member, Keep Tobacco Sacred Collaboration shared that like the experience this morning, their project is grounded in ceremony with Treffrey bringing the partners together through pipe ceremony.

She shared their work honours the TwoEyed Seeing approach to utilize ceremony when there are barriers to overcome within existing frameworks, which has been very empowering.

Statistics on commercial tobacco were shared and new vaping products, including the impacts from vaping. Impacts such as, lung injury, heart attack, nicotine poisoning, changes in brain development, mood behaviour, attention and memory difficulties, and fires and explosions with dental damage.

Smoking rates of Indigenous youth is 3x higher compared to non-Indigenous, with some documented ages of 8 years old introduced to nicotine. The same is for vaping products. In Canada there has been a fairly successful public health effort but not nationally. Need to address trauma and barriers to access, systemic racism impacts in First Nation communities. Need to ensure greater resources and utilize First Nation ways and self-governance, to talk about traditional tobacco, ways of use, facilitate communication.

Angeline Webb presented next on what works in community-based initiatives which prevent and reduce commercial tobacco use and youth vaping. They focus on revitalizing knowledge, changing environments and shifting social norms.

The KTSC project key actions include:

- Cultural revitalization of sacred tobacco by supporting Elder and Knowledge Keeper led cultural connectedness and healing knowledge sharing regarding traditional tobacco with youth and community members.
- Youth engagement and leadership, supporting First Nation youth skills-based resiliency leadership programming and advocacy programming. Focus on strategies that involve youth in the development of healthy school and community settings which support the use of sacred tobacco and reduce the harms of commercial tobacco.
- Community and social norm change, support the community in driving setting change by supporting implementation of commercial tobacco and youth vaping prevention and reduction policy and programming. The process focusses on supporting social norm change.
- Community access to sacred tobacco, to support communities in involving access to sacred tobacco, such as growing traditional tobacco and developing community and public spaces for this to happen.
- Community based public awareness and education strategies, that focus on harms of commercial tobacco use and youth vaping.
- Culturally appropriate cessation services, supporting improved access.

Treffrey concluded that his fellow colleagues addressed a lot of information on their work, and they would not be doing this without the communities and finding champions to lead the work. This reverses the previous practice of people bringing projects to the community and then leaving with the work. Their goal is to develop greenhouses and implement them in the communities, it will be community responsibility to grow and nourish the work. Alberta First Nations Information Governance Centre will house the information for the people, and this data can be utilized to help grow more programs.

Discussion and Dialogue

Question on the toolkit and games for youth, train the trainers component, can it be shared?

Response, first phase of project and scanning and spreading out. We are in the design phase hoping for implementation in 2024. Next week in Manitoba at Southern First Nations Conference, trying to share and support communities.

Question on teaching, plant in spring when you hear first thunder. We have a person in our organization who plants tobacco and started packaging our own traditional tobacco to give to members of our community.

Response was it goes back to the ceremonial bundles, acknowledging the seeds that are hundreds of years old. We have a relative who is doing 300 seedlings for us in 2 different places and pilot communities in other treaty areas. Planting seeds in the community, some responsible from communities to grow these.

We don't bring traditional tobacco into our lungs. We didn't have cancer rates long ago, we ate traditional foods and berries, power of those traditional foods and medicines.

Question on the responsibility and don't want to give seeds out for sake of it, want to be able to do it responsibility that people I give these to are carrying on traditions and in a good manner. It can be misused as well, don't want it to be sold or for wrong reasons. Do you have land or a suggestion, how did you ensure community responsibility?

Response, the project we focus on engages Knowledge Keepers and Elders to be leaders, they share and engage community the protocols of growing and harvesting, shifts norms and understandings from commodifying tobacco and used in the rightful way. Ensure Elders are involved to oversee the project, a big part of what we do is through prayer, teachings etc. Keep reiterating our intention of giving.

Question on species of tobacco is different from commercial tobacco?

Response, traditional tobacco is used in ceremony.

Question, when you said teaching for planting to communities, our coworker mentioned with planting tobacco, for women there is a certain teaching, the role of women on their time and cannot touch?

Response, these young women, when we go prepare the tree of life, 4 young women who have never been with a man, pure, they go and hit that tree. Before they hit it they hold tobacco and put it at the bottom of the tree. Then all of us there with ropes don't let the tree hit the ground when it comes down take the bottom branches and carry it to put into the ground. Where the ground is sloped in, in that hole are 4 hearts of the buffalo, we tie our ropes on there, those are ropes we will use. Use the choke cherry tree.

Kaa-Wiichitoyaahk (We Take Care of Each Other): Weaving a Métis Wraparound Approach into Cessation Programming - Métis Nation BC (MNBC) Presentation

Presenter Lloyd Main shared the mantra for their work as, "we take care of each other" and utilizes a Métis wrap around approach. Their Ministry of Mental Health and Harm Reduction advocates for culturally appropriate mental health and addictions programs and services at the national, provincial, and regional levels. They also provide support, education, and advocacy to Métis people and the Métis Chartered Communities on all mental health and wellness related and harm reduction initiatives in BC. They work to improve mental health and harm reduction and increase access to programs to meet the needs of the Métis Nation. They have regional health coordinators for health and mental health and the fentanyl crisis.

He explained the mental wellness and harm reduction sash and the colour meanings behind it, the sash is a memento and reminder for when they complete a program:

- Red: alcohol and addiction awareness
- Purpose: overdose and opioid awareness
- Green: mental illness awareness
- Teal: recovery awareness
- Yellow: suicide prevention and awareness
- White: connection to the Earth and Creator

He shared statistics for mental health, commercial tobacco, cannabis and health related issues. The MNBC Cessation Programming was launched in 2021 to support individuals and meet them where they are at, to provide educational information on harm reduction and cessation. He makes it positive and about acceptance, that we all have some form of mental wellness challenge. Their goal is to decrease smoking by 25% by 2030 and to see COPD rates decrease to 7.0 per 1000.

He shared an example of their education and awareness, using a carbon monoxide monitor as a reverse pedometer, hook up to phone and blow into it, can give you a reading in your blood. He uses this as a teaching tool to the youth in a way that they can understand. He noted four D examples to change habits including: delay for 5 minutes to give time to think about something else; distract yourself by developing hobbies; deep breathing and drinking water to relax and reduce anxiety.

He shared what they have learned so far, that recruitment can be a challenge and incentives are useful to boost participation. That it is important to remove barriers and provide system navigation and meet people at their level, no preconceived opinions. He stated that it is about developing relationships and the experience for him has been positive. He texts tougher people that need continuous reminders and daily motivational messages. He also encourages people to celebrate their successes.

The day ended with a closing prayer by Treffrey Deerfoot.



FACE TO FACE GATHERING – DAY TWO – FEBRUARY 28, 2023

Opening Prayer

Elder Margaretta James, from the Mowachaht/Muchalaht territory and Elder for the National Indigenous Diabetes Association, provided an opening prayer for the gathering.

NIDA led an opening smudge for participants to begin the day with ceremony.

Opening Comments and Recap

The facilitators provided a review of what was heard on day one of the gathering, including an interactive overview of agenda for day two.

Keynote Speaker Dr. James Makokis Presentation



Dr. Makokis is a Nehiyo (Plains Cree) Family Physician from the Saddle Lake Cree Nation in northeastern Alberta. He along with his husband Anthony Johnson as “Team Ahkameyimok” used their time on the Amazing Race Canada show to bring attention to important issues and represent First Nations people in a good way. He is known for his Two Spirit resilience and decolonizing medicine to bring Indigenous cultural safety to the healthcare system.

Dr. Makokis shared this his teachings are from a Cree perspective on tobacco/sema and from an anti-colonial lens of promoting our lens and working to deconstruct smoking use. He acknowledged the Elders our teachers, many used to live over 100 years using traditional medicines and ways of healing.

He is a second language Cree speaker, and there is an urgency to revive the language that was lost and pressure to learn the medicines and teachings, and to be thriving in a modern world. It is important to know the teachings on traditional uses of tobacco and to use it appropriately and pass on to others.

The teachings of symbols the original education system, of land, sky and water symbols so we would not forget who we are. He received his education from his grandfather and others, visiting sacred sites and understanding the relevance of the original peoples to Turtle Island. Elders taught the creation stories, that we come from the earth and related to every living being. He shared examples of these stories and their connection to the original clans and how the human body is connected to medicines. Such as the strawberry is the heart, the circulatory system and the kidney medicine resembles the lily hat root etc. To know our medicines in good ways as we are related to them and to use them is to be healthy.

He shared the tobacco plant as the first plant placed here by the Creator. Traditional tobacco is our model of respect and giving thanks and connection to the Creator and all living beings. Creation stories speak to our dependence on other living beings and their roles and responsibilities in helping human beings as we are pitiful, and our existence depends on them. If humans don't exist then everything else will continue to live and thrive versus if we do not have them, we will die.

To use traditional tobacco is respect such as when loading the popes, we are using that to connect with all of creation and grandmothers and grandfathers placed here to help us. When asked how much traditional tobacco one needs? The answer is enough to smoke one pipe and we do not inhale this rather the smoke brings up our prayers to Creator. It is important to use traditional tobacco to fill the pipe.

He shared Cree worldviews and examples of human connection to the land and sacred sites, that the stories are on the land, he encourages youth to learn and connect to these teachings on how to look after oneself. He shared that everything is connected and everything we do is life "pimatziwin". Through living this way of life, it strengthens our spirit and reinforces our values of respect for all living beings. He shared various examples of medicines, animals, environment and all connected to the promotion of life, compared to smoking commercial tobacco which is the opposite of life.

Through his western medical practice, he knows well the burden of smoking on disease morbidity and mortality. When he sees someone who is 40 years old smoking, there is a good chance they were smoking for 25 years and begin to exhibit signs of COPD or cancers related to smoking. He screens regularly for bladder cancer if a patient smokes.

As Indigenous peoples we are the caretakers of Mother Earth, need to recognize that cigarette butts are the biggest source of trash in the ocean. Commercial tobacco filters are made from plastic which takes decades to decompose. The waste from cigarettes is found in 70% of seabirds and 30% of sea turtles. Future campaigns need to address and use these messages, what we do is affect our relatives that are suffering by human choices.

Tobacco has a strong effect on our addiction, people stop they start due to stress in the community. Indigenous peoples need to take a strengths-based approach to commercial tobacco cessation. Utilize positive role models, elders, parents, coaches, teachers, leaders to stop normalizing and instead use culture-based health promotion and community education campaigns. Recommend students make signs in Cree or other languages values and laws and put these up in the community. Even when people are not positive, they still respect our

Indigenous teachings, and to take further to social media campaigns. Create healthy public policies and spaces of no smoking in public spaces.

Remind our people in a positive way how to use our traditional medicines the way they are supposed to be used. There needs to be multi-level health interventions targeting youth with social media influencers there are many that are Indigenous role models and Elders.

Discussion and Dialogue

Question, on commercial tobacco companies' aggressive campaigns against Indigenous people

Response, we know they do this and huge industry and people on their dying breath even connected to an O2 machine are still smoking, so addictive. When I think about young indigenous peoples, they care about culture, continuity, identity, language etc. Not smoking is one of the most pro anti colonial things we can do and need to demonstrate positive examples of this.

Comment, use a positive and strength-based approach, we are doing this for the next generation so we will be healthier and live longer. Podcasts, social media, Ashley Callingbull, and Notorious Cree use fun and humour approaches and happiness which go further than shaming people. This is the best way to promote Indigenous health and wellness to youth.

Response, participating in our own health systems, governance and health education is found in our ceremonies, and helping in these spaces contributes to helpful promotion of disease prevention.

What is Indigenous approach to this? Learning and spending time with elders to learn songs, knowledge, and sharing with other people. To uplift one another and help them shine, to protect our bodies, and constantly expand our mind and learning from Elders and books, hanging around with like minded people that lift you up and don't bring you down. In the summer I help Elders pick medicines so know which ones help our people and bodies.

Question, trauma and education, more focus on healing trauma on way to deal with addiction, and secondly, what do you think as NRT as a tool for smoking cessation? 80% of the population smoke in Nunavik, not enough resources to help people.

Response, I use nicotine replacement therapy in my patients, to help them stop. Trauma is so important to understand, work with knowledge keepers to do things in a respectful way.

Update on Health Canada's Work on Tobacco and Vaping Presentation

Laura Smith, Director of Tobacco and Vaping Policy at Health Canada leads a team that works on tobacco and vaping policy and engages across and beyond the federal government on Canada's Tobacco Strategy. They work on engagement internationally, with provinces and territories, organizations, and some regulatory and policy people.

There is a legislative review as per the *Tobacco and Vaping Products Act*, 2018 provision that it be reviewed and evaluated every few years. They concluded the first review, it focused on the vaping related provision and operation of the TVPA, and the provision to protect young persons in response to an increase in youth vaping.

There are many unknowns on vaping products, and taking opportunity to learn about and determine is the act doing what it's supposed to do. There is a consultation process on the act and available evidence. The review found that the act appears to be making some progress.

The final report which is online, outlined four general observations and related areas for potential action:

- Examining access to vaping products by youth
- Communicating the potential benefits of vaping as a less harmful source of nicotine for people who smoke
- Strengthening the compliance and enforcement
- Addressing scientific and product uncertainty

The next review is this year and there is an opportunity to weigh in on the act.

On regulations side, there are 3 regulation projects:

Proposed Tobacco Product Packing and Labelling Regulations – the first is about labels and health warnings on cigarette packages and cigarettes themselves. In June 2022 Health Canada published these draft regulations to update the warning messages and to print warnings on individual cigarettes. During the consultation process last year, there were almost 600 responses from people, this could be published later this year.

Proposed regulations regarding flavours in vaping products – the second is flavours in vaping products. In June 2021, Health Canada published a proposal to restrict flavours to only three (tobacco, mint and menthol), designed to protect young people. During the consultation process, over 25,000 people wrote in on this idea and most were people opposed saying the restrictions were too restrictive. We continue to work on this and the next steps.

Proposed Vaping Products Reporting Regulations – the third regulation is vaping product reporting, those who sell, and import don't have to tell Health Canada anything, compared to cigarette companies, sales from stores etc. so similar info from vaping and composition. The regulations were published in June 2022, during the consultation we got 44 responses therefore this proposed regulation is not exciting as vaping flavours, most were supportive.

Next steps will be to refine the regulations and if the Minister chooses, we could see these later this year.

There has been much work on public education including the website Canada.ca and vanity urls such as Canada.ca/vapinginfo, and Canada.ca/quitsmoking, and Canada.ca/tobaccostrategy.

This was changed after user testing and topic sorting on how people expect to find information and how they search for things. The websites include resource videos and quit plan tools.

A public education campaign was launched in 2018 on youth vaping prevention. More than 14 million was invested to reach teens aged 13-18 and their parents, there was a multi prong approach utilizing advertising, influencers and outreach. The updated approach empowers youth to never stop asking why, and new resource video on nicotine addiction and focused promotion on social media and online resource for teachers.

The new smoking cessation campaign launched as part of the tobacco strategy to help people quit smoking is aimed at adults 35-64 with new branding and website. Encourages people to combine tools and quit plan, it is person centered and non-stigmatizing. The mantra is whichever works for you is right way to quit smoking.

Some tools include a quit planner tool, links to call people and self-help resources.

Health Canada has also developed ads that show digital out of home advertising such as restaurants and bars or apartment building lobbies.

Next steps include ways to help change behaviours to save lives, meeting people where they are, and ensuring no person is left behind.

Minister Bennett has stated she is keen on hearing from people who smoke, round table discussion where we brought 5-6 Canadians who smoked and managed to quit, what worked etc. She is now asking for a few more with an Indigenous focus, if there are people you can recommend, please contact the presenter.

The big objective is to reach less than 5% by 2035, and how to help those groups that have higher than average rates. Health Canada is interested in knowing the COP priorities and having conversations on distinctions based Indigenous roundtables.

Discussion and Dialogue

Question, the aggressive target of lower than 5% by 2035, consideration for what you see in New Zealand and areas, eliminated selling of tobacco by a certain date. Is HC looking at these policies?

Response, end game strategies, eliminating use of commercial tobacco forever. Can't tell you yet, Canada's Tobacco Strategy came in 2018, 5 years in and 12 years until 2035, need to look at general population rate of 13% and not representative of communities here, or other higher rates such as the LGBT2Q etc. The New Zealand collaboration with the Maori is good.

Question, legislative review process, disproportionate impact for Indigenous use, what was the process to engage Indigenous communities in that review? Health policy impacts Indigenous differently and results are not achieved.

Response, with first legislative review, engagement was inadequate, looking to improve and challenged with legislative timelines, election, new Minister etc. We have heard that is a priority for the Minister this time around.

Question, on the regulatory process, the industry is a very powerful group of business people. In that industry are you also part of the price of industry, price should go way up, the effects it is doing, cancer in our Indigenous communities. As a group we have come together to look at traditional tobacco as a way, but with everything the government will try and regulate that. I want to have Indigenous representation at this level, we are always an afterthought. For greater discussion and feedback, and for a holistic approach from our communities.

Response, pricing is a key factor, taxation on commercial tobacco has continued to rise, conscious to the point of addiction and dependence if we are making commercial tobacco too expensive, we are giving folks who can't quit or don't want to quit with alternative, we could get into conversation and challenges on that. Pricing is on our radar.

On engagement in general, this is not a space that Health Canada tobacco control general has been into, open to suggestion on how we do that that involves you at the right time and right people. Start to use this COP more if there are more specific things you are interested in, I'm very open to suggestions.

Question, how Health Canada is taking a gender based plus analysis (GBA) approach to this work, and an Indigenous GBA plus approach, intersectional analysis current, now and future, including socio economic status, sex and gender, tailoring approaches to support meeting the needs of diverse population and Indigenous intersectionality?

Response, when we go to Cabinet, we fill out the GBA sheet, with second last slide, we have done a lot of population-based things, warnings, taxation to address the general population, some results from that. Not everyone has falling smoking rates. What's the plan? This is what we are looking at now, how to support these groups, what other ways work? Research of mental health in young boys and girls on overall substance abuse. Also, public health, high prevalence groups with high smoking rates to address issues. It is top of mind, if we get to 5% by 2035 but still have high smoking rates and left people behind that is not acceptable.

Question, looking at messaging so far, seems to be black and white, quitting or not. Ensuring no person left behind, harm reduction-based messaging, quit for a bit, one less cigarette before bed, to speak to people who are considering lifestyle changes to tobacco reduction.

Response, decreasing cigarettes is one of them and important.

Question, considering the fact Indigenous communities and Knowledge Keepers consulted last and latest in scheme of consult with government. Tie into if you want our input knowledge and expertise and given funding through Contribution Agreements and reporting is colonial and onerous and does not honour our system as Indigenous people and story tellers. Is there potential to shift that type of reporting language to the work we are actually doing in our own ways?

Response, we are learning to or rather unlearning. Emphasis on consultation and engagement, conscious that when we come to consult on our priorities, we are already behind, rather conversation on our priorities.

Question, a lot of discussion yesterday was about access to sacred and traditional tobacco. The current framework is regulated as commercial tobacco product and that creates barriers. Off reserve taxed and not a lot of support for Indigenous communities to develop production of traditional sacred tobacco.

In the previous strategy Aboriginal Tobacco Control, and funding to grow traditional tobacco and funding cut in 2012. Working in this for 18 years and huge disappointment. We heard a lot about access, regulatory framework needs to be thought of in a different way. What are your thoughts on understanding different approaches, very different and not to be regulated in that way.

Response, federal government stepping in to say this is how you will be allowed to use traditional tobacco, we need to talk more about how to do this in a way that is respectful.

Question, engaging with ceremonial people that have stories of the seeds, we are having a gathering to plant seeds, bringing the bundles with the seeds inside. In the Blackfoot area, 12 of these bundles, some came back from museums, taken by government policy to not practice our ways, but through repatriation they came back.

Bring these people to the table and have them speak to this, a lot of "pretendians" out there that might have gotten a headdress that think they are experts, rather go to the source.

Response, the project you are working on and the space and attention from federal government there are connections to be made here.

Question, mentioned Minister Bennett who wants to hear from people who are still smoking or quit. Social determinants of health and housing and addictions foundation, need to hear this in context. A conversation on access to health and food security and housing are all part of this, all part of your intersectional analysis.

Response, so many things going on, hope this question is where is this on your list of priorities? Me making connections across federal government, with other departments, the clean water file, housing etc.

Comment, we need to be working together to address issues in a wraparound way.

Comment, after hearing presentation thus far, ways to have messaging more positive rather than negative, if in Health Canada messaging, any plans to take ore positive spin on messaging? Any way to highlight or empower some of the Knowledge Keepers around traditional tobacco and tying into smoking cessation and ways to highlight that? The Indigenous piece is missing, is Health Canada going to highlight this and elevate those voices?

Response, positive sides, yes, we hope we are going that way, youth vaping getting away from scary to empowerment. Public education is important, where the federal government inserts itself, more conversations on how to do this Indigenous led or how to be engaged in this work and on all sides of our work, regulator, public education etc.

Lung Health Foundation Quash: Present and Future Potential for a Youth Smoking and Vaping Cessation Program Presentation

Erin Dufour, Implementation Manager, Quash Program, Lung Health Foundation began by acknowledging the harms to Indigenous community and doing their part to reduce health disparities and to meet the needs of Indigenous people. Her presentation is on the new Quash program and to seek feedback.

The Lung Health Foundation (LHF) rebranded in 2019 is a national charity, their vision is “A world where everyone can breathe easier” and their mission is “improving the lung health of Canadians”. They have 5 strategic priorities to commit to disease prevention, diagnosis, treatment and support to the following;

- Asthma, ensure no one loses a loved one to asthma
- COPD, help people with COPD live their lives to the fullest by keeping them out of hospital.
- Lung Cancer, give people with lung cancer a fighting change by eliminating the barrier of stigma.
- Infectious Respiratory Disease, protect Canadians from the impact of COVID-19 and ensure older adults keep their independence through immunization.
- Smoking/Vaping Prevention and Cessation, ensure future generations don’t suffer the debilitating effects of lung disease.

Quash is a behaviour change program featuring an app that aims to help young people (14-30) to quit smoking and/or vaping, by making it easy to build a custom plan. It launched on World No Tobacco Day in 2021, the focus is on raising awareness, driving uptake, and training adult allies to support young people in using Quash. Interested in adapting Quash for indigenous youth.

Quash consists of four core program elements: website and resources, mobile app, adult facilitator training, and coaching. Quash is grounded in behaviour change science, the app and resources take a judgement free approach to educating young people on the dangers of smoking and vaping and coaches them through a process.

The adult facilitator training consists of 6 modules and completion earns a digital certificate from the Lung Health Foundation. The program focuses on building skills and knowledge with respect to youth smoking and vaping, and best practices in engaging youth and supporting them in their cessation goals.

Once certified, a facilitator can lead a group of young people through seven sessions both in person or online to help them get started on their quit journey on the app.

With the announcement of additional funding, the program will work on Quash app enhancement, expand educational resources, and execute an educational campaign for youth and parents, caregivers, and adult allies around smoking and vaping, leverage the voices and influence of youth/peers.

The Lung Health Foundation in partnership with New Brunswick Lung Association submitted a funding proposal to the Healthy Canadians and Communities Fund through Health Canada to adapt the Quash program to fit the cultural needs of Indigenous youth. A four-phase approach will be conducted beginning with an advisory committee made up of Indigenous and non-Indigenous partners to conduct an environmental scan, review best practices and a needs assessment to identify priorities and gaps when developing positive social environments for smoking cessation among the target population.

Discussion and Dialogue

Question, how did you come to the conclusion to start your initiative in Halifax?

Response, started developed a relationship with New Brunswick organization at a smaller scale. Each community is different and unique, we understand that, can adapt to community needs. We are just piloting and then launching nationally and available for everyone. For the advisory committee, would like to open across Canada, more Indigenous inclusion. Understand the needs in one area are different from other areas.

Question, how are they and when are they developing the advisory committee?

Response, this is all hypothetical and in hands of Public Health Agency of Canada, submitted on Jan 28th and won't hear back until 120 plus days, then another process to submit an application. Hoping for the fall of 2023.

Question, does that mean that anyone in NB can download the app and use it?

Response, the app is open to anyone across Canada in French and English.

Question, adult facilitators, or any reaction from youth facilitators? Can there be some?

Response, have been thinking about this, can't just be an adult, there is a youth in the school who is an advocate that can do that. More support in ally training

Question, digital inequity in our communities, especially remote areas, and being able to deliver that in these places, seems very digital.

Response, the adult coaching component, I take the training and get all materials to deliver the program either in person or online. If you take the training, you get all the facilitator sessions and materials to pens/paper to do activities. To be used as a skeleton and is adaptable to needs of community or group, not a one size fits all model. Feedback from our evaluation noted this, to sit for many sessions, rather to focus on what youth need to hear or focus on.

Question, on co-branding and images and how kids want to see themselves reflected?

Response, during Laura's presentation I wrote a note, our assets we have for folks need to match and need Indigenous youth representation, BIPOC, and culturally, tailor to meet needs of our population.

First Nation Health Authority Health Through Wellness: Respecting Tobacco Presentation

Shae Wale, Consultant, Respecting Tobacco, Mental Health and Wellness Team, First Nations Health Authority provides support to programs and initiatives related to traditional tobacco use, and tobacco and cannabis harm reduction and cessation.

She provided an overview of the First Nations Health Authority approach to wellness and respecting tobacco, some examples include wellness not illness, healing, cultural protocols, help youth not to start, strengths-based use for wellness not illness, and as sacred and to treat with respect.

She noted that not all BC First Nations use tobacco traditionally, those that do use in ceremonies, prayer and tobacco viewed as a sacred plant with immense healing and spiritual benefits. They promote indigenous led community-based research on respecting tobacco. In partnership with Simon Fraser University, they worked with 5 First Nations to discuss uses of tobacco, what they heard from community guides their approach to respecting tobacco:

- Elders and families play an important role
- Engaging in cultural activities supports overall wholistic wellness
- Importance of sharing community knowledge
- Promoting traditional use is critical
- Focus on wellness vs the harms associated with commercial tobacco use
- Campaigns need to be grounded in culture to reduce the stigma associated with smoking.

She provided an overview of their initiatives including short term quit challenges, smoke free areas by building gazebos to eliminate secondhand smoke, signage, Dads in Gear promoting health and wellness and reducing consumption of commercial tobacco, a Train the Trainer program. They also have a tobacco podcast series, quit kits, community presentations on public health education and engagement in places such as basketball tournaments and going to where the youth are. They also provide presentations on planting/growing traditional tobacco, culturally relevant printed resources, provincial quit line: talk tobacco with Canadian Cancer Society (call, text, live chat), culturally relevant videos. A video was played for the gathering participants. Additional initiatives include tobacco public health games, inside/out and jeopardy games,

She concluded her presentation by noting challenges and opportunities such as sharing more wellness champion stories to reduce stigma, strengthen engagement in the community to learn what works for them continue to weave cannabis and vaping public health education into tobacco work, and work to understand why youth and young adults start using vapes.

Community of Practice Interactive Dialogue and Discussion

The facilitators led the participants through a second interactive session utilizing the Slido program. Questions asked about how they felt about the gathering, Indigenous best practices for consultation and engagement, best ways to ensure Indigenous inclusion in Canada's Tobacco Strategy, current COP priorities that the federal government needs to know, participant takeaways from the Gathering and what they will bring back to their communities and recommendations for future topics at the next COP Gathering.

QUESTION 1: HOW ARE WE FEELING ABOUT THIS GATHERING?



WHAT ARE INDIGENOUS BEST PRACTICES FOR CONSULTATION AND ENGAGEMENT?

Grassroots knowledge	Food
Community led	Being adaptable
Strengths based	Ask us, sit with us
It was two-eyed seeing from government to community	Getting representatives from each province
Go visit community	Elder led
Flexibility	Collaboration, sitting back and letting Indigenous communities take the lead
Discuss ownership/sharing	Partnership
Don't be shy to ask and encourage dialogue	Wisdom
Letting the communities lead	Letting the communities to decide what works best for them
Co-development	Early and active engagement, Indigenous led
Meaningful engagement	Early conversations
Early and ongoing	Early engagement
Partnership not consultation	

QUESTION 3: WHAT ARE BEST WAYS TO ENSURE INDIGENOUS INCLUSION IN CANADA'S TOBACCO STRATEGY, ACTIONS AND INITIATIVES?

Consult governing Health Authorities	Respect each Nation's cultural beliefs and traditions around tobacco use
Walking the talk	Community knows best for their own community
Put Indigenous peoples at the forefront of discussions/engagement	Determine target audience and go to them, go where they hang such as Friendship Centres, Colleges, University hub/native lounge
Open to ideas	Government open to dialogue from First Nation prior to implementation and at table in development
Flexibility	Remember we are diverse Nations, not one Indigenous group
Engage with Indigenous community youth and elders	Invite feedback from communities
Come visit with us to learn more	As partners and experts
Don't impose	Flexible reporting requirements
More engagement	Invite them to the table
Indigenous led	Inclusive
Early engagement	Better funding

QUESTION 4: WHAT ARE CURRENT COP PRIORITIES THAT THE FEDERAL GOVERNMENT NEEDS TO KNOW?

TRC calls to action – culture appropriate	More support and collaboration among us all is needed to continue and expand upon the work underway
Wellness promotion and holistic approaches	Traditional tobacco is diverse in each First Nation. Grassroots knowledge keepers need to be engaged
Harm reduction for our youth, funding to build capacity in the community	Mental health support, wellness
Addressing root causes of commercial tobacco use e.g. trauma, stress management etc.	The dangers of vaping
Concurrent health challenges	Harm reduction and smoking
Inclusiveness and diverseness	Need better support, funding, and more capacity
Focus on youth	

QUESTION 5: WHAT ARE YOUR TAKEAWAYS FROM THIS GATHERING? WHAT WILL YOU BRING BACK TO YOUR COMMUNITIES?

Do we get a copy of the slides, or the two days recorded?	There are a lot of great activities happening on a national scope. Need to establish a national contact list to support each other and maintain a network data base.
I liked the blue light idea. The games and activities. New information shared. The refresh (teachings, traditional roles) also helps.	Collaboration with other national communities and groups

QUESTION 5: WHAT ARE YOUR TAKEAWAYS FROM THIS GATHERING? WHAT WILL YOU BRING BACK TO YOUR COMMUNITIES?

Tobacco and vaping cessation resources available	Excellent programs that can be implemented in our communities
Strong and varied capacity with Indigenous communities	Sharing the successes happening in community
Great resource to share and new initiatives underway	Each community has different needs, and you need to let the community tell you what they need and engage them in development
A taste of all the amazing work that is already happening in communities	Understanding the cultural difference of each distinction and how to honour all
So many initiatives and ideas (blue light, drawing of what smoking is, Quash, tobacco eater)	Many different resource that can be used
Importance of early, meaningful engagement	Quash
To become a Quash Facilitator	Lots of connections

QUESTION 6: WHAT ARE YOUR SUGGESTIONS FOR FUTURE TOPICS AT THE NEXT COP GATHERING?

Bring elders and youth together. Bridging the gap	How to create/ propose a smoke free zone in the community
Bring seeds and tobacco plants for hands on learning. Bring in youth to give their input to what is there learning and positive affirmation to cessation.	Experiences of jurisdictions with established Indigenous tobacco reductions programs (e.g., California, Arizona?).
Many presenters	A moment to focus on success stories in the different communities (activities, initiatives, projects, collaboration) Format: 1 power point; many presenters
How to grow tobacco	A conversation about how to regulate sacred tobacco
Supports for those who wish to not quit smoking	Present study cases to help us get practical tips
Tobacco industry denormalization	Harm reduction approaches
Community engagement best practices	

Closing Comments

The facilitators thanked the participants for joining the gathering and wished all safe travels home. They reviewed the agenda for day 3, for an offsite visit and activity at the Victoria Friendship Centre.

Celeste Theriault provided closing comments on behalf of NIDA and thanked everyone for joining both in person and online. A final report will be provided to include the presentations from presenters that provide their approval.

Closing Prayer

Elder Margaretta James provided a closing prayer for the gathering.

