



TOBACCO FACT SHEET



Traditional Use of Tobacco

Tobacco has been used traditionally in ceremonies, rituals, and prayers for thousands of years. With the exception of the Arctic, where tobacco did not grow and was not commonly used, tobacco traditionally had spiritual significance and was considered by many to be a sacred gift from the Creator.¹ Many First Nations peoples used *Nicotiana rustica*, or Indian Tobacco, for ceremonial and medicinal purposes. Tobacco was traditionally used during sacred ceremonies and prayer to give thanks to the Creator and Mother Earth, to communicate with the spirits, and to purify the mind and heal the body.² It could be burned over a fire, thrown on water, left on the ground, chewed, or smoked in a pipe either by an individual or in a group.³

Today, tobacco still holds traditional spiritual, cultural and medicinal value for

many Indigenous peoples, but misuse of commercial tobacco products (such as cigarettes) has become a significant public health problem within First Nations, Inuit, and Métis populations in Canada.

Tobacco Misuse: Smoking rates among Aboriginal Peoples in Canada

Tobacco misuse is defined as the non-traditional, recreational and/or habitual use of commercial tobacco products, including cigarettes, cigars, pipes, chewing tobacco, and spit tobacco.⁴ Smoking cigarettes is the most common form of tobacco misuse. Tobacco misuse in Aboriginal⁵ populations became prevalent in the post-contact era for a number of reasons, including the industrialization of tobacco as a cash crop and a shift in societal values towards its consumption.⁶ Today, despite declining rates of smoking

in the general population, First Nations, Inuit, and Métis peoples still have among the highest rates of smoking of any population group in Canada.⁷

Recent data from the First Nations Regional Health Survey (RHS) 2008/2010 shows that 57% of First Nations adults smoke daily or occasionally compared to 20% of the general Canadian population.⁸ The report also found that smoking is more prevalent among First Nations adults who are unemployed or who have a lower household income, a correlation mirrored in the general Canadian population.⁹ Rates of smoking among First Nations youth are a significant cause for concern. One in three (33%) First Nations youth are current smokers, compared to 8% of youth in the general Canadian population. Daily smoking is more prevalent among First Nations girls than boys.¹⁰



Inuit adults have among the highest rates of smoking in Canada – 57% of adults (ages 15 years and over) are daily smokers. The rates of smoking are highest in the 20-44 age group (65%) and in the region of Nunavik, in arctic Quebec (73%).¹¹

Although smoking rates among Métis populations are lower than those among First Nations or Inuit populations, they are still significantly higher than the general Canadian population. The 2006 Aboriginal Peoples survey showed that 31% of Métis adults are daily smokers, smoking an average of 15 cigarettes each day.¹² More recent statistics focused on Métis living in Manitoba showed even higher smoking rates with 33.3% of Métis adults (ages 12 and up) smoking daily or occasionally, compared with a provincial average of 21.7%.¹³

Health Impacts

The high rates of smoking in First Nations, Inuit, and Métis populations across Canada is a serious health problem. Tobacco misuse is related to a number of preventable diseases and to early death,

with smokers dying an average of 8 years earlier than non-smokers.¹⁴ Half of all smokers will die prematurely as a result of smoking, often after years of suffering from reduced quality of life associated with smoking. Smoking cigarettes is associated with both cardiovascular disease and cancer, two of the leading causes of early death in Aboriginal populations in North America.¹⁵ Other preventable health problems associated with smoking include high blood pressure, high cholesterol, emphysema, pneumonia, influenza, peptic ulcers, chronic bowel disease, gum disease, osteoporosis, sleep problems, cataracts and thyroid disease.¹⁶ Smoking can also cause fertility problems in both men and women.¹⁷

Smoking during pregnancy is particularly dangerous for both expectant mothers and their babies. Complications of smoking during pregnancy include increased risk of miscarriage, problems with the development of the fetus, low birth weight, higher rates of premature delivery, and withdrawal symptoms in newborns.¹⁸ Babies born to mothers who smoke during pregnancy are also more likely to die from SIDS (sudden infant death syndrome)

and develop attention deficit-hyperactivity syndrome (ADHD) symptoms during childhood.¹⁹

Second-hand smoke impacts the health of non-smokers. Children who live in homes where parents or other adults smoke are at high risk for developing a wide range of respiratory problems, including upper and lower respiratory tract infections, wheezing, asthma, reduced immune system function, and allergies.²⁰ Children of smokers are also twice as likely as children of non-smokers to become smokers themselves.²¹

What you can do in your community

The First Nations and Inuit Health Committee of the Canadian Paediatric Society recommends a number of steps that Aboriginal communities can take to reduce the rates of smoking.²² These recommendations include the following:

- Adopt a minimum age for the sale of cigarettes
- Encourage dialogue in the community to help change attitudes about tobacco use





- Continue to discourage smoking in the workplace and ban the non-traditional use of tobacco in public places
- Educate retailers on-reserve about the Tobacco Act and discourage the sale of tax-free tobacco products
- Ensure tobacco products are kept out of sight in all stores
- Place a surcharge on tobacco products on-reserve and use the increased revenue to support smoking prevention programs in the community
- Encourage community members to establish smoke-free homes in order to diminish the exposure of children to second-hand smoke
- Discourage non-traditional use of tobacco products and ensure access to programs and services to help smokers quit

For more information

There are many ways to reduce or quit tobacco misuse in your life and a number of free resources and programs available to help, including:

- Aboriginal tobacco program
<http://www.tobaccowise.com/>
- Inuit Tobacco-free Network
<http://www.naho.ca/inuittobaccofree/>
- Canadian Cancer Society: Help with quitting
http://www.driventoquit.ca/english/help_with_quitting/
- Heart & Stroke Foundation
<http://iwillsucceed.ca/>
- Lungs are for life (children's resource)
<http://www.lungsareforlife.ca/>
- Health Canada: Help on quitting smoking
<http://www.hc-sc.gc.ca/fniah-spnia/substan/tobac-tabac/help-aide-eng.php>
- Quitnow.ca
<http://www.quitnow.ca/>
- Making Quit Happen: Canada's Challenges to Smoking Cessation

http://lung.ca/_resources/Making_quit_happen_report.pdf

Endnotes

- ¹ Boomer, J. (2003). Building and sustaining Partnerships: A resource guide to address non-traditional tobacco use. Ottawa, ON: Report prepared for First Nations and Inuit Health Branch, Health Canada.
- ² Reading, J. (1999). The tobacco report, Chapter 4. In First Nations and Inuit Regional Health Survey. Regina, SK: First Nations and Inuit Regional Health Survey National Steering Committee. Retrieved October 26, 2012 from http://uregina.ca/library/holdings/FN_regional_survey_ch4.pdf
- ³ Boomer, J. (2003).
- ⁴ British Columbia Ministry of Health and Ministry Responsible for Seniors (2001). Honouring our health: An Aboriginal tobacco strategy for British Columbia. Victoria, BC: Government of British Columbia. Retrieved October 26, 2012 from www.health.gov.bc.ca/aboriginal/pdf/honouring.pdf
- ⁵ In the context of this fact sheet, the term 'Aboriginal' is used broadly to refer to the Indigenous inhabitants of Canada, including First Nations (whether they be status/non-status or

- live on or off reserve), Métis and Inuit. Wherever possible, we provide information for distinct groups/communities.
- ⁶ Reading, J. (1999).
- ⁷ Ibid.
- ⁸ The First Nations Information Governance Centre (2012). First Nations Regional Health Survey (RHS) Phase 2 (2008/10): National report on adults, youth and children living in First Nations communities. Ottawa, ON: The First Nations Information Governance Centre.
- ⁹ Ibid.
- ¹⁰ Ibid.
- ¹¹ Tait, H. (2009). Smoking among Inuit in Canada – Findings from the 2006 Aboriginal Peoples Survey. Ottawa, ON: Statistics Canada, Social and Aboriginal Statistics Division, presentation to the National Inuit Tobacco Task Group.
- ¹² Métis Centre, National Aboriginal Health Organization (NAHO) (n.d.). Respiratory health of Métis adults: Findings from the 2006 Aboriginal Peoples Survey. Ottawa, ON: Métis Centre. Retrieved October 30, 2012 from http://www.naho.ca/documents/metiscentre/english/2011_respiratory_health_factsheet.pdf
- ¹³ Martens, P., Bartlett, J., Burland, E., Prior, H., Burchill, C., Huq, S., Romphf, L., et al. (2010). Profile of Métis health status and health care utilization in Manitoba: A population-based study. Winnipeg, MB: University of Manitoba Faculty of Medicine, Community Health Sciences. Retrieved October 24, 2012 from http://mchp-appserv.cpe.umanitoba.ca/reference/MCHP-Metis_Health_Status_Full_Report_%28WEB%29_%28update_aug11_2011%29.pdf
- ¹⁴ Health Canada (n.d.). Health effects of smoking. Ottawa, ON: Health Canada. Retrieved October 24, 2012 from http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/now-maintenant/road-voic/_program/unit2-8-eng.php
- ¹⁵ Retnakaran, R., Hanley, A.J.G., Connelly, P.W., Harris, S.B., & Zinman, B. (2005). Cigarette smoking and cardiovascular risk factors among Aboriginal Canadian youths. *Canadian Medical Association Journal*, 173(8): 885-9.
- ¹⁶ Health Canada (n.d.).
- ¹⁷ Ibid.
- ¹⁸ Wong, S. (2006). Use and misuse of tobacco among Aboriginal peoples. *Paediatric Child Health*, 11(10): 681-5.
- ¹⁹ Ibid.
- ²⁰ Charaghi, M. & Salvi, S. (2009). Environmental tobacco smoke (ETS) and respiratory health in children. *European Journal of Pediatrics*, 168(8): 897-905.
- ²¹ Health Canada (n.d.). Tobacco effects. Ottawa, ON: Health Canada. Retrieved October 23, 2012 from <http://www.hc-sc.gc.ca/fniah-spnia/substan/tobac-tabac/effects-effets-eng.php#shs>
- ²² Wong, S. (2006).



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