



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION

SMOKING

Highlights

- More than one-third of the population in First Nations communities 12 years and over are smokers.
- The proportion of smokers fell by one-third between 2008 and 2015.
- The proportions of smokers are higher in the communities located in Zones 2, 3 and 4 than in the communities located in Zone 1.
- Nearly one-third of the population says they are exposed to second-hand smoke every day or almost every day.
- Smokers suffer more from various health conditions than non-smokers do.



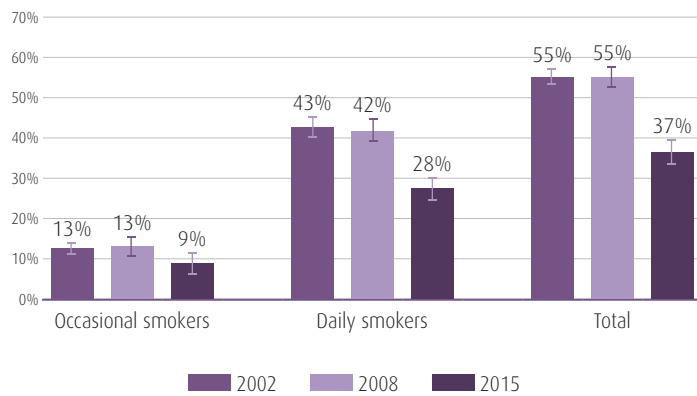
CONTEXT

This booklet focuses on the non-traditional use of tobacco in First Nations communities in Quebec, specifically on the use of cigarettes. The harmful effects of smoking are well known and numerous. According to the Conseil québécois sur le tabac et la santé (2017), tobacco consumption is the leading cause of preventable diseases and deaths worldwide. The organization states that smoking increases the risk of cancer (particularly lung cancer) and respiratory and cardiovascular conditions. Smokers are also at increased risk for Type 2 diabetes. During pregnancy, smoking puts mothers and their children at increased risk of complications (including miscarriage, prematurity and low birth weight). Second-hand smoke is also harmful, especially for children. According to Treyster and Gitterman (2011), there is a link between exposure to second-hand smoke and sudden infant death syndrome, respiratory problems such as asthma and infections such as otitis media.

AN IMPROVEMENT SINCE 2008

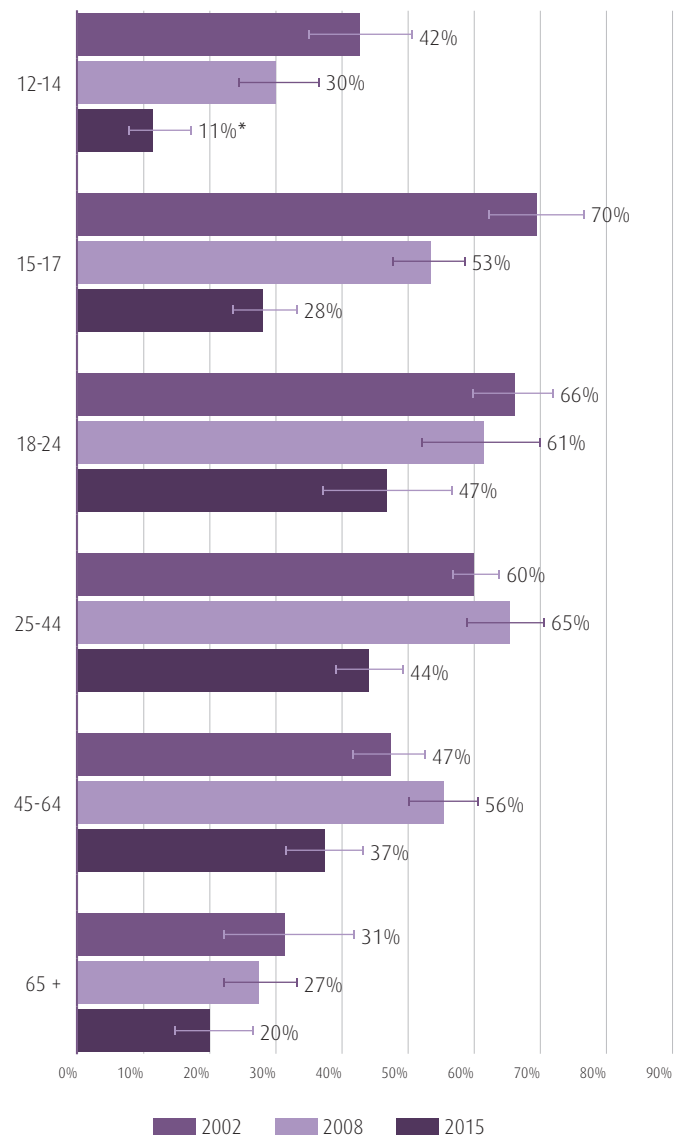
In First Nations communities, the proportion of smokers 12 years and over decreased between 2008 and 2015, from more than half of the population to more than one-third. About three-quarters of smokers are daily smokers (FIGURE 1). There does not seem to be any difference between males and females. Despite this improvement, a significant gap persists with the Quebec population, where 20% of people 12 years and over were smokers in 2014 (Statistics Canada, 2016).

FIGURE 1
Proportion of smokers 12 years and over based on the year



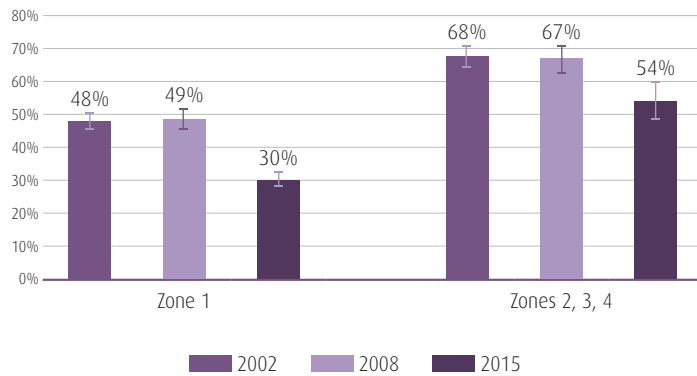
In 2015, adults 18-24 years old and 25-44 years old would appear to form the age groups with the highest proportions of smokers. Since 2002, the proportion of smokers appears to have declined in all age groups, but this is more pronounced among youths (FIGURE 2). When you combine the 12-14 and 15-17 age groups, 21% of them are smokers.

FIGURE 2
Proportion of smokers based on age and year



By analyzing the results according to the geographic zones, it can be seen that the proportion of smokers increases with the remoteness of the communities. Thus, while less than one-third of people aged 12 years and over are smokers in Zone 1, the proportion is more than half in Zones 2, 3 and 4.

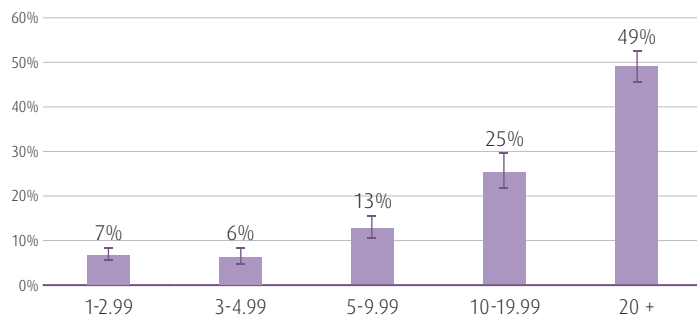
FIGURE 3
Proportion of smokers 12 years and over based on the year and the geographic zone



DURATION OF SMOKING AND NUMBER OF CIGARETTES PER DAY

FIGURE 4 illustrates that one quarter of smokers and ex-smokers have smoked for ten to twenty years, and half for twenty years or more. Among daily smokers, almost half (47%) smoke at least eleven cigarettes per day.

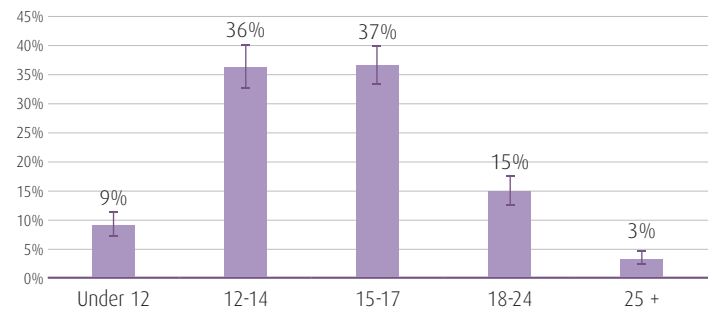
FIGURE 4
Distribution of smokers and ex-smokers 12 years and over based on the duration (years) of smoking



INITIATION TO CIGARETTES

Nearly three-quarters of smokers and ex-smokers say they started smoking during adolescence. Of these, half started between 12 and 14 years of age and the other half between 15 and 17 years of age (FIGURE 5).

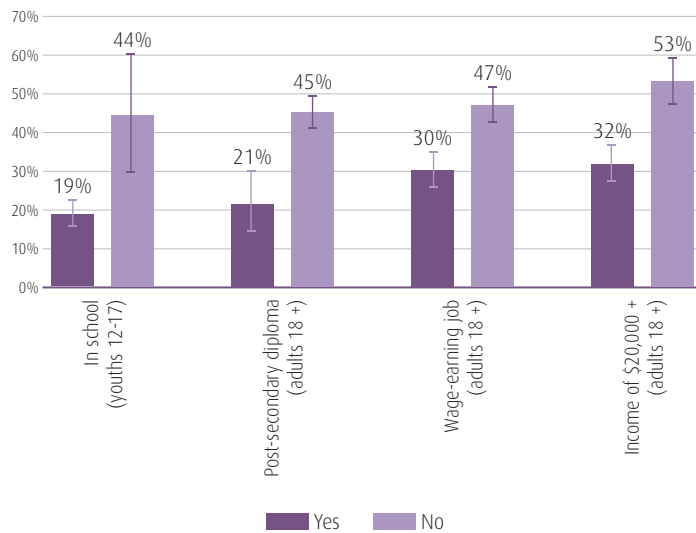
FIGURE 5
Distribution of smokers and ex-smokers based on the age they started smoking



EDUCATION, EMPLOYMENT AND INCOME

According to the Institut national de santé publique du Québec (2012), level of education and household income are among the factors influencing smoking. As shown in **FIGURE 6**, adults with a post-secondary diploma are less likely to smoke than those without one, and youths are less likely to smoke if they go to school than if they do not. Among adults, the proportion of smokers is lower among those who have a wage-earning job as well as among those living in households with annual incomes of \$20,000 or more.

FIGURE 6
Proportion of smokers based on education, employment and income



The impact of the place of residence

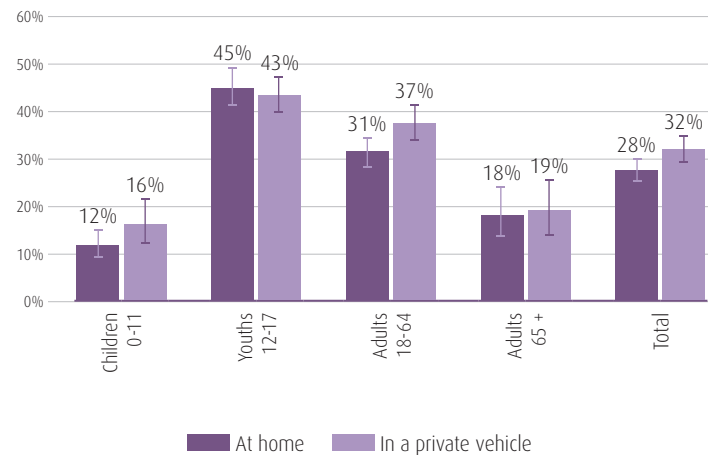
As we have seen, smoking is less common in communities located in Zone 1 than in communities located in Zones 2, 3 and 4 (**FIGURE 3**). In addition, level of education and household income are related to smoking habits (**FIGURE 6**). However, the data reveal a higher proportion (28%) of post-secondary graduates in Zone 1 than in Zones 2, 3 and 4 (11%*). There is also a larger proportion of adults living in households with annual incomes of \$20,000 or more (72%) in Zone 1 than in Zones 2, 3 and 4 (56%). In addition, the geographic proximity of urban centres, where there are more services and better access to smoking cessation campaigns, suggests that people living in Zone 1 are more aware of the importance of not smoking. Communities in Zone 1 therefore benefit from a combination of factors that may reduce the proportion of smokers.

EXPOSURE TO SECOND-HAND SMOKE

During the month before the survey, more than one quarter of respondents were exposed to second-hand smoke in their homes every day or almost every day, and nearly one-third of them were exposed to second-hand smoke in a car. The highest proportions can be observed among youths, while children reveal the lowest proportion (**FIGURE 7**).

Just over half (54%) of people 12 years and over who report being exposed to second-hand smoke on a daily basis say they are smokers. Among people who are not exposed to second-hand smoke every day, the proportion of smokers is lower (22%).

FIGURE 7
Exposure to second-hand smoke every day or almost every day in the month preceding the survey, based on age



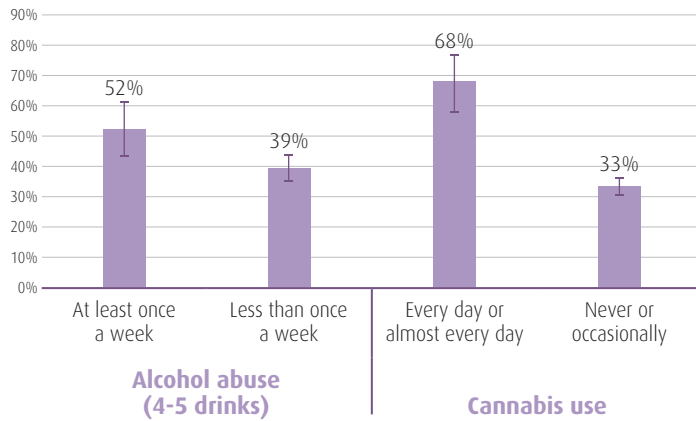
Third-hand smoke, an overlooked issue

According to Québec sans tabac (2017), children who are exposed to the effects of second-hand smoke are also more vulnerable to third-hand smoke (for example, smoke that remains trapped in carpets and dust). The youngest, who move about close to the ground, absorb 20 times more third-hand smoke than adults do. Like tobacco smoke and second-hand smoke, third-hand smoke poses health risks.

CANNABIS, ALCOHOL AND SMOKING

Smoking seems frequently to be associated with other harmful behaviours. Indeed, the data from the survey show that there is an association between cannabis use and smoking. Two-thirds of people who say they use cannabis every day or almost every day also smoke cigarettes, while one-third of people who never or only occasionally use cannabis are cigarette smokers. The proportion of smokers also appears to be higher among people who drink excessively at least once a week, compared to people who drink excessively less than once a week (FIGURE 8).

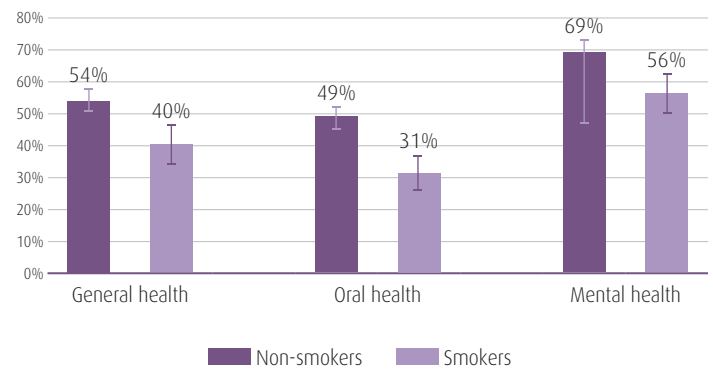
FIGURE 8
Proportion of smokers based on the frequency of excessive drinking or cannabis use



SMOKING AND HEALTH CONDITIONS

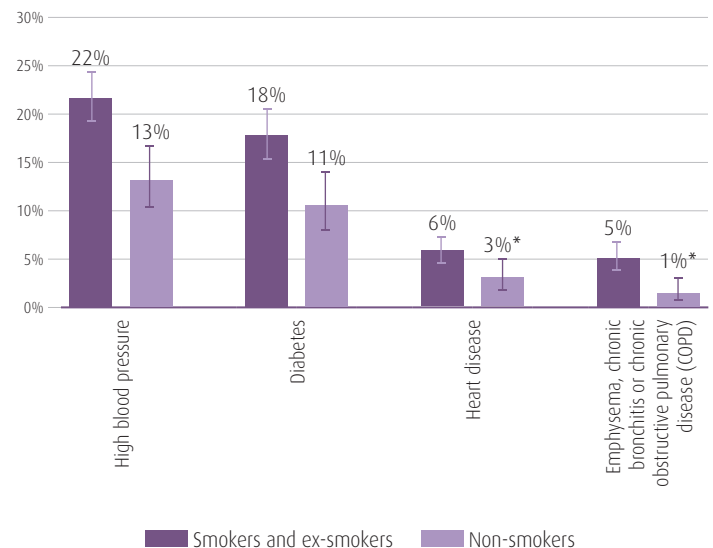
As the harmful effects of smoking on health are well known, it is not surprising that non-smokers are more likely to evaluate their general and oral health as very good or excellent than are smokers. This seems to be the case also for mental health (FIGURE 9).

FIGURE 9
People 12 years and over who evaluate their general, oral and mental health as very good or excellent based on whether or not they are smokers



Comparing the results for several health conditions, we find that people who have never smoked have been less often diagnosed with a chronic illness than have smokers and ex-smokers (FIGURE 10).

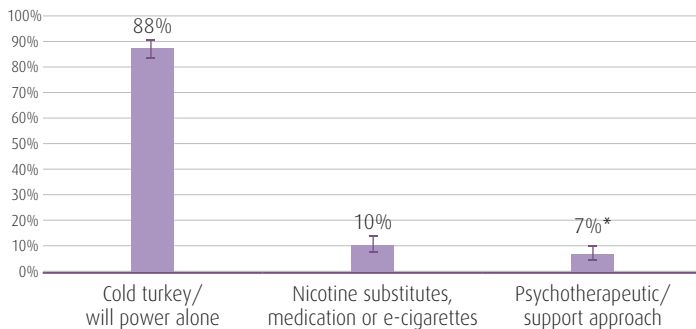
FIGURE 10
Diagnosed health problems based on smoking habits (people 12 years and over)



SMOKING CESSATION

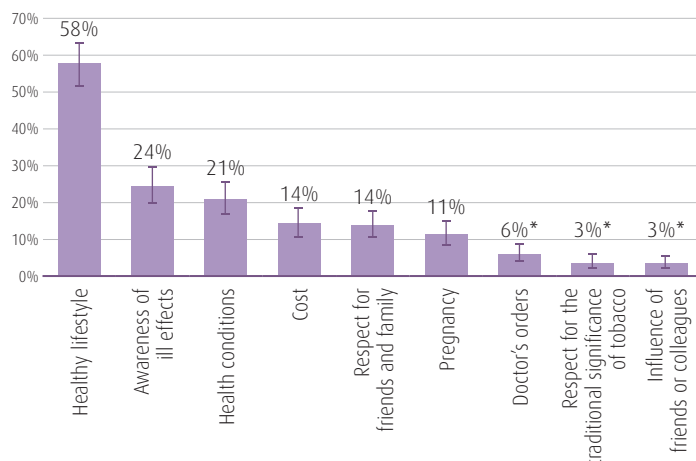
Nearly half (49%) of smokers attempted to quit smoking in the year prior to the survey. The vast majority of ex-smokers report having stopped smoking without a pharmacological aid (cold turkey or will power alone) (FIGURE 11).

FIGURE 11
Methods used by people 12 years and over who have stopped smoking



The main reasons given by ex-smokers for having stopped smoking are related to health, from an overall perspective or because of health conditions (FIGURE 12).

FIGURE 12
Reasons given for stopping smoking by ex-smokers 12 years and over



The data indicate that the concern for a healthy lifestyle is particularly present in the entire population of ex-smokers. Awareness of the harmful effects of smoking is more prevalent among youths (36%), of whom one quarter (25%) also say they have stopped out of respect for friends or family. Cessation due to health conditions is more prevalent among people 65 years and over (32%).

CONCLUSION

According to the results of the survey presented here, significant progress has been made since 2008 in smoking cessation in First Nations communities. On the other hand, a gap persists between the communities and the Quebec population. Decreasing smoking has positive effects on the health of individuals, families and communities. For the situation to continue to improve, awareness and prevention efforts in relation to smoking, as well as excessive drinking and cannabis use, are important. The data also suggest that raising the level of education and reducing poverty in the communities could be important protective factors for reducing smoking.

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METHODOLOGY IN BRIEF

The third phase of the First Nations Regional Health Survey (RHS) aims to describe the health status of the population in First Nations communities in Quebec. It was conducted from February 2015 to May 2016 in 21 communities from eight nations and reached 3,261 people (825 children aged 0 to 11 years, 769 adolescents aged 12 to 17 years and 1,667 adults aged 18 years and over) who responded to an electronic questionnaire submitted by field agents.

Data followed by the “*” sign have a coefficient of variation of 16.6% to 33.3% and should be interpreted with caution. The sign “***” indicates a coefficient of variation greater than 33.3%. This data is not published, except for estimates below 5%, which must be interpreted with caution. The lines presented in the bar or line charts are the confidence intervals calculated using a 95% confidence level.

In certain cases, the data are presented according to the geographic zone of the community of the respondents. These zones are defined as follows:¹

- Zone 1 (urban): less than 50 km from a service centre with road access;
- Zone 2 (rural): between 50 and 350 km from a service centre with road access;
- Zone 3 (isolated): more than 350 km from a service centre with road access;
- Zone 4 (difficult to access): no road.

Service centre: The nearest access to suppliers, banks and government services.

In the context of the RHS, the term “community” is used to represent “Indian reserves.”

For more details, please refer to the *Methodology* booklet of the RHS.

The RHS report consists of 20 thematic booklets. All the booklets can be consulted at the FNQLHSSC documentation center: <https://centredoc.cssspnql.com>.

¹ INAC, <http://fnp-ppn.aandc-aadnc.gc.ca/fnp/main/Definitions.aspx?lang=eng> [accessed 2018-01-03].

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