



Living Smoke Free: Exploring Red River Métis Tobacco Reduction Strategies

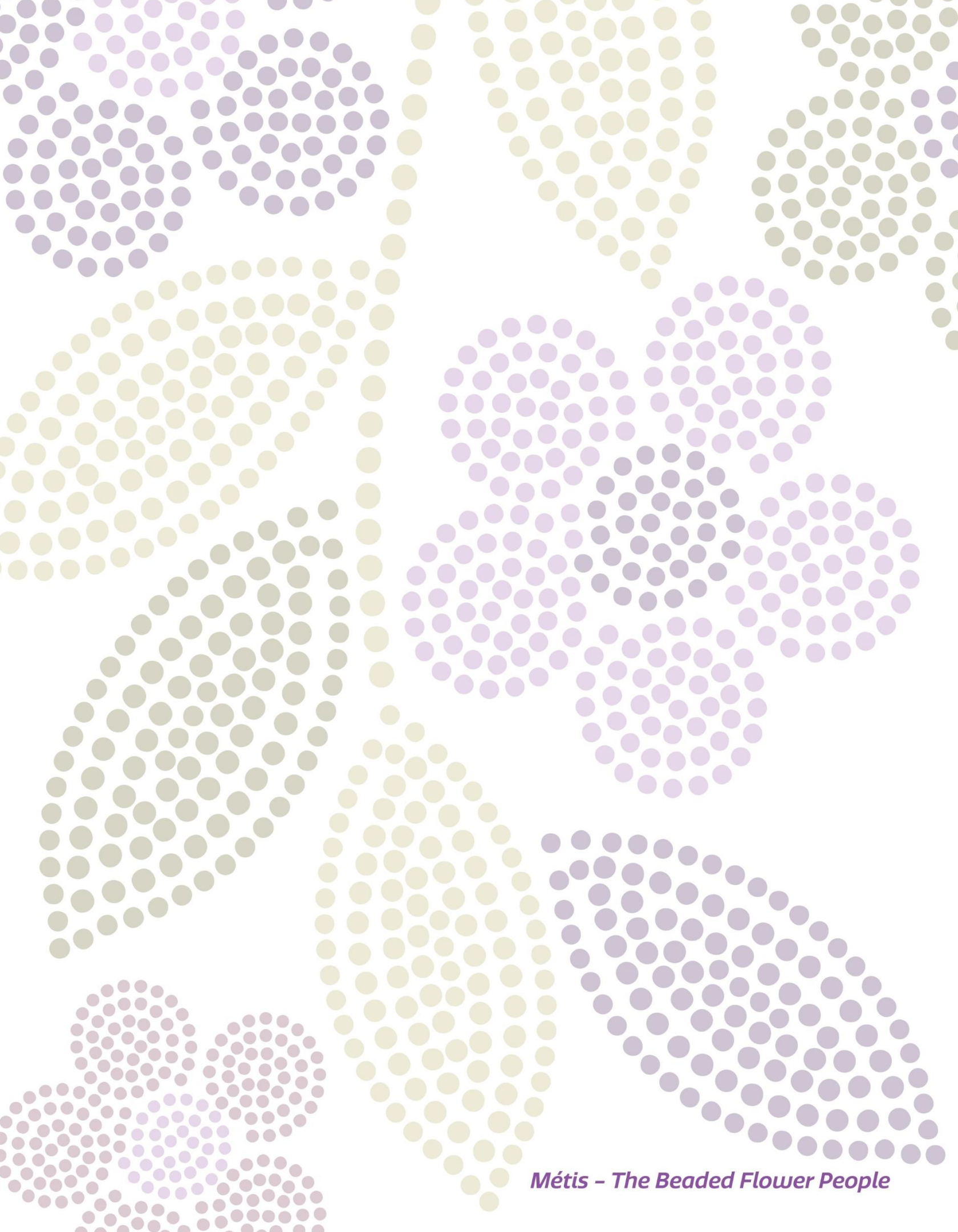
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Métis - The Beaded Flower People

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A Message from the Minister of Health & Wellness

FOREWORD FROM MINISTER FRANCES CHARTRAND

It is with immense gratitude and a deep sense of purpose that I address the resilient and vibrant Red River Métis Citizens, our esteemed staff, and our invaluable funders through these words.

The idea of distinctions-based healthcare is crucial to the Manitoba Métis Federation. It recognizes the history and culture of Indigenous peoples, including Red River Métis Citizens, and acknowledges systemic inequalities. The MMF is dedicated to providing culturally sensitive and respectful distinctions-based healthcare to Red River Métis Citizens. We aim to nurture a healthier and prosperous future for our Community and create relevant programs and support for our Citizens.



Our Red River Métis Citizens have shown time and again their commitment to the betterment of our Community's health and well-being. Your voices, stories, experiences, and active participation in our research are the foundation upon which we build a future of improved health outcomes and holistic well-being.

To the remarkable staff from the Health and Wellness Department who facilitate research and program development for our Citizens I extend my deepest thanks. It is through your efforts that we have been able to gather meaningful data, provide a safe space for dialogue, and offer a platform for the voices of our Red River Métis Citizens to be heard.

No endeavor of this magnitude can be achieved without the support of those who believe in our vision. To our esteemed funders, your belief in our mission has enabled us to take strides toward implementing distinctions-based healthcare that not only acknowledges the unique needs of our Community but also paves the way for equitable and accessible services.

In closing, I want to reiterate my deepest gratitude to each and every one of you. Your participation, dedication, and support have transformed research from a mere endeavor into a beacon of hope and progress.

With heartfelt appreciation,

Minister Frances Chartrand

Acknowledgments

The Manitoba Métis Federation-Health & Wellness Department wishes to thank the following individuals and organizations for their contributions in the production of this report:

The President and Cabinet of the Manitoba Métis Federation for their ongoing support; Indigenous Services Canada for funding this project; and the Research Participants for sharing their stories.

Disclosure

The results and conclusions in this report are those of the authors and no official endorsement by the Indigenous Services Canada or other parties is intended or should be inferred. For the purposes of this study, approvals were obtained from the Manitoba Métis Federation to work with Red River Métis in various Regions.

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Abbreviations

CCDAP - Collective Consensual Data Analytic Process
CBPR - Community-Based Participatory Research
CCMB - CancerCare Manitoba
CCS - Canadian Cancer Society
CDC - Centers for Disease Control and Prevention
COPD - Chronic Obstructive Pulmonary Disease
COVID-19 - Coronavirus Disease 2019
DIG - Dads in Gear
FGD - Focus Group Discussion
HWD - Health and Wellness Department
IERHA - Interlake-Eastern Regional Health Authority
KI - Key Informant
MANTRA - Manitoba Tobacco Reduction Alliance
MCLD - Métis Community Liaison Department
MMF - Manitoba Métis Federation
MMF-HWD - Manitoba Métis Federation's Health & Wellness Department
NIH - National Institutes of Health
NRT - Nicotine Replacement Therapy
NW - Northwest
RHA - Regional Health Authority
SERDC - Southeast Resource Development Council
SGRIA - Self-Government Recognition and Implementation Agreement
SWAT - Students Working Against Tobacco
SW - Southwest
TVPA - Tobacco and Vaping Products Act
UNDRIP - United Nations Declaration on the Rights of Indigenous Peoples
WHO - World Health Organization
WRHA – Winnipeg Regional Health Authority

Executive Summary

This report responds to the critical need for tobacco reduction strategies within the Red River Métis Community, driven by alarmingly high rates of smoking and associated lung cancer and pulmonary disease. Despite the wide spectrum of tobacco reduction programs in Manitoba, there is a lack of culturally relevant tobacco reduction programming tailored to the Red River Métis. Recognizing the joint impact of these factors on the health and wellbeing of the Red River Métis Community, the Manitoba Métis Federation's Health & Wellness Department initiated a comprehensive study "*Living Smoke Free: Exploring Red River Métis Tobacco Reduction Strategies*" utilizing a Community-Based Participatory Research approach.

Gaps in current national and provincial tobacco reduction measures were identified through reviewing the relevant information on policies, programming, and services available to our Citizens. This environmental scan categorized the available tobacco reduction initiatives in MMF Region-specific, Manitoba-wide, multiprovincial, and Indigenous-specific programs outside of Manitoba. These findings are discussed in Section 3.

The study engaged Manitoba-based tobacco reduction specialists and Red River Métis Citizens across 7 MMF regions, providing a platform for Community members to express their insights and recommendations directly. The Collective Consensual Data Analytic Process identified nine overarching themes from key informant interviews that further guided focus group discussions with Red River Métis Citizens. These encompassed a wide range of topics, emphasizing the multifaceted nature of effective tobacco reduction interventions, including prevention, protection, and cessation strategies.

The report presents comprehensive recommendations for addressing tobacco use within the Community, such as hiring cessation support specialists, distributing cessation kits, implementing financial incentives, providing culturally sensitive counseling services, and subsidizing cessation medications. The Red River Métis also emphasized the pivotal role of education, advocating for early educational interventions targeting youth to combat peer pressure and disseminate information on the harmful effects of tobacco use and vaping. These findings are presented in Section 5.

Overall, the findings and recommendations discussed in this report will not only guide the future work of Manitoba Métis Federation – Health & Wellness Department to introduce and strengthen commercial tobacco reduction efforts within the Community, but also establish the National Government of the Red River Métis as a trailblazer in developing evidence-based policy. By amplifying the voices of the Red River Métis, this study will serve as a foundation for the distinctions-based Red River Métis-specific Tobacco Reduction Strategy. Guided by perceptions and recommendations of the Citizens, this document will include culturally grounded policy recommendations and proposed tobacco reduction programming and services. The current study and ensuing Strategy will guide national and provincial authorities such as Health Canada, Indigenous Services Canada, Canadian Cancer Society, Regional Health Authorities, and CancerCare Manitoba as they fulfill their obligations under the United Nations Declaration on the Rights of Indigenous Peoples and increase support for Red River Métis Citizens related to smoking prevention, cessation, and protection.

Section 1: Introduction

1.1 Project Context

Given the higher prevalence of tobacco use among Red River Métis Citizens, its frequent contributions to premature mortality and the onset of chronic diseases in the Canadian population, it is important to develop measures to reduce the rate of commercial tobacco use among our Citizens. To achieve this, the Manitoba Métis Federation's Health & Wellness Department (MMF-HWD) secured funding from the Indigenous Services Canada to conduct community-based participatory research (CBPR) on the usage of commercial tobacco and vaping products and to support the development of a Red River Métis-specific tobacco and vaping reduction strategy.

The MMF-HWD conducted this study to guide the development of the distinctions-based Red River Métis specific Tobacco Reduction Strategy.

This research provides insights from the Red River Métis Citizens and Manitoba-based tobacco reduction professionals into developing Red River Métis-specific tobacco prevention, protection, and cessation strategies.

1.2 The Red River Métis

The Red River Métis have a distinct identity and share a common history, entirely our own, in the great western plains centered in the Red River Valley of West Central North America. It is the Indigenous collective - made up of Citizens and individuals entitled to be Citizens - located within Manitoba and elsewhere inside and outside of Canada. In this regard, it transcends the common meaning of on-site specific "brick and mortar" community such as a village or a settlement. The Red River Métis are comprised of a common identity, culture, and history and, among other things, interconnected political, social, entrepreneurial, economic, and kinship networks.

In 1869, the National Committee of the Red River Métis, led by President John Bruce and Secretary Louis Riel, rightly asserted Métis People's jurisdiction and authority over the whole of the Métis Homeland in what was then commonly referred to as the North-West Territory. Through negotiations with Canadian representatives, the Territory entered Canada. In 1870, the Red River Métis became the Founder of the province of Manitoba and Canada's negotiating partner in Confederation.

After governing the province peacefully, the Red River Métis faced a Reign of Terror resulting in many being widely dispersed across the Homeland and beyond, mainly westward, and northward in search of peace and security. To this day, the Red River Métis bear the consequences of the broken promise of the Manitoba Act, 1870, the Reign of Terror, and the dispersal as well as the Residential and Day Schools, and the Sixties Scoop. To this day, Red River Métis remain overrepresented in the foster care system and among the unemployed, the incarcerated, and the chronically ill. **Figure 1** displays the geographical location of the Red River Métis Homeland overlaid on colonial provincial borders.



Figure 1: Artistic Rendering of the Red River Métis Homeland

1.3 The Manitoba Métis Federation (MMF)

Decades after the Reign of Terror and the dispersal, The Red River Métis People began to regroup and reorganize with the aim to improve the lives of Red River Métis Citizens historically treated unfairly. Nearly 100 years after the National Committee of the Red River convened to assert jurisdiction, the Red River Métis used the only available avenue for representation and incorporated the MMF as a non-profit in 1967. The current Governance structure is pictured in **Figure 2**.

In 1981, MMF launched a court case on behalf of the Red River Métis claiming that the federal government had failed to implement the land grant provision set out in section 31 of the Manitoba Act, 1870, as per the honor of the Crown. Thirty-two years later, in 2013, the Supreme Court of Canada determined that the federal government was constitutionally obligated by section 31 to fulfill its promise to the Red River Métis. Responding to this decision, in 2016, Canada and MMF signed a memorandum of understanding as well as the November 15, 2016, *Framework Agreement for Advancing Reconciliation* to advance exploratory talks on reconciliation.

In 2021, Canada and the MMF signed the *Manitoba Métis Self-Government Recognition and Implementation Agreement (SGRIA)* to “recognize, support, and advance the exercise of the Manitoba Métis’[also known as the Red River Métis] right to self-determination, and its inherent right to self-government recognized and affirmed by section 35 and protected by section 25 of the Constitution Act, 1982, in a manner that is consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), through a constructive, forward-looking, and reconciliation-based arrangement that is premised on rights recognition and implementation.” This same year, Canada’s *United Nations Declaration on the Rights of Indigenous Peoples Act* (UNDRIP; the Act, 2016) received royal assent and came into force. Both the Act and the SGRIA commit

Canada to working with the MMF to implement the UN Declaration, to advance reconciliation with the Red River Métis, and to advance the Red River Métis right to self-government and self-determination.

Today, to be a Citizen of the MMF, one must:

- 1) Self-identify as Red River Métis.
- 2) Show an ancestral connection to the Historic Red River Métis Community; and
- 3) Be accepted by the contemporary Red River Métis Community.

Further, the Canadian endorsement of the *UNDRIP* serves as a significant step that highlights Indigenous people's entitlement to self-determination, culture, and health. This declaration stresses the importance of their participation in health decisions. Despite these advancements, Canada's fragmented health care system has historically yielded inconsistent services for Red River Métis, a situation further exacerbated by a lack of distinction-based health legislation. To bridge this gap and honor Indigenous rights, a dedicated focus on creating distinctions-based health legislation to support Red River Métis health is crucial. These historical reasons result in the creation and persistence of the MMF-HWD.

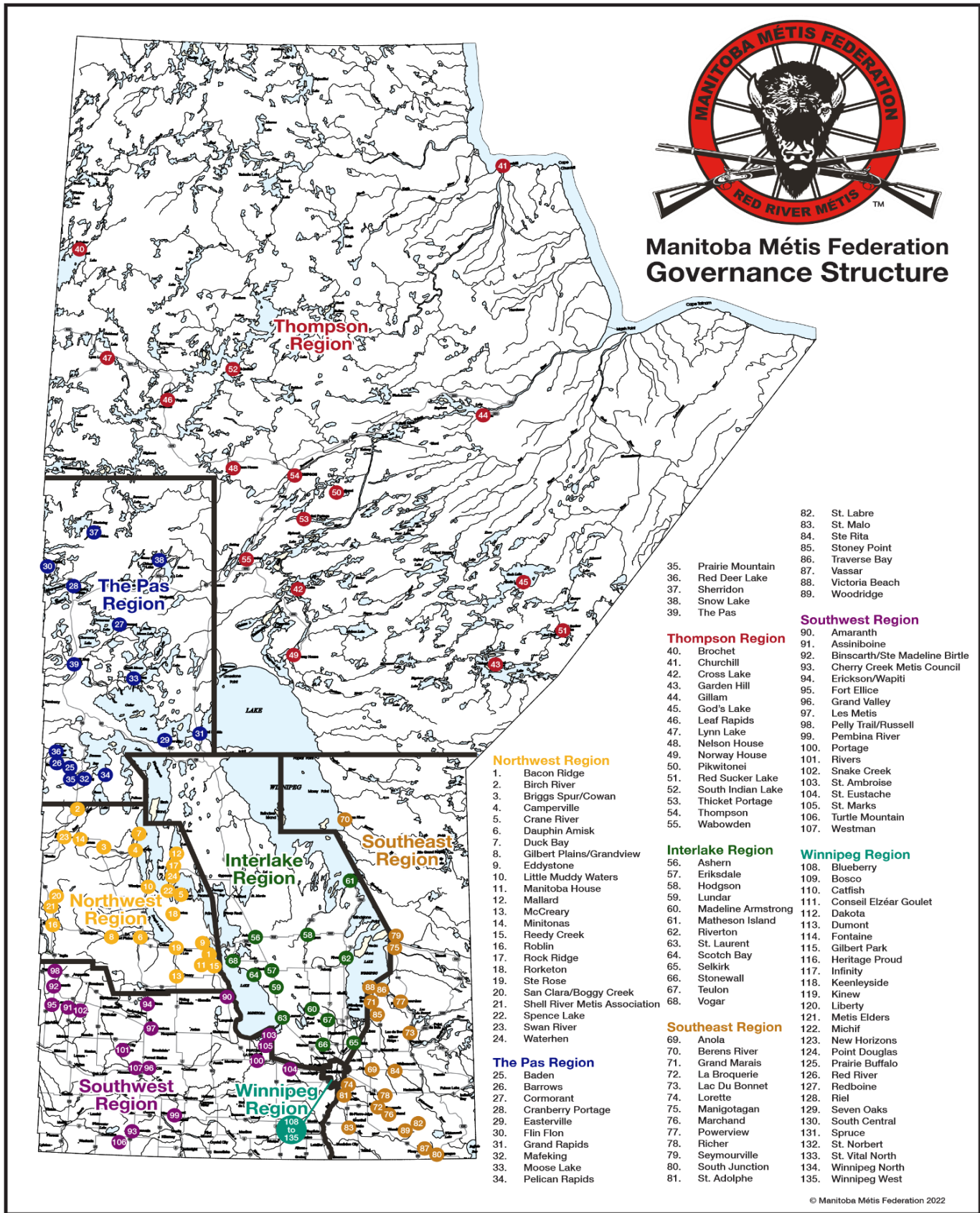


Figure 2: MMF Governance Structure within Manitoba, 2022

1.4 Manitoba Métis Federation–Health & Wellness Department

In 2005 after deliberation on the historical poor health of Red River Métis, the MMF established the Health and Wellness Department (HWD). Today, the HWD continues the fight to improve the overall health and wellness of Red River Métis Citizens. The HWD is committed to developing and using culturally grounded, distinctions-based, holistic knowledge. This commitment aims to enhance the quality of life and wellbeing of Red River Métis through prevention, health service delivery, research, and innovation.

The HWD consists of a dedicated team, structured into four functional areas of work:

Health Research: Established in 2005, this team conducts qualitative research to grasp the viewpoints and encounters of Red River Métis Citizens regarding their health and access to health care. The aim is to generate culturally appropriate and safe Red River Métis-specific health insights by gathering lived experiences through consultations, group discussions, and individual interviews.

Clinical Services: Includes Nurses, Registered foot care Nurses, Registered dieticians and Support staff that serve Red River Métis Citizens by implementing strategies developed by the health research and policy and health information team to improve their health.

Policy & Health Information: This team was established in January 2022 to develop Red River Métis-specific information to support policies, programs, and services for our Citizens.

Community Programming: Formed in 2022, the team empowers the MMF-HWD to tackle Citizens' health requirements via diverse programs. Through Community engagement and attentive listening, they customize health initiatives to ensure relevance, accessibility, and a positive impact on the overall well-being of all Citizens.

All these areas are overseen by our leadership & management team. Over the past few years, MMF's HWD has significantly expanded its capacity to address the health-related needs of Red River Métis Citizens. Throughout the challenging times of the Coronavirus Disease 19 (COVID-19) pandemic, the HWD actively supported Citizens by establishing vaccine clinics, bolstering mental health services, and adapting to virtual engagements to stay connected with the Red River Métis Community. Our commitment to collaboration with Red River Métis Communities has led us to grow, acquire knowledge, and discover innovative ways to support the health of Red River Métis People.

At MMF's HWD, we also offer Health Consultations that provide an opportunity for Citizens to actively participate in shaping the Department's policies and initiatives. We highly value their knowledge, expertise, and input on various health-related topics, including developing federal health legislation, access to medical transportation services, vaccine hesitancy, mental health, and addictions. By participating in focus group discussions (FGDs), our Citizens provide vital insights on how MMF can improve healthcare for Red River Métis Citizens. These healthcare gaps result from long-standing government assertions, denying the existence of Red River Métis rights, considering any potential rights extinguished through scrip, categorizing assistance as charity, and disavowing fiduciary responsibility to our Citizens.

Section 2: Preliminaries

2.1 Background and Previous Knowledge

The prevalence of commercial tobacco use persists as a major global health concern, contributing to preventable deaths over numerous decades (WHO, 2022). The emergence of vaping, especially among young Canadians, also introduces a new layer of health risks and concerns (Hammond et al., 2020). Despite Canada's considerable progress in reducing tobacco consumption, with rates decreasing from 17.7% in 2015 to 11.6% in 2022 (Statistics Canada, 2023a), persistent disparities exist among Indigenous Peoples, particularly the Red River Métis in Manitoba, highlighting the need for targeted and culturally specific interventions.

2.1.1 Traditional Tobacco Use among Red River Métis

Tobacco holds a profound significance in Red River Métis culture, stemming from an inherited reverence for the plant and its spiritual properties passed down from their ancestors (Barkwell, 2014). Literature sources frequently depict the beaded tobacco pouches as an integral component of the traditional Red River Métis attire (Stevens, 1853).

Modern Red River Métis often cherish fond memories associated with tobacco, such as the comforting aroma of dry tobacco leaves lingering on their parents' clothing, participating in smudging ceremonies, and engaging in sharing circles with peers and Elders (Mutch, 2011).

However, the accumulation of mental burden resulting from systemic marginalization and discrimination has led to a rise in recreational tobacco use and nicotine addiction as a coping mechanism. This dichotomy of tobacco's nature is eloquently captured by a Red River Métis nurse, Lea Mutch, who wrote, "I sometimes struggle to reconcile the positive memories I have of tobacco with the devastation it causes in people's lives." (Mutch, 2011).

2.1.2 Commercial Tobacco Use among Red River Métis

Manitoba echoes the national trend with a substantial decline in smoking rates (Statistics Canada, 2023a). However, a compelling dichotomy continues to unfold within the Red River Métis Community, where commercial tobacco use remains disproportionately high compared to the general population (Janz et al., 2009; Martens et al., 2010; Ryan et al., 2015). Approximately one in three Red River Métis in Manitoba smoke commercial tobacco, with higher rates documented in the northern regions (Martens et al., 2010). In the MMF's Thompson and Northwest Regions, over 40% of Red River Métis are current smokers, a figure significantly surpassing the provincial average (Martens et al., 2010).

Health Implications:

Consumption of commercial tobacco is more than just a concern; it serves as a gateway to adverse health outcomes, including premature death, chronic diseases, and increased rates of hospitalizations (National Institute of Drug Abuse, 2021; Health Canada, 2022). In recognizing the well-documented disparities, it is evident Red River Métis have a lower life expectancy and a higher premature death rate compared to the general Canadian population (Martens et al., 2010). Red River Métis are 21% more likely to die prematurely (before 75 years old) compared to other Manitobans, with a rate of 4 deaths per 1000 compared to 3.3 per 1000 for the general population. The prevalent use of tobacco, coupled with increased exposure to second-hand smoke, stands as a key contributor to the elevated risk of premature mortality within the Red River Métis population (Martens et al., 2010).

Furthermore, tobacco use, and cigarette smoking is linked to several morbidities, including cancer, heart disease, stroke, diabetes, rheumatoid arthritis, lung diseases, and chronic obstructive pulmonary disease (COPD) (National Institute of Drug Abuse, 2021; CDC, 2021). Tobacco smoking may also contribute to male infertility and increase the risk of pregnancy complications in women (CDC, 2021).

2.1.3 Vaping: the 21st Century Challenge

The rise in vaping poses alarming health hazards, potentially serving as a gateway to cigarette smoking and nicotine addiction (St Helen et al., 2016; Soneji et al., 2017; Khouja et al., 2020; Heart and Stroke, 2021). Despite the apparent decrease in cigarette smoking, the proportion of individuals who actively vape has doubled (Czoli et al., 2022). Approximately 30% of Canadian youth and about 50% of young adults reported using vape at least once (Statistics Canada, 2023b). Among Canadian dual users of vaping and tobacco products under 18 years old, two-thirds indicated starting with e-cigarettes (Rotermann and Gilmour, 2022).

Health Implications:

Potential harms from vaping include nicotine addiction, airway inflammation, permanent lung damage (“popcorn lung”), tumor growth, compromised immune function, and changes in brain development in young consumers (Marques et al., 2021). Propylene glycol and glycerol, common vape ingredients, are used to mimic cigarette smoke (National Academy of Sciences, 2018). Inhaling propylene glycol has been linked to DNA damage, oxidative stress, and reduced lung function (Chaumont et al., 2019; Marques et al., 2021; Zucchet and Schmaltz, 2017). Vape components can also impact pulmonary health, causing lower respiratory tract irritation and airway constriction (Zucchet and Schmaltz, 2017). Nicotine, an addictive component of both conventional and e-cigarettes, is associated with cardiovascular diseases (NIH, 2022), several malignancies (Marques et al., 2021; Schaal et al., 2018), and irreversible obstructive lung diseases (American Lung Association, 2016; Landman et al., 2019).

2.1.4 Smoking-Related Morbidities among Red River Métis

Health data specific to the Red River Métis is limited. However, available population health research data reveals a high prevalence of smoking-related morbidities among this population. The widespread use of commercial tobacco among the Red River Métis is linked to increased respiratory morbidity (13.33% vs. 10.56% in all other Manitobans) (Martens, 2010) and significantly higher lung cancer rates (87.1 per 100,000 compared to 67.1 per 100,000 in non-Métis Manitobans) (Bartlett, 2011). Furthermore, smoking, as one of the major risk factors, contributes to elevated rates of diabetes mellitus (10.72% vs. 8.82% in all other Manitobans) and a higher incidence of lower limb amputations due to diabetic vasculopathy and neuropathy (23.09% vs. 16.19% in all other Manitobans) (Martens, 2010). These morbidities are linked to high disability rates and carry a high mortality risk, further impacting the quality of life and health outcomes for the Red River Métis Community.

2.1.5 Health Policy Disparities Impacting the Red River Métis

Despite the Canadian Government’s efforts to reduce tobacco consumption, including the implementation of age restrictions in 1997 that extended to vaping products in 2017 (Chenier, 1997; Tobacco and Vaping Products Act-TVPA, 2018), these initiatives lacked community-specific strategies and culturally appropriate programs to address commercial tobacco consumption effectively (Mitchell, 2007; Minichiello et al., 2016). Limited awareness of the health risks associated with tobacco smoking and vaping predisposes the Red River Métis Community to higher rates of smoking, second-hand smoke exposure, and an earlier age of onset of smoking compared to all other Manitobans (Martens et al., 2010). Despite the high prevalence of commercial tobacco smoking among Red River Métis, the federal government lacks Red River Métis-specific tobacco

control and reduction measures in Manitoba. This study aims to integrate distinctions-based and culturally relevant evidence for the development of a *Red River Métis Tobacco Reduction Strategy*.

2.2 Objectives

The main goal of this project is to reduce smoking and vaping rates among Red River Métis through the following objectives:

- 1) To garner perspectives on the provincial tobacco reduction landscape from Manitoba-based tobacco reduction specialists.
- 2) To understand Red River Métis Citizens' perspectives on commercial tobacco and vaping products usage and their experiences with quitting.
- 3) To gauge Red River Métis' recommendations on culturally relevant distinctions-based tobacco reduction policies, programs, services, and tools.
- 4) To compile evidence for the development of the Red River Métis-specific Tobacco Reduction Strategy and tools.

Section 3: Environmental Scan

This section explores the commercial tobacco reduction supports available to Red River Métis Citizens residing both within and outside of Manitoba. The project team conducted key informant (KI) interviews, reviewed government documentation and websites to obtain information on Manitoba's current tobacco reduction policies, programs, and services. Additionally, we identified and described Indigenous tobacco reduction initiatives that offer support to self-identifying Métis in other provinces.

The section begins with the description of services offered within the 7 MMF regions, followed by provincial and multiprovincial tobacco reduction initiatives. Finally, we provide an overview of tobacco cessation programs tailored to Indigenous people in other provinces.

3.1 MMF Region-Specific Tobacco Reduction Programs

The environmental scan conducted from January 2019 to October 2020 highlights smoking cessation and prevention initiatives as the central focus of tobacco reduction efforts across the 7 MMF Regions (**Figure 3**). Ongoing cessation supports encompass a range of interventions including group sessions, one-on-one (1:1) counselling, and pharmacist-led smoking interventions (Manitoba Tobacco Reduction Alliance Inc., 2019; Prairie Mountain Health, 2020; Dauphin Neighbourhood Renewal Corporation, 2019). This subsection provides an overview of programs operating in each MMF Region, delivered by various stakeholders such as the Manitoba Tobacco Reduction Alliance (MANTRA), Canadian Lung Association, Canadian Cancer Society (CCS), CancerCare Manitoba (CCMB) and the regional health authorities (RHAs). The alignment between Manitoba's RHAs and MMF's Regions is described in **Table 8 (Appendix A)**.

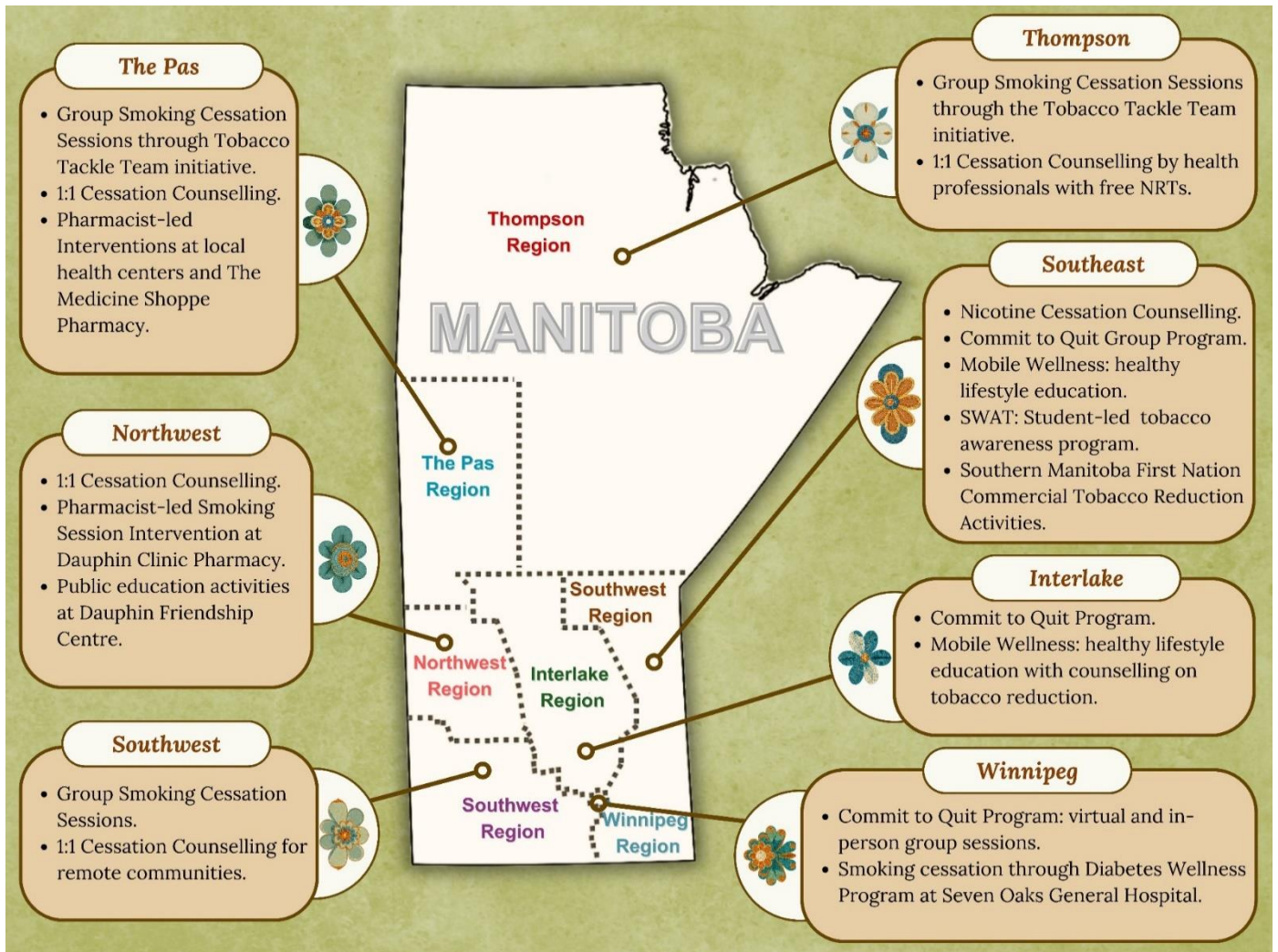


Figure 3: Commercial Tobacco Reduction Landscape across 7 MMF Regions

i) Southwest Region

According to the 2019 community assessment report, Prairie Mountain Health was in the process of developing a regional tobacco program aligned with the four pillars of the Canadian Federal Tobacco Control Strategy (Prairie Mountain Health, 2019). Once established, this program is anticipated to significantly enhance service delivery in communities within the MMF's Southwest, Northwest, and The Pas regions.

Presently, the Healthy Living team is responsible for health promotion activities, including tobacco reduction programs and services (Southern Health, 2020). Residents seeking smoking cessation support are advised to consult their pharmacist, doctor, or nurse and to utilize the Smoker's Helpline (Southern Health Region, 2020). The region's Healthy Living guide incorporates tobacco reduction initiatives into existing services (Government of Manitoba, n.d.).

- *Group Smoking Cessation Sessions*
Group smoking cessation sessions are held at the 7th Street Health Access Centre in Brandon. Community nurses facilitate three one-hour sessions over six weeks, with a pharmacist providing information on cessation medications during the first session. Participants discuss quitting, challenges, triggers, and coping strategies. Nicotine replacement therapy (NRT) is available to eligible participants at no cost. Prior registration is not required to participate (Prairie Mountain Health, 2020).
- *1:1 Cessation Counselling*
For remote communities, these counselling sessions can be accessed at the mobile clinic. They are delivered as part of the health promotion and education services (T. Smith, personal communication, October 19, 2020). Mobile clinics served the Birdtail Sioux First Nation and Keeseekoowenin Ojibway First Nation in October 2020 (Prairie Mountain Health, 2020).

ii) Northwest Region

- *1:1 Cessation Counselling*
Smokers can access free individual counselling sessions through the Primary Health Care program to aid in quitting (MANTRA Inc., 2019). This service is available at the Rose Primary Health Care Centre, Camperville Primary Health Care Centre, and Waterhen Primary Health Care Centre (Dauphin Neighbourhood Renewal Corporation, 2019; T. Smith, personal communication, October 19, 2020).
- *Pharmacist-led Smoking Session Intervention*
Certified pharmacists in Manitoba can prescribe smoking cessation medication such as Varenicline and NRT (Nakhla, Killeen & Butt, 2019). Through the Pharmicare program, residents who qualify can obtain Varenicline, but public coverage is restricted to 12 weeks per year (Nakhla, Killeen & Butt, 2019). Within the Northwest Region, the Stop Smoking Program is offered by the Dauphin Clinic Pharmacy (Dauphin Clinic Pharmacy, 2020).
- *Prevention Programs*
Prevention initiatives are integrated into the community through various public education activities. The Dauphin Friendship Centre's Healthy Baby Program includes smoking cessation education as part of its monthly sessions tailored for parents with infants under the age of one (Dauphin Neighbourhood Renewal Corporation, 2019, June 13). Broader public education efforts involve the dissemination of posters, school presentations, and additional programs at Teen Health Clinics. Health professionals deliver presentations on tobacco use in schools and are increasingly invited to address vaping (T. Smith, personal communication, October 19, 2020).

iii) The Pas Region

Residents of The Pas and the surrounding region who smoke can receive referrals to smoking cessation programs through their healthcare providers. These services are accessible through the Flin Flon and The Pas Primary Health Care Centres (Northern Health Region, 2020 a).

- *Group Smoking Cessation Sessions*
The Tobacco Tackle Team, highlighted in the 2019 Northern Health Region Community Assessment, is a peer-led initiative integral to the tobacco reduction program. Its primary objective is to educate youth and prevent the regular use of tobacco/smokeless tobacco products (Healthy Together Now, n.d.). Led by a certified tobacco educator, the program includes peer support and educational components. Student groups implement activities selected during introductory sessions throughout the year, such as creating and performing school theatre plays like 'How to Say No' (Healthy Together Now, 2008). This initiative has also generated videos, public service announcements, and awareness campaigns in English and Cree (Northern Health Region, 2019).
- *1:1 Cessation Counselling and Pharmacist-led Intervention*
Tobacco cessation counselling includes talk therapy focused on identifying the underlying reasons for smoking and the appropriate NRTs (KI, personal communication, December 14, 2020). Additionally, The Medicine Shoppe Pharmacy in The Pas provides smoking cessation counselling and recommendations for smoking cessation aids through its pharmacist (The Medicine Shoppe Pharmacy, n.d.).

iv) Thompson Region

Aligned with the provincial Northern RHA, this MMF Region prioritizes smoking prevention and cessation efforts. Besides offering smoking cessation counselling, the Region provides no-cost NRTs (Northern Health Region, 2019). In the 2018-2019 fiscal year, the Region bolstered its tobacco reduction endeavors by hiring an additional certified tobacco educator, resulting in two certified tobacco educators facilitating prevention activities and cessation sessions (Northern Health Region, 2019).

- *Group Smoking Cessation Sessions*
The Tobacco Tackle Team initiative is also implemented within schools in the Thompson Region. For the detailed description of the program, refer to **Subsection iii**.
- *1:1 Cessation Counselling*
One-on-one counselling is also provided to community members by health professionals. They have access to free nicotine replacement therapies (NRTs) such as patches, lozenges, sprays, and inhalers (KI Interview, personal communication, December 14, 2020). The health professional performs an assessment to determine the most suitable NRTs and use talk therapy with clients to address the psychosocial reasons for smoking (KI Interview, personal communication, December 14, 2020).

v) Southeast Region

The MMF's Southeast Region is aligned with the Interlake-Eastern Regional Health Authority (IERHA) and Southern Health Region. Consequently, the IERHA's Community Wellness Team and Chronic Disease Nurses and the Southern Health Region's Healthy Living Team implement tobacco reduction activities in the Region. Aside from the Manitoban government, the Southeast Resource Development Council (SERDC) Health Services is another organization whose tobacco reduction team carries out programs in the MMF's Southeast Region.

- *IERHA Tobacco Reduction Activities*
The IERHA has Chronic Disease Nurses and wellness facilitators that provide individual nicotine cessation counselling by phone. Before the COVID-19 pandemic, Chronic Disease Nurses and wellness facilitators supported schools with tobacco and vaping prevention activities. Schools and youth centers in the Interlake-Eastern Region can borrow April Age Antiaging software and CO Testers from the IERHA to support prevention programs (Caroline McIntosh, Personal Communication, October 21, 2020). They used the software to demonstrate premature and excessive wrinkling of the skin as an impact of smoking while the test documented carbon monoxide levels. During the COVID-19 pandemic, tobacco prevention activities in schools and at other events were suspended (Caroline McIntosh, Personal Communication, October 21, 2020).
- *Quit Smoking Program: Commit to Quit*
People in the Southeast Region can access the Commit to Quit program delivered by the IERHA. It involves six group counselling sessions that support adults through the smoking/vaping cessation process and nicotine replacement therapies are provided for free or a small fee. The sessions focus on increasing motivation to quit, providing information on quit medications, setting goals and making a change plan, practicing some coping strategies, and troubleshooting problems (IERHA, 2021).
- *Mobile Wellness*
Through the IERHA's Community Wellness Team, Mobile Wellness is a program that provides education to help individuals make healthy lifestyle choices. Tobacco reduction is one of the factors discussed in relation to chronic diseases. The program encompasses collaboration between communities, workplaces and IERHA. Community centers and workplaces provide the venue for a mobile wellness event and the RHA provides the resources and delegates health experts. The focus is on the factors that affect health and ways to improve it. The event features health displays on physical activity, nutrition, tobacco reduction, and stress (IERHA, 2021). A health check and a one-to-one brief counseling session with a health care provider may be available based on staffing. The IERHA website notes that workshops can be adapted to address community needs and after booking, planning will be approximately six weeks of planning (IERHA, 2021). During the COVID-19 pandemic, this program paused its operating, however, individuals interested in participations were able to join a waitlist. Bookings are currently done by contacting the Community Wellness Team via phone or email.
- *SWAT*
Students Working Against Tobacco (SWAT) is a student-led program that utilizes a trainer model with high school students being trained to deliver the program to younger children. SWAT promotes awareness of the dangers of tobacco and nicotine through presentations, brochures, videos, and activities. The Community Wellness Team played a role in setting up SWAT in schools in the region. SWAT teams are on hold in Manitoba until further notice.
- *Southern Manitoba First Nation Commercial Tobacco Reduction Strategy*
The SERDC developed the Southern Manitoba First Nation Commercial Tobacco Reduction strategy for 36 communities in the Region. The objective is to reduce the number of commercial tobacco product users within southern Manitoba. SERDC Health Services aims to accomplish this through the Strategy's six program pillars: Protection, Prevention, Education, Cessation, Reducing Access to Tobacco Products, and Data Collection (SERDC Health Services, 2021). Education and prevention activities involve health fairs and presentations in communities customized to the identified needs. In the past, cessation activities included a weekly support group for people trying to quit tobacco products. The strategy's Data Collection component involves people completing the survey that documents information such as the self-identification as First Nation, Métis or other, age of smoking initiation, and the number of cigarettes smoked daily (KI 12, Personal Communication, April 6, 2021). SERDC Health Services extended online

invitations to stakeholders through their official website, aiming to foster collaboration and support the implementation of their strategy (SERDC Health Services, 2021). The organization expressed interest in collaborating with community members, health workers, band council members, or school employees on any possible activities, projects, and goals they wish to accomplish within the community. The strategy team organizes an annual conference on 'Bridging Indigenous Knowledge with the Latest Information on Commercial Tobacco' (SERDC, n.d.).

vi) Interlake Region

Similar to the MMF's Southeast Region, the IERHA's Community Wellness Team and Chronic Disease Nurses implement tobacco reduction programs and activities in the MMF's Interlake Region. As such, programs such as Commit to Quit and Mobile Wellness can be accessed by the Citizens living there. The role of the Chronic Disease Nurse is to provide one-on-one support for smoking cessation. For example, in 2018, an initiative entitled, 'Kick the Habit – Taking a Step to Reducing and Quitting Smoking' involved people registering and participating in an hour-long appointment with a Chronic Disease Nurse at a health centre. Over a six-hour period, the nurse offered resources and information on programs that may be helpful to people interested in quitting tobacco use (IERHA, 2018).

vii) Winnipeg Region

The Winnipeg Regional Health Authority (WRHA) outlines a five-week program with virtual sessions ranging from one to one and half hours long (WRHA, 2021). Participants get help with developing a quit plan, learn about medications that aid cessation, and build skills to avoid relapsing after quit attempt (WRHA, 2021). According to the RHA's website, most people are ready to quit after participating in the program for four weeks. Similarly, the Assiniboine Medical Clinic offers free Commit to Quit group classes for free over five weeks (Assiniboine Medical Clinic, 2019).

In addition to sharing experiences and offering peer support, participants are engaged in discussions regarding triggers and habits, cessation aids and medications, and coping with withdrawal (Assiniboine Medical Clinic, 2019). Another option is the NorWest Co-op Community Health's Commit to Quit program delivered over six weeks. Trained facilitators guide participants through topics such as the reasons to stop tobacco consumption, the value of a quit plan to smoking cessation, and the available tools including coping skills and smoking cessation aids (NorWest Co-op Community Health, 2021). The Wellness Institute at the Seven Oaks General Hospital offers the Diabetes Wellness Program that incorporates smoking cessation. This topic is discussed in the Individual Diabetes Management component of the program. This program is free and can be accessed through self-referral.

3.2 Tobacco Reduction Policy in Manitoba

The Manitoba government's tobacco control strategy aims for a smoke-free province by focusing on youth prevention, protecting against second-hand smoke, promoting cessation, and changing attitudes toward commercial tobacco use. In alignment with the goals outlined in Federal Tobacco Control Strategy, Manitoba has enacted laws such as the Smoking and Vapour Products Control Act and increased tobacco taxes to reduce the demand (Government of Manitoba, 2019). Additional measures include restricting sales to minors, prohibiting individual cigarette sales, and banning promotional displays visible to children (Government of Manitoba, 2019). Smoking is also banned in enclosed public spaces and vehicles carrying children under 16 (Government of Manitoba, n.d. - a). Complementing these legal actions are various programs designed to

support cessation and prevent initiation. The means of achieving control over consumption of commercial tobacco are summarized in **Table 1**.

Table 1: Summary of Tobacco Reduction Measures in Manitoba

Category	Measure
Legislation and Policy	Smoking and Vapour Products Control Act (2019). Increased tobacco taxes. Restricting sales to minors. Prohibiting individual cigarette sales. Banning promotional displays visible to children. Smoking prohibited in enclosed public spaces. Smoking prohibited in vehicles with children under 16.
Programs and Initiatives	Healthy Together Now Manitoba Quits Quit Smoking Run to Quit Manitoba Pharmacare Program ReVIEW & Rate Back Off Tobacco SWAT
Alignment with Federal Standards	Alignment with the Federal Tobacco Control Strategy aiming for a 5% reduction by 2035.

The Manitoba government's tobacco control strategy includes several targeted programs aimed at supporting individuals in quitting smoking and preventing tobacco use. These programs encompass a range of initiatives, from community-led efforts to school-based prevention programs. **Table 2** provides an overview of these programs, highlighting their objectives, target populations, and key features. For more detailed information on each program, please refer to **Table 9** (Appendix B).

Table 2: Overview of Provincial Tobacco Reduction Programs in Manitoba

Program	Description
Smoking Prevention Efforts	
Healthy Together Now	Focuses on preventing chronic disease through community-led efforts. Provides funding, support, and training for tobacco prevention initiatives.
ReVIEW & Rate	Aims to spread awareness of health effects of nicotine, cigarette smoking, and vaping among students in Grades 5 through 12.
Back Off Tobacco	Focuses on fostering social competence skills and introducing avoidance and refusal strategies Seamlessly integrated into the Physical Education/Health Education Manitoba Curriculum Framework.

SWAT	Drives anti-tobacco initiatives emphasizing smoking abstinence. Led by students in Grades 9-12.
Smoking Cessation Supports	
Manitoba Quits	Online support group featuring a Tobacco Program Coordinator. Managed by the Manitoba Lung Association and MANTRA.
Quit Smoking	Offers personalized and cost-free support, cessation medications, and counselling. Provided by CCMB.
Run to Quit	Combines running or walking 5 km with dedicated quitting support. Federally funded program launched by the CCS and Running Room.
Manitoba Pharmacare Program	Drug benefit initiative aiding individuals seeking to quit tobacco use. Covers Champix™ (varenicline) and Bupropion.

3.3 Multiprovincial Tobacco Programs

The environmental scan identified three smoking cessation programs that operate in multiple Canadian provinces, including Manitoba. Collectively, these programs mandate clients to access quit support services. These programs are crucial components of the broader efforts to reduce tobacco use and promote healthier lifestyles across various demographics. **Table 3** provides an overview of the multiprovincial tobacco cessation supports available in Manitoba. Detailed descriptions of these programs and their specific components can be found in the **Table 9** (Appendix B).

Table 3: Summary of Multiprovincial Tobacco Reduction Programs Available in Manitoba

Program	Description
Smoker's Helpline	Provides free counseling and support for quitting smoking and vaping. Available Monday to Thursday (8:00 a.m.–9:00 p.m.) and reduced hours Friday to Sunday. Includes a text messaging component.
Break It Off	Digital campaign targeting young adults (19-29), using a website, app, and social media to support quitting smoking through resources and community support.
Talk Tobacco	Culturally tailored program for Indigenous Peoples, offering personalized quit plans, text support, and a dedicated webpage. Includes nicotine replacement therapies and support in Indigenous languages.

3.4 Indigenous-Specific Tobacco Reduction Programs in Other Provinces

In addition to the programs available in Manitoba, Red River Métis have access to tobacco reduction initiatives targeting Indigenous populations in other provinces. **Table 4** provides an overview of three such programs: the Indigenous Tobacco Program, Urban Indigenous Healthy Lifestyles Program, Dads in Gear (DIG) Indigenous Program. These initiatives, operating in Ontario and British Columbia, aim to raise awareness, reduce smoking rates, and promote healthier lifestyles among Indigenous communities.

Table 4: Indigenous Tobacco Reduction Programs Outside of Manitoba

Program	Description
Indigenous Tobacco Program (Ontario)	Developed and implemented by Cancer Care Ontario, this program offers culturally appropriate workshops and healthy activities tailored for Indigenous People in Ontario. Its objectives include raising awareness, reducing smoking rates, and providing prevention and cessation support.
Urban Indigenous Healthy Lifestyles Program (Ontario)	Implemented through friendship centres in Ontario, this program targets Indigenous adults and youth. It focuses on promoting health outcomes by addressing nutrition, physical activity, smoking cessation, and youth engagement. Program components include support groups, virtual exercise classes, and videos about nutrition.
DIG Indigenous Program (British Columbia)	The DIG Indigenous program in British Columbia encourages Indigenous fathers to be responsible, healthy, and smoke-free parents. It offers videos of Indigenous fathers sharing their parenting experiences, animated timelines about quitting benefits, and traditional tobacco insights. The program involves ten weekly in-person sessions.

Section 4: Methods and Methodology

This section describes consultation methods adopted by the present study. We utilized a CBPR approach, which is centered around collaboration between all stakeholders "who gather and use research and data to build on the strengths and priorities of the community" (Wallerstein et al., 2017, p. 3). CBPR enables the MMF-HWD to meaningfully engage and understand the unique needs of the Red River Métis when developing multilevel strategies to improve health and social equity in the Community. This approach allows direct integration of the perceptions and recommendations shared by the Red River Métis into health policies, programs, and services. Additionally, CBPR fosters social change, empowers community partners, and promotes building meaningful relationships. In alignment with CBPR, Red River Métis participants were involved in all stages of the research process, including reviewing the reporting, and sharing the results.

4.1 Participants

To gain a comprehensive understanding of the issue of commercial tobacco use and potential approaches to its reduction among the Red River Métis, this study engaged with two groups of participants: a) Manitoba-based tobacco reduction professionals (KIs) and b) Red River Métis Citizens.

a) Manitoba-based Tobacco Reduction Professionals

Sampling: KIs were recruited using purposive sampling and snowball sampling. The principal inclusion criterion was recent experience of working in the tobacco reduction industry in Manitoba.

Data Collection: Individual KI interviews were conducted online via Zoom videoconferencing platform. A semi-structured interview format was employed where each KI was asked pre-determined questions developed by the project team. The questions focused on:

- KI's role in the tobacco reduction industry.
- The current programs addressing smoking and vaping.
- KI's perception of the barriers to stop smoking or vaping cessation and ways to address them.

All KIs were informed regarding the purpose of the study, and data usage and storage policies. Participant's verbal consent to be interviewed and recorded was obtained prior to each interview. All KI interviews were transcribed and subjected to qualitative data analysis as described in **Subsection 4.2**.

b) Red River Métis Citizens

Sampling: To achieve the targeted number of participants during COVID-19 pandemic, online FGDs were held as part of a public outreach event, entitled "*Health & Wellness Forum: Health Knowledge through a Métis Lens*" (The Health Forum). This two-day event was held remotely via Zoom videoconferencing platform in September 2021.

Red River Métis over 16 years old were invited to participate in virtual FGDs through advertisements on MMF's social media, posts of MMF's website, and through mobilization efforts of the Métis Community Liaison Department (MCLD) and MMF Cabinet Ministers.

Data Collection: Project staff first presented the overall context of the study, its aims, and objectives. Subsequently, participants were randomly assigned to one of nine virtual breakout rooms, where they were asked to complete demographic questionnaire (**Table 5**) and 5 poll questions regarding commercial tobacco consumption and vaping. Following this, 40 min FGD session facilitated by a member of the MMF-HWD began. Participants were asked to share their opinions on the following:

- Reasons people start smoking or vaping.
- Their perception of activities or programs that could prevent youth from smoking or vaping.
- Their knowledge of support programs and services available in their area.
- MMF services they believe would be helpful to those who wish to quit or reduce their smoking or vaping and priorities to be addressed.

FGD sessions were recorded, transcribed and subjected to qualitative data analysis as described in **Subsection 4.2.**

4.2 Quantitative Data Analysis

The data obtained from the demographic questionnaire and the poll on commercial tobacco and vaping were analyzed using descriptive statistics, specifically by calculating percentages for each demographic parameter. Initially, the number of occurrences for each category within a demographic variable (e.g., gender, age) was counted. These frequencies were then converted into percentages of the total sample size. The results were presented in tables and charts to effectively communicate the demographic composition and the smoking and vaping status of the participants.

4.3 Qualitative Data Analysis

The study used the **Collective Consensual Data Analytic Process (CCDAP)** to analyze qualitative data (Bartlett et al., 2007). It is an Indigenous oriented data analytical framework that supported the development of a culturally relevant strategy grounded in the Red River Métis context. A two-stage analytical process was performed by:

- 1) Individual coding of qualitative data from transcripts to identify key statements
- 2) A team-based analysis using the CCDAP procedures to identify overarching themes. The COVID-19 pandemic has led the project team to adapt the second stage of the process, which was conducted virtually.

Key steps involved in the second stage include:

Step 1: Key phrases and ideas identified in the transcript or survey were placed in a table on a Word Document (document one). The word document consisted of a table with two columns that showed the key phrase in the left column and key phrases corresponding to the key statements (original quotes) in the right column. The key phrase is a paraphrase reflecting the main idea of the quote, with as little interpretation as possible. The cell containing the key statements also included: respondent code, coder, the transcript's page, and line number.

Step 2: The coding was compared to ensure consistency through the following actions using the word document created in Step 1 and another word document to facilitate clustering of key phrases.

- a) In document two (landscape orientation), each cell in the header rows of in the table had a different symbol that has no meaning for the study (e.g., circle, square, triangle, star, infinity symbol, etc.).
- b) Below each header row in the table in document two, there were several rows to facilitate the process of clustering the key phrases.
- c) A facilitator then shared the screen via Zoom with the second Word Document with the other team members to begin the process of clustering the key phrases into themes.

- d) Another team member read aloud the first key phrase from document one. The first key phrase was copied from document one and placed in the first cell in the first column, under the first symbol in the header row in document two.

The facilitator then read the second key phrase aloud and the team members collectively determined whether it is similar to or different from the first key phrase. If similar, the facilitator sharing the screen copied and pasted the key phrase from the document one and place it in the cell below the first key phrase, and if it was different, it was placed below the next symbol in the second column. This clustering process continued until all the key phrases were pasted in a cell below a symbol.

Once the clustering process was finished, the team examined all the key phrases pasted in document two.

- i. For columns that had only one key phrase, the team collectively determined if each is more suitable below another symbol based on the key phrases pasted in cells below it.
- ii. If the team could not place one or more of the key phrases under another symbol, then they were placed in the “parking lot”.
- iii. All key phrases under each symbol were reviewed to determine if they belong under the assigned symbol or to another.

The table was cleaned up by deleting empty columns and rows.

The team collectively assigned a label to each symbol that reflected all the phrases in cells below it.

Step 3: Applying the analytical framework.

The team identified similarities and differences in themes from KI interviews with tobacco reduction professionals and nine groups with the Red River Métis Citizens.

Step 4: Interpreting the data.

4.4 Ethical Considerations

Principles of Red River Métis-focused research (ownership, control, access, and stewardship) (Martens et al, 2010) were negotiated and respected throughout the research process. Red River Métis data is held in trust by the National Government of the Red River Métis, the MMF, who controls access to this data, and everything produced through it. The MMF is committed to using the research to benefit the Red River Métis. This research was completed in accordance with the principles of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada 2022).

Section 5: Findings

This section discusses perspectives shared by tobacco reduction professionals and the voices of Red River Métis concerning their knowledge and experiences related to recreational use and cessation of nicotine products. Several themes, identified by both tobacco reduction professionals and Red River Métis Citizens, may be reiterated in this section due to their shared significance. The findings are systematically presented to align with the study's objectives.

5.1 Demographics

The study involved 113 Red River Métis Citizens across 7 MMF's regions. The majority of the Red River Métis participating in the study identified as women (79%), while 17% identified as men, and 4% identified as non-binary or other. In terms of age distribution, approximately 21% were youth (16 and 29 years-old), 6% fell within the 30 to 39 age-group, 13% were in the 40 to 49 age-group, 21% in the 50 to 59 age-group and the remaining 39% were 60 years and older.

Table 5: Demographic Characteristics of Red River Métis Participants

	Percentage of Red River Métis
Gender	
Male	17%
Female	79%
Non-binary/ Other	4%
Age	
16-29	21%
30-39	6%
40-49	13%
50-59	21%
60-69	22%
70+	17%

Thirteen Manitoba-based tobacco reduction professionals (12 females and one male) participated in the KI interviews. Two of them were Red River Métis Citizens and one was First Nations.

5.2 Insights from Tobacco Reduction Professionals

Tobacco reduction specialists selected as KIs played both direct and indirect roles in reducing commercial tobacco usage within the Community. The interviewees comprised researchers and community health workers, who offered valuable insights into the resources and programs available in the province. Additionally, they shared key lessons learned from their experiences in reducing commercial tobacco use.

Thematic analysis of KI interviews identified 9 themes (**Figure 4**), which were subsequently discussed during the FGD sessions.



Figure 4: Themes Identified from KI Interviews

These themes encompass a comprehensive exploration of various aspects related to recreational nicotine product use and reduction, providing a nuanced understanding of the subject matter.

5.3. Red River Métis Citizens’ Perspectives on Commercial Tobacco and Vaping Products and their Experiences with Quitting

The content provided in this section is a consolidation of the anonymized perspectives and voices of Red River Métis participants.

5.3.1 Poll

Participants were first provided a comprehensive background on the definitions of commercial tobacco use and vaping, along with current approaches employed to mitigate their prevalence. Following the info session, participants answered poll questions designed to gauge their understanding, perceptions, and opinions regarding commercial tobacco consumption. Participants were prompted to share their smoking and vaping status along with their perceptions of the average age of smoking and vaping initiation. As part of the poll, participants were also asked to express their preferred method for receiving information about tobacco, as well as to identify types of resources they considered helpful.

Findings from the poll showed that 46% (n=52) of Red River Métis participants had used commercial tobacco products and successfully quit, while 22% (n=25) of the participants were current users of commercial tobacco products. Additionally, 20% (n=23) tried it at least once, and only approximately 12% (n=13) had never tried commercial tobacco products. In contrast, 70% (n=79) of participants had never engaged in vaping, around 19% (n=21) had tried it once, 7% (n=8) had vaped and quit, and only 4% (n=5) were current users of vaping products (Figure 5).

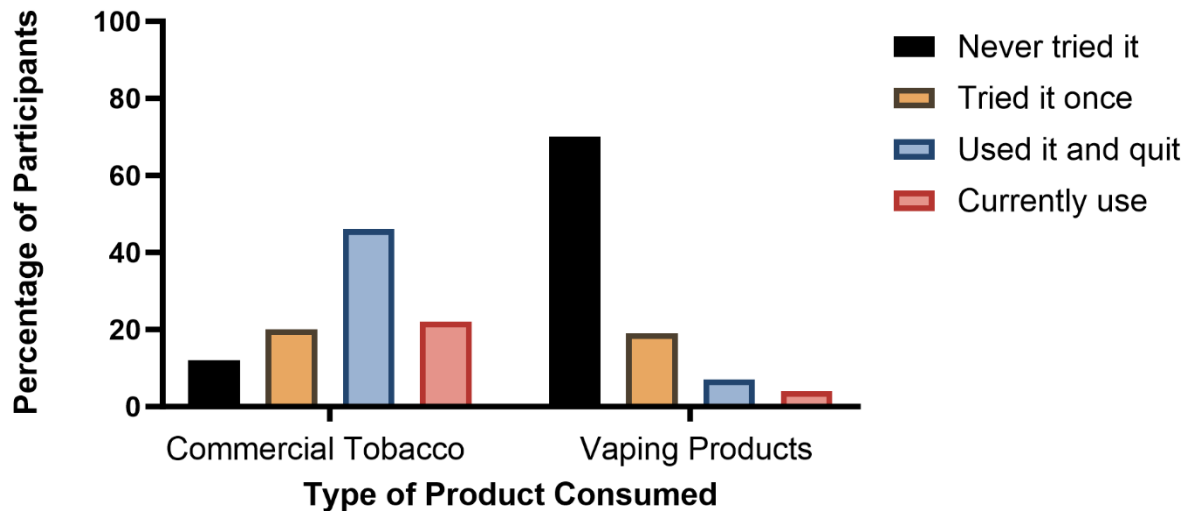


Figure 5: Commercial Tobacco Usage and Vaping Status of Participants

When asked about the typical age when people start using commercial tobacco products (Figure 6), the majority, approximately 56%, believed that it typically occurs between the ages of 15 and 19, while 50% held a similar belief for vaping initiation within this age group. This alignment in perceptions suggests a collective understanding of adolescence as a critical phase for the initiation of both smoking and vaping. Furthermore, a substantial proportion, 44%, associated the commencement of tobacco use with ages 10-14, with a slightly lower but still notable 39% believing the same for vaping. The acknowledgment of early initiation was evident in the responses indicating that both vaping (0.88%) and tobacco use (2.65%) may begin in individuals younger than ten years old. While these percentages are relatively low, the mere consideration of such early initiation highlights the need for targeted interventions and education as early as in the pre-adolescent age group.

The data also revealed interesting perspectives on commercial tobacco and vaping initiation among older age groups. A small percentage (1.77%) of participants believed that tobacco use may commence within the 25-29 age range. Similarly, an equal percentage perceived vaping initiation in the 25-29 age group. Furthermore, none of the participants indicated a belief that commercial tobacco use begins after the age of 30 or older, showcasing a clear consensus that such behaviors are typically established earlier in life.

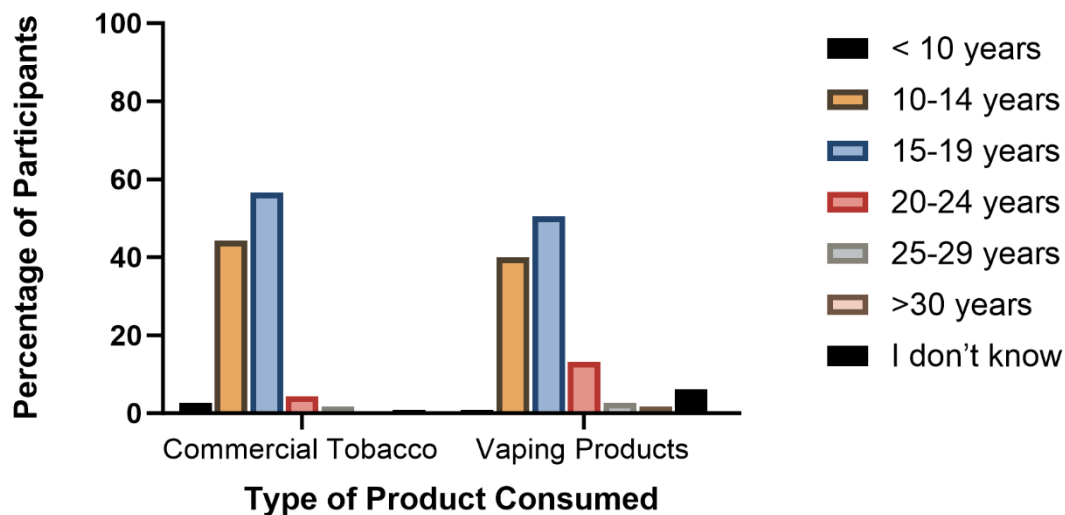


Figure 6: Red River Métis' Perception of Starting Age for Tobacco Use and Vaping

Table 6 provides valuable insights into the preferences of Red River Métis participants regarding the means of receiving information about tobacco and seeking assistance in quitting. The majority of the participants indicated a preference for obtaining information from websites (n=53), health professionals (n=50), MMF certified tobacco educators (n=49), and Facebook (n=49). This underscores the trust placed in expert advice from health professionals and MMF-approved certified tobacco educators, as well as the convenience and reach offered by online platforms such as websites and social media.

Moreover, a significant number of participants (n=36) favored receiving information and support through peer networks, highlighting the importance of community connections and shared experiences in addressing tobacco-related issues. The preference for pamphlets (n=35) suggests that traditional printed materials still hold relevance for some individuals. Additionally, the inclusion of radio (n=26) indicates a preference for auditory channels, while YouTube and phone apps, chosen by 23 and 18 participants respectively, demonstrate the appreciation of virtual means of communication within the Red River Métis Community.

Overall, while digital platforms play a dominant role, the continued relevance of traditional methods and the value placed on community-based support should guide the development of tailored interventions and resources for addressing tobacco-related concerns within the Red River Métis Community.

Table 6: Participant's Preferred Mode of Getting Information About Tobacco and Available Help

Means of communication	Number of Red River Métis participants
Facebook	49
Health Professionals	50
Instagram	29
MMF Certified Tobacco Educator	49
Pamphlets	35
Peer Support	36
Phone Apps	18
Radio	26
Website	53
YouTube	23

5.3.2 Focus Group Discussion (FGD)

This section presents the findings from FGDs with Red River Métis concerning their perceptions and experiences of recreational nicotine use and cessation. Each of the 9 themes identified by CCDAP is discussed in a dedicated sub-section, supported by relevant quotes from Red River Métis Citizens as outlined in **Table 7**.

Table 7: Themes and Sub-themes Identified from FGD Sessions with Red River Métis

- i.** Age of Smoking Initiation
- ii.** Reasons for Smoking and/or Vaping
- iii.** Societal Influences on Recreational Tobacco Use
 - Big Tobacco Industry Advertising
 - Changing Perception of Tobacco Use
 - Accessibility of Tobacco Products
- iv.** Health Effects of Smoking
- v.** Vaping
- vi.** Quitting Journey
 - Readiness to Quit
 - Methods of Quitting
 - Pushing through Nicotine Withdrawal
 - Post-Quitting Struggles
- vii.** Barriers to Reducing Recreational Nicotine Use
 - Personal Barriers
 - Addiction
 - Smoking Cues and Triggers
 - Stress
 - Financial Cost of Quitting
 - Community Barriers
 - Social Aspect of Smoking
 - Barriers and Challenges in Community Programming

- Distal Barriers
- viii.** Tobacco Reduction Landscape
- ix.** Proposed Tobacco Reduction Interventions

- Education
- More than Education is Needed for Tobacco Reduction
- Tobacco Reduction Messaging for Youth
- Extracurricular Environments for Children
- Social Supports to Quit Smoking
- Replacing Smoking Habits with Healthier Alternatives
- Creating Smoke-Free Environments

i. Age of Smoking Initiation

Experiences shared by the majority of the Red River Métis individuals underscore a common trend of initiating smoking at a young age. Although the ages between 13 and 14 were cited most frequently, it is noteworthy that smoking initiation spanned a wide range, from 10-year-olds to individuals over the age of sixty. These findings highlight the diverse and extensive spectrum of smoking initiation experiences within the Community.

“Because you know what my daughter is now smoking, she never started smoking until she was 35 years old. Why would you start smoking at 35?”
Red River Métis Citizen, FGD

“I have a sister and a relative who's just started; she's in her 60s.”
Red River Métis Citizen, FGD

ii. Reasons for Smoking/Vaping

Historically, tobacco smoking was prevalent among Red River Métis families, and interactions with tobacco products began at an early age. Young Red River Métis handled tobacco products on behalf of family members and gained skills in tobacco use. Consequently, when these Red River Métis Citizens initiated smoking themselves, it was perceived not only as a norm but also as a rite of passage within the Community. This early exposure and involvement shaped the cultural context surrounding tobacco use among the Red River Métis.

“Because growing up as a teenager, I started smoking because my parents smoked, my grandparents smoked, my friends smoked. Back then it was a rite of passage almost to become smokers.”
Red River Métis Citizen, FGD

“I think the youth are desensitized from smoking. I personally witnessed a situation a few weeks ago where [...] a family member sent their five-year-old to their vehicle to grab their cigarettes. [...] okay, so now you're letting her know that it's okay for her to play with your cigarette package. So kids are getting desensitized to it.”
Red River Métis Citizen, FGD

Family members who engaged in smoking served as influential role models, contributing to the perception of smoking as a socially acceptable and even "cool" activity. Influenced by the social acceptance and perceived attractiveness of this behavior, many young Red River Métis desired to try smoking themselves.

“The only one that smoked was my Aunty and I used to love watching her knock her ashes off the end of her cigarette. And so, I was always very interested in that, I always wanted to touch that cigarette that was

going. So, she said, "Oh you're so interested well then take a puff." So, I take a puff and there I am choking my guts out."

Red River Métis Citizen, FGD

Peer pressure emerged as a significant motivator for both the initiation and sustained use of commercial tobacco among the Red River Métis. Participants revealed that during their youth, friends that smoked played a considerable role in influencing their own decision to start smoking. For these individuals, smoking became integrated into the context of social interactions with their peers, making it a normative behavior during socializing.

"When I was a teenager, teens would just gather on the school breaks, go outside and you're hanging with your friends and it's easy to just kind of take a puff of a cigarette or especially now with vaping products."

Red River Métis Citizen, FGD

"It was because my friends were doing it [smoking]. I thought it was cool. That's it. It was just it was a cool thing to do."

Red River Métis Citizen, FGD

Interestingly, the triggers for initiating smoking were not always clear for the participants. Some Red River Métis acknowledged that despite perceiving smoking negatively during their childhood, they still picked up smoking as teenagers. This discrepancy between early perceptions and later behavior highlights the complex nature of the factors influencing smoking initiation within the Community. It suggests that personal experiences and contextual factors may override initial negative perceptions, emphasizing the need for a nuanced understanding of the evolving attitudes towards smoking among Red River Métis.

"[...] I recall going to school and them telling us how smoking was a very bad thing to do, you know, and as children we were like, that's the worst thing to do and even breaking my mother's cigarettes. But then I recall also being a teenager who smoked. So, I'm not sure what happens [...]."

Red River Métis Citizen, FGD

Many Red River Métis participants described smoking as a way to alleviate stress and induce a sense of calmness during challenging situations. Additionally, while less frequently mentioned, some individuals viewed smoking as a strategy for weight control.

"But for him [my husband], he says he uses it as a stress reliever. To relieve some stress, he goes and has a cigarette."

Red River Métis Citizen, FGD

"[My sister] decides to start smoking to control her weight - as a weight factor. So that too might be something we need to look at [...]."

Red River Métis Citizen, FGD



Figure 7: Reasons for Smoking Initiation Cited by Red River Métis Citizens

iii. Societal Influences on Recreational Tobacco Use

This section discusses the findings concerning societal influences that impact the availability and use of recreational nicotine products. First, the participants' observations regarding the tobacco industry's persistent efforts to attract and sustain new customers are examined. Subsequently, the shifting perceptions of tobacco use among Red River Métis participants are outlined, shedding light on their evolving experiences. Lastly, the factors influencing the accessibility of tobacco products within the community are delineated, providing a comprehensive understanding of the broader societal dynamics impacting nicotine product consumption.

- **Big Tobacco Industry Advertising**

Advertising by commercial tobacco and e-cigarette companies is a significant source of influence at the societal level, impacting recreational nicotine product use. The Red River Métis participants observed that these companies actively promote vaping as a safer and healthier alternative to commercial tobacco products.

As perceived by Red River Métis Citizens, this marketing tactic, reminiscent of past strategies used to promote cigarettes, aims to attract new customers by framing vaping as a desirable and modern choice. Moreover, many Red River Métis highlighted that the emphasis on vaping as a healthier option also targets individuals seeking to quit smoking. By positioning vaping as an effective cessation aid, these companies target smokers who aim to reduce their tobacco use.

“And on the vaping, I think that what happened a couple of years ago, before COVID, is there was a real move to convincing people that vaping was healthy for them. There was a real push that was sort of their advertising and a lot of people jumped from one killer to the next [...].”

Red River Métis Citizen, FGD

“It's the same old greed thing, isn't it? It's the same thing that the tobacco companies did back in the day. They promoted to young people because they knew they got people hooked; they'd have that revenue source moving forward. And all you have to do is look at how the vaping products is presented it and it's the same evil.”

Red River Métis Citizen, FGD

- **Changing Perception of Tobacco Use**

Numerous participants highlighted the changeable nature of smoking perception. Thus, within the last century, smoking transitioned from being socially acceptable to increasingly stigmatized. Many Red River Métis recalled that smoking was considered a normal behavior when they were young, in stark contrast to the stigma associated with it today. Furthermore, participants observed that vaping is often perceived less negatively than smoking. This divergence in perception underscores the nuanced dynamics surrounding nicotine product consumption, where newer forms such as vaping are often viewed through a different societal lens compared to traditional smoking.

“It's so hard right because up until 10 years ago it was a socially acceptable thing to do, and it was just sort of the normal thing to do.”

Red River Métis Citizen, FGD

“I personally think when I talk to people that are a little bit younger, they're oh, smoking is gross. But then there isn't the same taboo about vaping.”

Red River Métis Citizen, FGD

- **Accessibility of tobacco products**

The Red River Métis believed the government had a significant role in sustaining the availability of commercial tobacco products within their communities. They highlighted that the government benefits financially from the sale of commercial tobacco, creating an incentive for its continued presence in the market. Additionally, participants raised concerns about the insufficient attention given to counterfeit cigarettes. They noted a lack of effective measures to address this issue, indicating potential gaps in regulatory oversight.

“Well as long as the tobacco is being sold there's not much we can do about it, right? That's how the government makes their money so they're not going to take it off the market.”

Red River Métis Citizen, FGD

Despite being recognized as an expensive habit, participants observed individuals with limited financial means choosing to spend them on purchasing cigarettes. However, it was noted that smoking was more affordable if cigarettes were counterfeit or bought from stores within First Nation communities. These cheaper alternatives increased the accessibility of cigarettes, raising concerns surrounding smoking initiation among youth. Participants indicated that the availability of counterfeit cigarettes along with the willingness of older adults to purchase cigarettes for youth, contributes to underage use.

“I know my cousins all get their smokes from Native people. And they're only paying \$70 for a carton. So, \$70 compared to \$150, for a Canadian bought carton is a big difference.”

Red River Métis Citizen, FGD

“The accessibility. It's [cigarettes] easy to get. Like I said before, if they're underage they can always find somebody old enough to get it for them. You pay an extra, like, when my son was younger, he paid an extra couple of dollars more to buy the cigarettes for them and kids out there will do it for an extra couple of dollars.”

Red River Métis Citizen, FGD

“Counterfeit cigarettes being in the community and kids running to some house and gone coming out with their cigarettes and whatever. [...] Yeah, it's there is no control is what it is.”

Red River Métis Citizen, FGD

iv. Health Effects of Smoking

Several Red River Métis shared how smoking-related illnesses had profoundly impacted both themselves and their families. These smoking-related illnesses including cancer of lung and throat, and COPD were highlighted as direct consequences of smoking. Several participants experienced loss of loved ones as a result of these health conditions, often occurring at an age significantly below the average life expectancy.

“My two brothers died of lung cancer, and they smoked. Like it was one cigarette after another. And one died when he was 50 and the other one died when he was 70 with lung cancers.”

Red River Métis Citizen, FGD

“I do have COPD because of the smoking now [...] and so I do use puffers now. Mind you, right now my breathing is good because it gets worse when it's really high humidity and in the cold.”

Red River Métis Citizen, FGD

“I just lost my husband in June, after fighting cancer, lung cancer. And it was mostly due to smoking. And it was very hard.”

Red River Métis Citizen, FGD

v. Vaping

Vaping products are often viewed as novel and comparatively less harmful nicotine delivery systems in contrast to traditional cigarette smoking. Some participants shared experiences of using vaping as a tool to aid smoking cessation, although there was a recognized risk of the mere substitution of one nicotine delivery method for another. Nevertheless, vaping was recommended by some participants as an option that would be particularly useful for heavy smokers.

Several Red River Métis pointed at a notable lack of knowledge regarding the actual health impact of vaping within the Community. They explained that while health effects of smoking were known, they did not associate similar outcomes with vaping. Consequently, there was an emphasis on the need to understand the difference between vaping and smoking and increase awareness of the dangers of vaping.

Concerns were also voiced regarding youth vaping within the Community. Participants noted that youth often perceived vaping gadgets as trendy and appealing with the availability of various flavours further adding to their attractiveness. According to the participants, this “glamourization” of vaping has led to limited understanding of its potential harm, exacerbating the issue of youth vaping.

“When they think, see the guy with the little thing [tracheostomy tube] in his throat, they think about smoking, but they don't really make the correlation of what the side effects with vaping would be.”

Red River Métis Citizen, FGD

“I approached it [vaping] as though it was going to be my way out of smoking. I never got into it to replace smoking.”

Red River Métis Citizen, FGD

“And I think in the kids minds and even maybe in parents minds they don't believe that the bad effects of vaping are as bad as smoking.”

Red River Métis Citizen, FGD

vi. Quitting Journey

The Red River Métis participants who smoked were at different stages of the quitting journey. Some had quit many years ago, while others have tried quitting multiple times without success. The reasons for quitting voiced by the Red River Métis Citizens included:

- Family history of cancer.
- Witnessing relatives experience smoking-induced illnesses.
- Desire to be role models for their children.

However, for some, the quitting journey was prompted by other life circumstances beyond solely personal choices. Participants highlighted how changes in their environment, such as having a non-smoking home, played a significant role in reducing the desire to smoke. Moreover, the symptoms of smoking-related health issues served as a powerful catalyst for some individuals to initiate their quitting journey. Experiencing detrimental health effects of smoking served as a sobering wake-up call, motivating individuals to take proactive steps towards smoking cessation.

“My father died of a heart attack at a very young age. I attribute that to his double – two packs a day smoking so afterwards I immediately quit. So, I had that motivation.”

Red River Métis Citizen, FGD

“So, I need to work on stopping again because of the cancer history in my family. I think I've tried a million times and I'll keep trying because as a mom, I see that your actions speak louder than words.”

Red River Métis Citizen, FGD

“I find that during the winter months because I don't go smoking outside, it's easier for me to not go outside and smoke. So, then I can go further without having a cigarette. We don't smoke in our house.”

Red River Métis Citizen, FGD

Conversely, some Red River Métis Citizens shared that they had no intention to quit smoking. For these individuals, factors such as family history and firsthand experience of the adverse health effects of smoking did not serve as motivating factors to initiate a cessation journey.

“And I don't know if I ever will [try quitting]. But my mom died of lung cancer, my husband died of COPD and I'm still smoking.”

- **Readiness to Quit**

There was a consensus among Red River Métis Citizens regarding the importance of readiness and personal agency in the decision to quit smoking or using vaping products. Red River Métis Citizens shared that psychological and environmental factors influence readiness to quit smoking and vaping. Many emphasized that individuals must be mentally prepared and personally motivated to embark on a cessation journey.

Interestingly, participants also distinguished between motivation and readiness, noting that simply feeling motivated to quit does not necessarily indicate readiness. Many participants shared their experiences of making multiple quit attempts and expressed their perception of smoking cessation being extremely difficult for them. One participant shared how “being highly motivated and lacking the readiness to quit” mindset can result in self-reproach when multiple attempts at smoking cessation are unsuccessful. Participants also underscored the importance of refraining from simply instructing smokers and vapers to quit using nicotine products. Instead, they encouraged supportive approach that acknowledges the complexities of the cessation journey and respects individuals’ autonomy in making decisions about their tobacco and vaping use.

“But like I said, I have tried numerous times and on my own I just was not strong enough. [...] I just didn't have the willpower strong enough to say, “okay, I've got to do this.” I couldn't find it. I tried. But to me it wasn't there.”

Red River Métis Citizen, FGD

“And another thing, somebody tells you, like he used to tell me, ‘quit smoking, I am not smoking anymore’. Well, that doesn't help. You have to really, really make up your mind on your own.”

Red River Métis Citizen, FGD

“I was in a different place, we were more settled and I actually, within that month, had my last cigarette.”

Red River Métis Citizen, FGD

- **Methods of Quitting**

Among Red River Métis participants who smoked, the predominant method cited for successful cessation was "cold turkey". Other methods cited by participants included NRT, e.g., nicotine patches, nicotine gum, and prescribed medications, e.g., Champix™. Various NRT products and/or smoking cessation medications were successful for some while ineffective for others. Therefore, it was noted that personalized counselling was a crucial component in accomplishing a successful quit attempt.

“So, I started smoking, and then I quit, but I found that the only way to quit was by cold turkey. I tried the patch, I tried the gum, none of that helped. It was cold turkey.”

Red River Métis Citizen, FGD

“And the [nicotine] gum, you might as well lick an ashtray because it's not pleasant. So, thank God the Champix™ worked and as I say, it will be nine years for me in November.”

Red River Métis Citizen, FGD

“Counselling, because when I quit it wasn't on my first try, it must have been number five or six and that's what helped and a prescription too. It [prescription] might have stopped me for a week or so and then right back at it. So definitely you need counselling and support.”

Red River Métis Citizen, FGD

- **Pushing through nicotine withdrawal**

Nicotine withdrawal symptoms were acknowledged by the participants as a significant challenge during the smoking cessation process. Many Red River Métis shared that the initial 14 days of quitting are especially difficult, marked by intense cravings and withdrawal symptoms. Despite the difficulty, participants emphasized that pushing through this critical period is essential for increasing the likelihood of successful smoking cessation.

“It's [quitting smoking] very hard, the first two weeks are the hardest.”
Red River Métis Citizen, FGD

“If you can get over the 14 days [no smoking] you're well on your way of being a non-smoker, for sure.”
Red River Métis Citizen, FGD

“Those cravings usually last about a minute, so if you can try and get through that then you know, it's helpful.”
Red River Métis Citizen, FGD

- **Post-Quitting Struggles**

Participants observed several changes after successfully quitting smoking that often make further abstinence difficult. Three participants noted that they had dreams where they began smoking again. Another participant perceived weight gain as a negative consequence of smoking cessation. Several Red River Métis participants noted the interconnection of smoking with other lifestyle habits, such as drinking coffee. They emphasized that these associated behaviors often serve as triggers for smoking, especially during the cessation process.

“I quit smoking five years ago. Weight gain. I felt healthier when I smoked then.”
Red River Métis Citizen, FGD

“I'd even dream. I have dreams after I quit smoking that I started.”
Red River Métis Citizen, FGD

“And along with the not smoking I also don't drink coffee anymore. So those two works together. And whenever I tried to have a coffee it just, it completely tasted like ashes.”
Red River Métis Citizen, FGD

vii. Barriers to Reducing Recreational Nicotine Use

Analysis of the FGD data revealed several barriers to reducing recreational nicotine use. This section discusses the Red River Métis' perception of these barriers. **Figure 8** shows the sub-themes associated with personal, community, and distal barriers to recreational nicotine cessation.

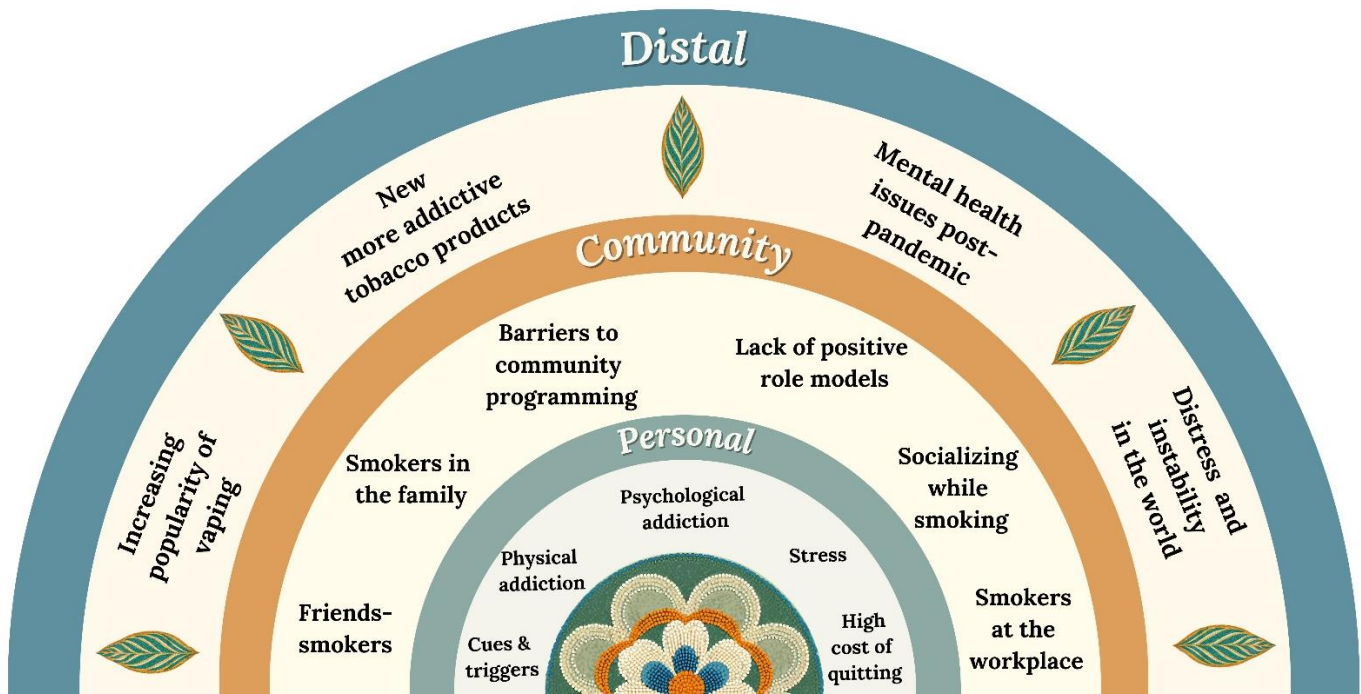


Figure 8: Barriers to reducing recreational nicotine use

- **Personal Barriers**

This sub-section provides an overview of four interconnected sub-themes that collectively contribute to the challenges in quitting smoking faced by Red River Métis: addiction, smoking cues and triggers, stress, and cost of quitting.

- *Addiction*

Participants noted that the addictive nature of recreational nicotine products is one of the barriers to reducing their use. Many shared their experiences of making multiple unsuccessful attempts to quit due to the significant challenge posed by addiction. The Red River Métis emphasized that addiction encompasses physical, psychological, and social aspects, making it a complex obstacle to overcome. Specifically, participants highlighted physical manifestations of addiction, such as intense cravings, night sweats, and hypersensitivity to cigarette smoke that can potentially lead to relapse.

“It’s very, very hard to quit smoking. I think it’s almost the same like heroin or any – you know, any drugs like that because you wake up in the middle of the night and you’re just sweating.”

Red River Métis Citizen, FGD

“So even though I did quit smoking, my body still craved it. And then the more I focused on wishing I had a cigarette when I was having those cravings, then it just kind of heightened everything [...] it’s really difficult for a person to quit smoking from my experience anyway.”

Red River Métis Citizen, FGD

“So, I quit smoking for a long time. And then it’s just something that always comes back [...]. Some days, you’ll smell it or someone’s around you and you’ll smell it. You’d be, ‘oh, I really want a cigarette’, and you have it and then all sudden you’re smoking again for months.”

Red River Métis Citizen, FGD

- *Smoking Cues and Triggers*

Cues and triggers were frequently mentioned as barriers to reducing smoking and vaping by those who previously attempted to quit. These individuals described how specific actions or situations, such as drinking coffee or taking breaks, can trigger a strong desire to smoke. Being subconsciously associated with smoking, these indirect stimuli were noted to elicit cravings and increase the likelihood of relapse. Many FGD participants offered strategies they employed to successfully mitigate the risk of relapse. For instance, some avoided these situational stimuli, recognizing their potential to reignite the desire to smoke. It was emphasized that any smoker willing to quit should learn to recognize and neutralize these triggers in order to succeed in quitting.

“Now when I quit smoking, like I said, 30 years ago, coffee was one of the worst times that you want to sit down and smoke. So, I avoid coffee breaks.”

Red River Métis Citizen, FGD

- *Stress*

Stressful situations as a powerful trigger to reinitiating smoking were mentioned in eight of the nine FGDs. Many highlighted smoking as the only coping strategy available to them in absence of adequate crisis counselling and mental health support. In addition, participants shared that having an awareness of the negative health effects of smoking did not prevent them from reinitiating smoking while being under severe stress. Accordingly, they also noted that public education campaigns against smoking are less likely to be successful if alternative ways to cope with stress are not identified.

“I recently started back up again [...] But it's [smoking] based off of stress for me anyway and I've been through a lot of that lately.”

Red River Métis Citizen, FGD

“...because I am addicted and it's [smoking] just helping me with my stress. I know it's [smoking] a bad thing but it's helping me.”

Red River Métis Citizen, FGD

- *Financial Cost of Quitting*

The Red River Métis shared that the financial aspect of smoking cessation treatment may be prohibitive for people who wish to quit. They noted that the cost of NRT often surpasses that of cigarettes, posing a significant financial burden. Moreover, some participants highlighted that health insurance plans often do not cover expenses associated with NRT, necessitating individuals to bear out of pocket expenses.

Acknowledging the non-linear nature of the quitting process, many participants believed it would be difficult to buy cigarettes and NRTs simultaneously. There was a unanimous agreement across all nine FGDs that smoking cessation products should be made free and accessible.

“The costs because there's a lot of us that are low income. We can't afford to – you know, it's cheaper to keep smoking, I think, than to buy everything.”

Red River Métis Citizen, FGD

“The cost of – the price of the quitting products are very expensive. So, when they go buy that Nicorette or the other stuff, it's a lot of times – I know it's not equivalent to how much you're paying for a pack of

cigarettes, but if you're buying a pack of cigarettes and trying to use that stuff at the same time, that's pretty costly.”

Red River Métis Citizen, FGD

- **Community Barriers**

Barriers at the community level involve two sub-themes. While the first subtheme focuses on social aspects such as peer pressure and social acceptability, the second sub-theme relates to the perceived gaps in community programming and limitations that impede program delivery.

- *Social Aspect of Smoking*

Participants shared that smoking is often viewed as a form of social pastime. They noted that despite the restrictions on smoking in public spaces, there is an abundance of unsupervised areas for people to smoke, stimulating social interactions centered around smoking. In addition, participants emphasized that peer pressure and being around others who smoke are significant barriers to smoking cessation. As such, the social aspect of smoking can prevent people from quitting or result in relapse.

“So, another issue with people trying to quit and having a hard time doing so is when they live with people who are also smoking.”

Red River Métis Citizen, FGD

“And I know that there's limits now on where you can smoke, you can't smoke in a restaurant, but they do have a breakout area where you can go and have a smoke. So, the social part of it. A lot of people find it's quite social.”

Red River Métis Citizen, FGD

“I always carried a pack of cigarettes around. [...]. I did not want to be the person sitting at the table. And another person having a smoke and I go, ‘John, can I have a cigarette?’ I'm sorry. I'm just trying. I see so many people like that at work that I thought. I'm not going to be one of those people. At the end my cigarettes were so dry, which was good, I quit.”

Red River Métis Citizen, FGD

- *Barriers and Challenges in Community Programming*

Two of the main challenges cited by Red River Métis were insufficient awareness and limited access to available smoking cessation programs, particularly in rural and remote communities. It was noted that there is limited advertising highlighting how and where to get help with quitting. Additionally, some participants believed that people may not seek help due to the stigma associated with smoking that makes them feel ashamed to ask for information.

In general, participants advocated for more smoking cessation resources and programs. They identified several gaps in existing programming, emphasizing the importance of addressing the needs of various demographic groups and incorporating holistic approaches to cessation support. One notable gap highlighted by several participants was the lack of support programs tailored specifically for parents struggling with nicotine addiction. Additionally, there was a call for programming directed at low-income families, focused on fostering healthier lifestyles among youth and adults.

It was also noted that smoking cessation approaches tend to emphasize medication rather than address the psychological aspect of addiction. As such, the lack of adequate counselling for smoking cessation was highlighted.

“And I find that we [St. Rose program] don't always have somebody in the building who's able to hand out these products, so sometimes people come, and they leave empty-handed without the free products because there wasn't a trained professional to hand them out.”

Red River Métis Citizen, FGD

“I don't think that they're advertised or even if there's any program like that. None come to mind and I'm from the Stonewall area and just thinking, I'm trying to think when was the last time I see anything of any signs or any advertising in anywhere on how to quit smoking or “we can help you quit smoking.” It's really not out there at all, not that I'm aware of.”

Red River Métis Citizen, FGD

“Because the only other thing that you could think of for counselling would be through addictions, where you would be bottom on the pile with everything else that's happening in the world these days.”

Red River Métis Citizen, FGD

- **Distal Barriers**

Changes in chemical composition of modern commercial tobacco products emerged as one of the distal barriers to smoking cessation. Three Red River Métis noted that nowadays cigarettes contain more chemical additives than before. They believed these changes have made it more challenging to fight addiction.

Additionally, the COVID-19 pandemic caused complications in access to smoking cessation supports and disrupted the distribution of free NRT to the communities. Moreover, the pandemic impacted school-based tobacco prevention programs by putting educational sessions and outreach initiatives on hold. This interruption deprived students of valuable information and resources related to tobacco cessation and prevention, potentially exacerbating tobacco use among youth.

“I think they put worse chemicals in cigarettes now and I think it's harder for people to quit. And just because I've seen the stresses that people go through when they try and quit, it's way worse than when I tried to quit. Not that it was easy, but just – I think it was easier. But that's just my opinion.”

Red River Métis Citizen, FGD

“Since the pandemic there's been very little uptake in the free resources in our area. And with this COVID, it's 100 times worse, because we can't even see doctors. We don't even - we haven't seen doctors in two years. We can talk to a doctor on the phone, that's it.”

Red River Métis Citizen, FGD

viii. Tobacco Reduction Landscape

Focus group sessions revealed a sense of skepticism among Red River Métis regarding the feasibility of eliminating recreational nicotine use. While acknowledging the reduction in smoking rates over time, participants expressed concerns about the persistence of smoking behaviors, particularly at social events where smoking remains prevalent. Despite interventions aimed at increasing the price of tobacco products, participants observed limited effectiveness in reducing smoking rates. They noted that individuals continue to purchase cigarettes despite escalating costs, with some even prioritizing purchasing cigarettes over essential needs such as food.

“As a youth more people smoked, children around during socials and family get togethers, the cost of smoking has lessened this but not by much.”

Red River Métis Citizen, FGD

“I think it has – and people smoking outside their homes, I think that's been an ongoing thing for the past five years. So, I really don't think that we're actually going to eliminate the problem.”

Red River Métis Citizen, FGD

Participants referenced several community-based programs and resources available to aid smoking cessation in all regional health authorities except the province's Northern Health Region. Most of the mentioned programs were based in the MMF's Northwest region, which is within the province's Prairie Mountain Health region. Additionally, participants noted the availability of smoking cessation resources through community health offices and doctor's offices. One specific program mentioned was located in Ste. Rose, Manitoba, which offers comprehensive smoking cessation support, including medications and quit aids such as free nicotine gum and patches to clients.

Similarly, participants from the MMF's Southwest and Winnipeg Regions said that clients had access to free smoking cessation support and products after an assessment. Additionally, doctors' offices, hospitals, and clinics in Selkirk within the MMF's Interlake Region are access points for smoking cessation services, products, and pamphlets. Information on smoking cessation and how to access help was delivered through various channels, including billboard signs providing facts on smoking effects and the Smokers' Helpline, informational materials at tobacco retailers, and health providers such as doctors' offices, hospitals, and clinics.

“I'm from Swan River. There is [support programs and services] through Prairie Mountain Health. I was just looking it up while we were chatting, if people ask a community health offices or their doctor's offices, there is a smoking cessation program. And there's supports, there's handouts and pamphlets, I was just looking at one.”

Red River Métis Citizen, FGD

“I myself used the smoking cessation program they have in Winnipeg at the Health Science Centre. I used it two years ago and they actually – they assess where you are and what you need to help you quit smoking and they do give it to you for free.”

Red River Métis Citizen, FGD

“I know there was some kind of a contest that we had, I'm in Port, I'm near Portage la Prairie in MacGregor but I seem to remember a contest we had in the last, maybe just before Covid where they were like, you would pledge to quit smoking and they would pay. You were entered into a contest or something like that, you won money.”

Red River Métis Citizen, FGD

ix. Proposed Tobacco Reduction Interventions

Participants proposed several tobacco reduction interventions spanning prevention, protection, and cessation activities. Prevention emerged as a cornerstone, with participants advocating for educational initiatives and targeted messaging aimed at youth. They emphasized the importance of creating extracurricular environments promoting healthy behaviors, thereby fostering positive habits early on. In terms of cessation interventions, participants underscored the value of social support networks aiding individuals in their journey to quit smoking.

They also recommended replacing tobacco habits with alternative activities that provide distraction and support for those looking to quit. Lastly, creating smoke-free environments was viewed as critical to achieve tobacco reduction. Beyond safeguarding individuals from the harmful effects of second-hand smoke, smoke-free environments were seen as integral to supporting both prevention and cessation efforts. By fostering

environments free from tobacco use, these initiatives can contribute to changing social norms and promoting healthier lifestyles within the Red River Métis Community.

- **Education**

Participants indicated that educating children and youth is vital to prevent the use of tobacco products and vaping. They emphasized that prevention efforts are more effective and easier to accomplish than attempting to intervene with established smoking or vaping habits. In this context, early education emerged as a crucial strategy for breaking the cycle of recreational nicotine use within the Red River Métis Community.

According to the Red River Métis participants, the objectives of educational activities should focus on:

- disseminating information on the harmful effects of using tobacco products and vaping
- providing children and youth with confidence to combat peer pressure.

While most recommendations were concerning school-based interventions, a few focused on advising parents on how to talk to their children about smoking and vaping. Participants suggested that support and guidance from the school system would be beneficial in promoting the prevention of tobacco use and vaping at home.

“I know that education at a younger age, maybe starting at 8 years old instead of waiting until they're in grade 8 to start doing it or to start educating them might be the process.”

Red River Métis Citizen, FGD

“If we educate them in advance, they may be the ones that will educate those others that are pressuring them, say “hey” you know give them that confidence and knowledge to give them some advice.”

Red River Métis Citizen, FGD

- **More than Education is Needed for Tobacco Reduction**

Despite the recognition of the importance of education in promoting tobacco reduction, participants unanimously agreed that it alone is insufficient to address the complex issue of nicotine product use within the Red River Métis Community. They highlighted that despite being aware that smoking is detrimental to health, many individuals, including themselves or their family members, initiated smoking. This observation underscores the limitations of education-based interventions in deterring the uptake of nicotine product use.

“And when I was a smoker, I didn't care about that [health effects] at that time, I just smoked and smoked and smoked. I didn't care who was around or what was happening I just, I was just a bad ignorant smoker.”

Red River Métis Citizen, FGD

“This is just speaking from my experience, I was educated on smoking, and I knew that it was bad, but I still did it anyways because we were younger, we're going to make decisions like that.”

Red River Métis Citizen, FGD

- **Tobacco Reduction Messaging for Youth**

Several Red River Métis believed that tobacco reduction messaging should be an integral part of the tobacco reduction strategy. Participants suggested focusing on educating youth on the following aspects of commercial tobacco use:

- Harms of recreational nicotine use
- Content of nicotine products
- Methods used by the commercial tobacco industry to increase the addictiveness of their products.

They noted that communication channels such as social media, billboards, and contests would help circulate tobacco reduction messaging. They proposed utilizing social media platforms such as TikTok to create engaging videos that openly discuss smoking, as well as hosting contests that involve role-playing scenarios centered around tobacco cessation. They emphasized that uncensored images showing the effects of smoking and vaping on lungs and/or other permanent health consequences, such as requiring permanent oxygen therapy, would be persuasive.

“And now with the kids, that's exactly it is the role playing. The making videos, they love that if they could do a role playing with videos. Have a contest or something they would just click into that with prizes. They all they're all doing selfies and all of these things. That's the now.”

Red River Métis Citizen, FGD

“I think would be very useful is an exposure of [...] all the additives that are in a single cigarette. I think people think it's just tobacco in there, [...]. And if somebody could expose that, just I think that'd be an interesting TikTok. Have a list of all the additives. So that people really realize what they're ingesting.”

Red River Métis Citizen, FGD

- **Extracurricular Environments for Children**

Participants suggested several youth programming options to combat peer pressure and limit the initiation of recreational nicotine use. They recommended structured activities where children and youth can talk about physical addiction, socialize and engage with someone they admire. The Red River Métis recommended drop-in centers, mentorship and after-school programs. They explained that when children are involved in healthy activities such as sports, smoking is more likely to be perceived negatively. It was noted that it is important to designate these extra-curricular environments as smoke-free.

“Keep kids involved in healthy activities, for example sports, where smoking would be looked at negatively.”

Red River Métis Citizen, FGD

“I think one of the strategies we could do, because I do see youth programming taking place and stuff like that, but I think maybe they need to make it smoke free and vape free. Because I'm seeing youth, you know, playing basketball and this and that but then they're going off the court and they're having a cigarette or they're having a vape. And maybe part of it can be making it a smoke free situation.”

Red River Métis Citizen, FGD

- **Social Support to Quit Smoking**

Social support for quitting recreational nicotine use was emphasized as an essential component of the tobacco reduction strategy. Participants advocated for a multifaceted approach to social support, encompassing both online and in-person group support options, as well as formal counseling services. The aforementioned systems would include support from family and former smokers provided for those who are currently trying to quit. Participants highlighted the importance of culturally sensitive smoking cessation counseling delivered by trained counselors, tailored to meet the unique needs of individuals in both rural and urban areas.

“And I think what would be good is if you can contact somebody that was a smoker and is not anymore, if you can talk to that person when you feel like, so, overwhelmed by wanting to smoke, if you can contact somebody like that it would be just great. But I didn't have anybody.”

Red River Métis Citizen, FGD

“Maybe once a week, there could be a therapist or a counsellor, an open therapist or counsellor that you can make, a schedule with their appointments with. So you can go and talk about that kind of stuff. Why you're addicted to smoking cigarettes, or why you want to quit or stuff like that, to help that kind of thing.”

Red River Métis Citizen, FGD

- **Replacing Smoking Habits with Healthy Alternatives**

The Red River Métis emphasized that replacing tobacco habits with healthy alternatives is vital for success of the tobacco reduction. According to them, the objectives should include keeping the hands busy, using an alternative coping mechanism for stress, and adapting to being smoke-free. Some participants revealed that they had the habit of smoking and drinking coffee after dinner, which necessitated a change to focusing on cleaning up after dinner.

In addition, smoking has been commonly cited as a mechanism of stress relief. Therefore, the need to develop new stress reduction habits was emphasized. Participants suggested healthier alternatives such as meditation and yoga as possible replacements for recreational nicotine product use. Lastly, Red River Métis believed that adapting to quitting recreational nicotine product use requires a lifestyle change, for instance, maintaining control over the amount and quality of food consumed to prevent weight gain associated with nicotine cessation.

“They [HSC Winnipeg smoking cessation program] gave me the patches and they gave me an inhaler that I – I still use frequently because to me it was just a habit. You know, I had to have something in my hand, mostly in the morning when I was having coffee. And I – to this day I still use the inhaler if I need it.”

Red River Métis Citizen, FGD

“...and then if you have a craving, it's replacing it with something that's better. Not eating because it's weight gain when – there can be weight gain when you stop smoking.”

Red River Métis Citizen, FGD

- **Creating Smoke-Free Environments**

Many participants recognized the transition from being able to smoke anywhere, which was widespread when they were children, to having smoke-free public spaces as positive. They believed that having smoke-free public environments made it harder to smoke or vape. Accordingly, Red River Métis recommended creating environments that promote socialization without smoking.

In addition, there was a strong emphasis on the need to maintain smoke-free homes. Indeed, one participant mentioned having a ‘no smoking’ sign in the house. Smoke-free homes are considered important for setting an example for children and reducing the likelihood of smoking initiation.

“I think that we've come a long way, because most places – we've made it very difficult for people to smoke in public or to vape in public. So, I think that's a big, big start that places don't allow it. And I hope they continue to do that because it makes it harder for a person, and I know that for myself, my husband smokes, but he doesn't smoke in the house. So, he has to go out in the cold if he's going to – in the winter. And he just has to respect that because it's his choice if he wants to smoke, but it's my choice of the house.”

Red River Métis Citizen, FGD

“I think myself, if the family doesn't smoke in the house, then it's a good chance that the kids won't even start.”

Red River Métis Citizen, FGD

Section 6: Limitations

Gender: The majority of the participants in this study identified as women, resulting in research that predominantly reflects their lived experiences. Consequently, gender differences are not accounted for, which may introduce a gender bias into the recommendations and impact generalizability of the findings.

Age: The majority of the study population were older adults with only 21% of participants being between the age of 16 to 29. While participants shared their opinions on smoking and vaping among Red River Métis children and youth, there was no direct engagement with individuals under 16 years old. The authors recognize that adults' perceptions may not completely align with those of individuals under 16 years old and the lack of youth representation in the study may impact generalizability of the findings.

Red River Métis Beyond Borders: It is essential to recognize that the Red River Métis population extends beyond the borders of Manitoba, yet to date there is no available information concerning the comparative health status and associated risk factors for Red River Métis Citizens living outside the provincial borders. This research project specifically engaged participants from the seven MMF Regions within Manitoba. Therefore, it is crucial that further research is inclusive of Red River Métis Citizens residing outside of Manitoba's borders. Acknowledging this gap is particularly significant, as the MMF's Beyond Borders Taskforce has identified the necessity for diverse healthcare support for Red River Métis living outside of Manitoba. The Beyond Borders Taskforce underscored that healthcare tailored for Red River Métis should be grounded in rights recognition and government-to-government relationships (Beyond Borders Taskforce, 2022). According to UNDRIP, future research and engagement initiatives should aim to extend their scope to encompass participants from across the Homeland, irrespective of the present colonial borders.

COVID-19 Pandemic: The research findings are impacted by the composition of the FGD sample. The shift to online discussions dictated by the pandemic, resulted in a convenience sample that might not fully represent the broader Red River Métis population. However, the online format offered unique advantages to engage with geographically isolated participants.

Section 7: Recommendations and Conclusion

7.1. Recommendations

The Red River Métis made several suggestions on how the MMF can support Citizens wishing to quit using recreational nicotine products. Across FGDs, there was a strong emphasis on the MMF providing support programs that offer resources and products to help people quit. In this regard, Citizens identified the need for a cessation support specialist in each MMF Region, smoking cessation kits, and services to promote healthier lifestyle, including counselling. According to them, the cessation support specialist's responsibilities should include organization and facilitation of cessation support groups and ensuring access to nicotine replacement resources.

Participants also advocated for financial incentives and rewards for those who stop recreational nicotine product use for a period. Participating Red River Métis also suggested distributing tobacco seeds and pamphlets about traditional tobacco. Promotion of traditional tobacco was noted for its cultural relevance and was perceived by participants as safer than commercial products.

Participants expressed a strong desire for the MMF to provide free or subsidized NRT and smoking cessation medications. They noted that the high cost of these aids is prohibitive for many who want to quit using recreational nicotine products.

“Maybe offering the free product or even offering some courses, like, you know, letting people know that they're there to help them quit. And providing them with the resources and the product to help them quit. -- To know where to go or even offer the courses there themselves. Like a support group or something like – along that line.”

Red River Métis Citizen, FGD

“Develop programs to offset the cost of products. Absolutely. You know, the patch, the nicotine gum, these are expensive substitutes.”

Red River Métis Citizen, FGD

In addition, a public education campaign with images of Red River Métis people was recommended.

“If there is more it's certainly offered by the Nation or in collaboration with the Nation, we need to do a campaign because I've never heard of it. So, that would be my advice for getting the word out on how to quit.”

Red River Métis Citizen, FGD

7.2. Conclusion

Findings from this study confirmed the availability of various cessation support services across the province. It is noteworthy that Thompson, The Pas, Northwest, and Southwest Regions (Prairie Mountain Health and Northern RHA) have more tobacco reduction interventions than other MMF Regions. There is a strong emphasis on delivering preventative intervention and cessation services. However, less focus is placed on instituting protection measures apart from the legislative ban on smoking in restricted areas. Across the province there is limited emphasis on tailoring communication and tobacco reduction activities to the Red River Métis Community.

This study delved into Red River Métis Citizens' perspectives and recommendations for commercial tobacco reduction within the community. The voices of our Citizens will guide the development of the Red River Métis-specific Tobacco Reduction Strategy targeting three key tobacco reduction areas: prevention, cessation, and protection.

“Although, quitting tobacco smoking and the use of vaping products may be challenging, it is not impossible.”

Red River Métis Citizen, FGD

Appendix A

Table 8: Alignment Between RHA Regions and the MMF Regions

Regional Health Authority	MMF Region	MMF Community-Level Locals
Northern Health Region	Thompson Region	All except Churchill
	The Pas Region	Easterville, Grand Rapids, Moose Lake, The Pas, Cormorant, Cranberry Portage, Flin Flon, Sherridon and Snow Lake.
Prairie Mountain Health Region	The Pas Region	Baden, Barrows, Mafeking, Red Deer Lake, Pelican Rapids, Prairie Mountain
	Northwest Region	All
	Southwest Region	Assiniboine, Binscarth/ Ste Madeline Birtle, Cherry Creek Métis Council, Erikson/ Wapiti, Fort Elice, Grand Valley, Westman, Les Métis, Pelly Trail/ Russell, Pembina River, Rivers, Snake Creek, Turtle Mountain
Southern Health Region	Southwest Region	Amaranth, Portage, St. Ambrose, St. Marks, St. Eustace
	Southeast Region	Lorette, St. Adolphe, St. Malo, St. Labre, Woodridge, Vassar, South Junction, La Broquerie, Marchand, Richer
Interlake-Eastern Health Regional Authority	Southeast Region	Anola, Ste. Rita, Stoney Point, Traverse Bay, Victoria Beach, Berens River, Grand Marais, Lac Du Bonnet, Manigotagan, Powerview, Seymourville
	Interlake Region	All
Winnipeg Regional Health Authority	Thompson Region	Churchill
	Winnipeg Region	All

Appendix B

Table 9: Commercial Tobacco Reduction Programs Available to Red River Métis Residing Within and Outside of Manitoba

Program Name	Description	Coverage Area	Target Audience	Services Provided	Contact Information	Working Hours
Provincial Programs						
Healthy Together Now	A funding program supporting health promotion initiatives aiming to prevent chronic diseases through community-led efforts. Previous initiatives include tobacco reduction programs.	Manitoba	General population	Funding, support, and training for projects targeting at-risk populations for chronic diseases, including tobacco reduction programs and cessation interventions.	Website: https://healthytogethernow.net/ Email: htninfo@gov.mb.ca	N/A
Manitoba Pharmacare Program	Provincial drug benefit initiative providing assistance to individuals seeking to quit tobacco use, covering Champix™ (varenicline) for up to 12 weeks annually and Bupropion.	Manitoba	General population	Assistance for tobacco cessation, coverage for Champix™ (varenicline) and Bupropion.	Website: https://www.quitsmokingmb.ca/ Email: info@pharmacistsmb.ca	N/A
Manitoba Quits	An online support group managed by the Manitoba Lung Association and MANTRA, offering cessation support, including a private Facebook page, quit stories, tips, and information.	Manitoba	General population	Online support group, private Facebook page, quit stories, helpful tips, cessation medications, and health information related to smoking, vaping, and cessation methods.	Website: https://mb.lung.ca/tobacco-vaping-information/ Facebook group: https://www.facebook.com/groups/ManitobaQuits/ Phone: 204-774-5501	N/A
Quit Smoking	A program provided by CCMB offering personalized and cost-free support to patients, their families, and staff. Services include	Manitoba	Patients, families, CCMB staff	Personalized support, access to cessation medications (e.g., Bupropion, Varenicline, NRT), counselling, smoking and craving journaling,	Website: https://www.cancercare.mb.ca/screening/cancer-prevention/q	N/A

	access to cessation medications, counselling, smoking and craving journaling, and carbon monoxide level monitoring.			carbon monoxide level monitoring, access to cancer care services.	uit-smoking-program Phone: 1-888-775-9899 204-787-8770	
Run to Quit	A federally funded program by the CCS and Running Room, offering a 10-week smoking cessation program combining running or walking with quitting support, cessation tools, and consultation with quit coaches.	Manitoba	General population	10-week smoking cessation program, combining running or walking with quitting support, cessation tools, consultation with quit coaches, access to the Smoker's Helpline and online resources.	Website: https://support.cancer.ca/site/SPageServer/?pagename=RunToQuit_signup https://www.runningroom.com/ca/inside.php?id=3123 Phone: 1-866-366-3667	N/A
ReVIEW & Rate	A prevention program tailored to students in Grades 5 through 12, promoting diverse perspectives on nicotine, tobacco use, and vaping. Classroom discussions, ad evaluation, and critical thinking activities are key components.	Manitoba	Students (Grades 5-12)	Classroom discussions, ad evaluation, critical thinking activities, rating sessions, and resources for teachers including DVDs, ballots, and program guides.	Website: https://manitobastoptobacco.ca/ Email: health.promotion@gov.mb.ca greg.martin@gov.mb.ca	N/A
Back Off Tobacco	An integrated program in Manitoba's Physical Education/Health Education Curriculum targeting students from Kindergarten through Grade 12, aiming to foster social competence skills and introduce avoidance and refusal strategies.	Manitoba	Students (Kindergarten-Grade 12)	Curriculum integration, age-appropriate resources, activities, and guidance for teachers to deliver lessons on social competence, avoidance, and refusal strategies related to tobacco use.	N/A	N/A

SWAT	A student-led initiative targeting Grades 9-12, driving anti-tobacco campaigns and presentations in schools to raise awareness about the adverse effects of tobacco use and promote smoking abstinence among peers.	Manitoba	Students (Grades 9-12)	Student-led anti-tobacco campaigns, presentations, and peer education initiatives focusing on the adverse effects of tobacco use and promoting smoking abstinence.	N/A	N/A
Multiprovincial Programs						
Break It Off	A digital campaign developed by Health Canada and the CCS targeting young adults aged 19-29, offering multi-platform support including a website, app, and social media community to assist in quitting smoking and promoting a smoke-free lifestyle.	Manitoba, Yukon, Saskatchewan, Prince Edward Island, Ontario	Young adults (Aged 19-29)	Multi-platform support, website resources, app for progress tracking, social media community, cessation methods information, cessation plan generator, 'smoking cost' calculator, and quit videos.	Website: https://breakitoff.ca/	N/A
Smoker's Helpline	A service established by the CCS, offering complimentary counselling and support services for individuals seeking to quit smoking, vaping, or tobacco use.	Manitoba, Yukon, Saskatchewan, Prince Edward Island, Ontario	General population	Counselling, support services, text messaging component, online resources, cessation tips, aids, and statistics on quit attempts and success rates.	Website: https://smokershelpline.ca/ Phone: 1 877 513-5333 Social media: www.facebook.com/SmokersHelpline www.twitter.com/SmokersHelpline	Mon-Thu: 8:00 a.m.–9:00 p.m. Fri-Sun: Reduced hours
Talk Tobacco	A program implemented by the CCS in Ontario, Saskatchewan, Manitoba, and British Columbia tailored for Indigenous Canadians, offering access to quit coaches, text	Ontario, Saskatchewan, Manitoba, and British Columbia.	Indigenous Canadians	Access to quit coaches, text messaging support, personalized quit plans, two-week sample packs of NRTs, additional support resources, and referral facilitation. Services available in Cree, Inuktitut, Mi'kmaq, and Ojibwe.	Website: https://csl.canacer.ca/talktobacco/en Phone: 1 833 998-8255 Text support: Text iQuit to 123456	Monday - Thursday 7:00 a.m.-8:00 p.m. Friday 7:00 a.m.-5:00 p.m. Saturday - Sunday

	messaging support, and personalized quit plans.					8:00 a.m. - 4:00 p.m
Other Programs						
DIG Indigenous	Offered through University of British Columbia, this unique, evidence-based program is designed specifically for Indigenous dads and granddads who aspire to be healthy and smoke-free.	British Columbia	Indigenous Canadians	The program focuses on providing comprehensive support through a 10-week face-to-face group format, with each session lasting 2 1/2 hours. The approach is creative and masculine, utilizing activity-based and interactive methods tailored to engage men effectively. DIG emphasizes three core areas: Being a Dad, Being a Healthy Dad, and Being a Smoke-free Dad.	Website: https://dadsingearindigeno.us.ca/ Phone: 250-317-0810 Email: Joan.Bottorff@ubc.ca	N/A
Indigenous Tobacco Program	Developed by Cancer Care Ontario, offering information, resources, workshops, and healthy activities tailored for Indigenous People in Ontario, aiming to raise awareness, reduce smoking rates, and provide support for tobacco prevention, cessation, and protection.	Ontario	Indigenous Canadians	Information, resources, workshops, healthy activities, support for tobacco prevention, cessation, and protection tailored for Indigenous People.	Website: https://tobaccowise.cancer.ca/en Phone: 437-703-3317	Mon – Fri: 8:30 a.m. - 4:30 p.m.
Urban Indigenous Healthy Lifestyles Program	Implemented through Ontario Friendship Centers, targeting Indigenous adults and youth, promoting health outcomes, nutrition, physical activity, and youth engagement through various activities and support groups.	Ontario	Indigenous Canadians	Program components include nutrition, recreational activities, smoking cessation, smoking-free living, and youth leadership. Support groups with former smoker mentors, virtual exercise classes, nutritional videos, and healthy living bingo.	Website: https://www.tnfc.ca/urban-aboriginal-healthy-lifestyles-program/ Phone: 705 268-6262 Email: reception@tnfc.ca	Mon – Fri: 8:30 a.m. - 4:30 pm.

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