The Truth and Reconciliation Commission of Canada (TRC) details the goals and impacts of Canada's Indigenous policies over time. These included the elimination of traditional Indigenous governments and livelihood, disruption of our families and communities, and the planned expiry of treaty, half-breed script, and Inuit land claim obligations through processes of assimilation. While attempts at assimilation have been unsuccessful, these policies have resulted in a disproportionate burden of poverty, dislocation from traditional lands, disruption of family and community support systems, the undermining of language and culture, and restricted access to traditional medicines and healing practices for many Indigenous people. These conditions and experiences have been linked to today's high rates of commercial or non-traditional tobacco use and substance use.¹,² Commercial tobacco reduction strategies have been effective in reducing tobacco use among the general population,³ however, Indigenous communities have not experienced the same benefits. The findings on alcohol use align with existing evidence that Indigenous people in Canada frequently abstain from drinking alcohol, but among those who do drink, heavy drinking is common.

Cigarettes

63% of Indigenous adults in Toronto smoke compared to 16% of adults (aged 12 years+) in the Toronto Health Unit Area.⁴

43% of smokers currently smoke 11 or more cigarettes per day.

Over Half (54%)

Alcohol

Indigenous adults in Toronto did not drink any alcoholic beverages in the past month.

1 in 3 (32%)

38% of Ontarians did not drink any alcoholic beverages in the past month.⁶

47% of Indigenous adults abstain or rarely engaged (less than once per month) in heavy drinking (5 or more drinks at a sitting) in heavy drinking (5 or more drinks at a sitting) in the past year, compared to 84% of adults living in the Toronto.⁷

Heavy Drinking (5 or More Drinks)

- Never: 26%
- Less than once per month: 21%
- Once per month: 13%
- 2-3 times per month: 17%
- Once per week: 7%
- More than once per week: 11%
- Everyday: 5%
Cannabis use is a common method of self-medication among populations with unmet health care needs. Cannabis has also become a more accepted treatment for certain health conditions or side effects of health treatments. Given plans to legalize cannabis, it is important to understand its use within different populations in Canada. The growing opioid crisis among Indigenous peoples in Canada has also demonstrated a need for data on non-prescription opioid use and related harms to better address the needs of those at risk of overdose and to improve public health.

**Substance Use**

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**Cannabis Use**

- **63%** of Indigenous adults in Toronto used cannabis in the past year.
- **12.1%** of Ontarian adults used cannabis in the past year.

**Frequency of Cannabis Use in Past Year among Cannabis Users**

- About 2-3 times a year: 14%
- About once a month: 9%
- 2-3 times a month: 14%
- About 2-3 times a week: 21%
- About once a day: 42%

**Age of Cannabis Users**

- 15 to 24 years: 7%
- 25 to 34 years: 22%
- 35 to 44 years: 25%
- 45 to 54 years: 23%
- 55 years and over: 23%

**Opioid Use**

- **18%** of Indigenous adults in Toronto used prescription opiates without a prescription or out of keeping with how they were prescribed in the past year.

**Age of Prescription Opiate Users**

- 15 to 24 years: 31%
- 25 to 34 years: 18%
- 35 to 44 years: 16%
- 45 to 54 years: 9%
- 55 years and over: 18%

**Opioid Use**

- **80%** of those who used prescription opiates without a prescription or out of keeping with their prescription (in the past year) have at least one chronic health condition.

These rates were similar to non-opiate users indicating that more research is needed to understand links between chronic illness and opiate use.
19% of Indigenous adults in Toronto have used a needle to inject a drug that wasn’t prescribed to them in their lifetime.

7% of Indigenous adults have ever shared needles with someone else.

**Policy Implications**

**Implement TRC Call to Action 19:**

We call upon the federal government, in consultation with Indigenous peoples, to establish measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities. Such efforts would focus on indicators such as addictions, chronic diseases, mental health, illness and injury incidence, and the availability of appropriate health services.

**Implement TRC Call to Action 21:**

We call upon the federal government to provide sustainable funding for existing and new Indigenous healing centres to address the physical, mental, emotional, and spiritual harms.

**Additional Recommendations:**

City of Toronto, provincial and federal policy makers work in partnership with urban Indigenous peoples and organizations to:

- Develop, fund, implement and evaluate community driven commercial (non-traditional) tobacco reduction programs and services in alignment with Canada’s commitment under the Framework Convention of Tobacco Control.
- Develop, fund, and implement Indigenous specific and community driven cannabis use health information resources and use reduction programming.
- Develop, fund, and implement Indigenous specific and community initiatives that address the causes of and provide treatment for (including harm reduction) opioid misuse.

**Definitions**

Indigenous adults: persons self-identifying as Indigenous such as First Nations, Métis, Inuit, or other Nation in Canada, aged 15 years and older living or using services in the City of Toronto. *The 2015/2016 CCHS defines heavy drinking as 5 or more drinks in one sitting for males, or 4 or more drinks in one sitting for females.

**Sources**