

Our Health Counts Toronto

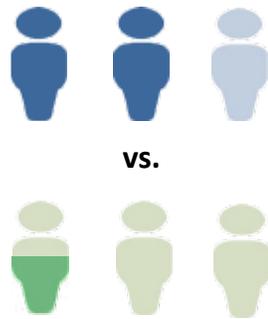
An inclusive community-driven health survey for Indigenous peoples in Toronto

Substance Use

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

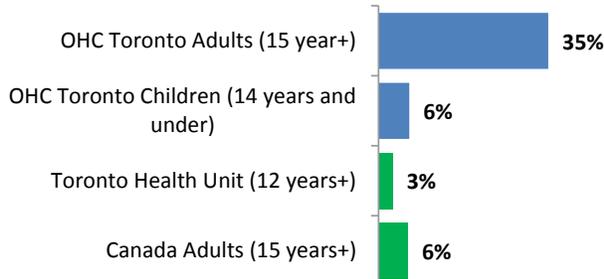


4 times the rate

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

Over Half (54%) of smokers tried to quit at least once in the past year. Nationally, **52%** of daily smokers attempted to quit in the past year.⁵

Living in a Smoking Home



Alcohol

1 in 3 (32%)

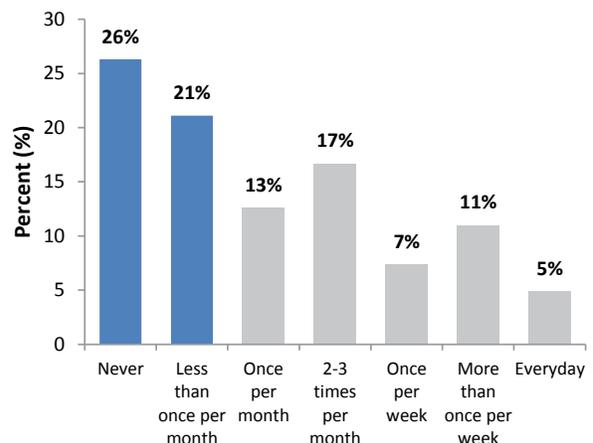
Indigenous adults in Toronto did not drink any alcoholic beverages in the past month.

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 the past year, compared to **84%** of adults living in the Toronto.^{7*}

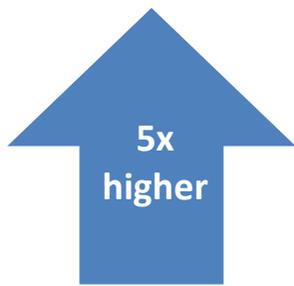
Heavy Drinking (5 or More Drinks)



Substance Use

Cannabis use is a common method of self-medication among populations with unmet health care needs.⁸ 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.

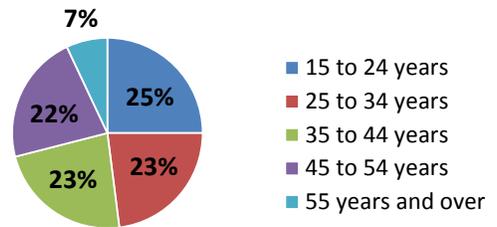
Cannabis Use



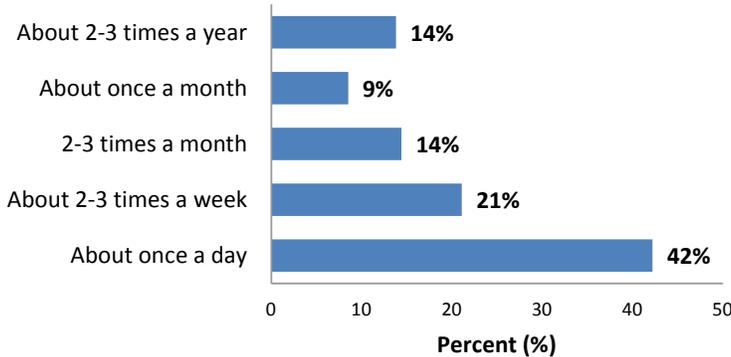
63% of Indigenous adults in Toronto used cannabis in the past year.

12.1 % of Ontarian adults used cannabis in the past year.⁹

Age of Cannabis Users



Frequency of Cannabis Use in Past Year among Cannabis Users



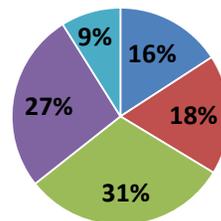
Of those Indigenous adults in Toronto who used cannabis in the past year:

- **62%** rated their general health as fair or poor
- **75%** had at least 1 chronic health condition
- **36%** screened positive for PTSD

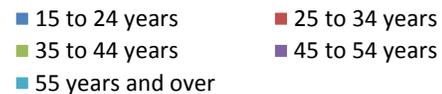
These rates were similar to non-cannabis users indicating a need for more research on the drivers of cannabis use.

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



Of those who used prescription opiates without a prescription/out of keeping with how they were prescribed ,

31% used them about **once a day**.

80% of those who used prescription opiates without a prescription/ 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.

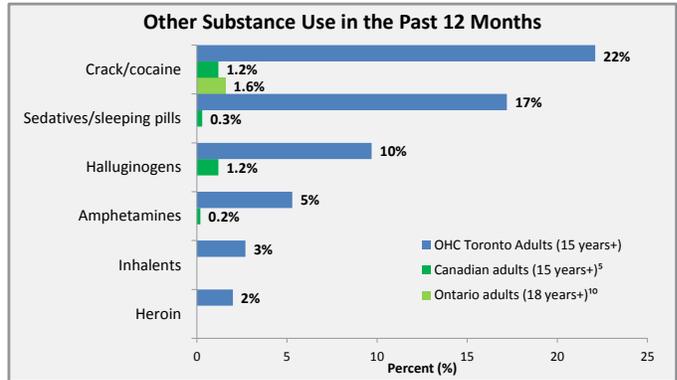
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Substance Use

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.

Population based estimates were created using respondent driven sampling (see Methods and Design Factsheet for more details)

Sources

1. Mikkonen & Raphael (2010); 2. Truth and Reconciliation Canada (2015); 3. Reid et al. (2017); 4. Statistics Canada (2015/16a); 5. Government of Canada (2015); 6. Government of Canada (2011); 7. Statistics Canada (2015/16b); 8. Harris & Edlund (2005); 9. Statistics Canada (2012); 10. Ialomiteanu et al. (2015)

Our Health Counts: Community health assessment by the people, for the people



Well Living House
Indigenous Research, Scientific Integrity

Seventh Generation Midwives Toronto

SGMT



CIHR IRSC
Canadian Institutes of Health Research
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For the full OHC Toronto report visit:
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