



Ontario

Cancer Care Ontario

Action Cancer Ontario



# Cancer Risk Factors in Ontario

Aboriginal Peoples (off-reserve)



## 4. ABORIGINAL PEOPLES (OFF-RESERVE)

Please note that the results presented for Aboriginal Peoples in this report only include off-reserve populations because the Canadian Community Health Survey (CCHS) does not include First Nation reserves. Results specific for Inuit are not presented due to small sample sizes but this group is included in the analyses of all Aboriginal groups combined.

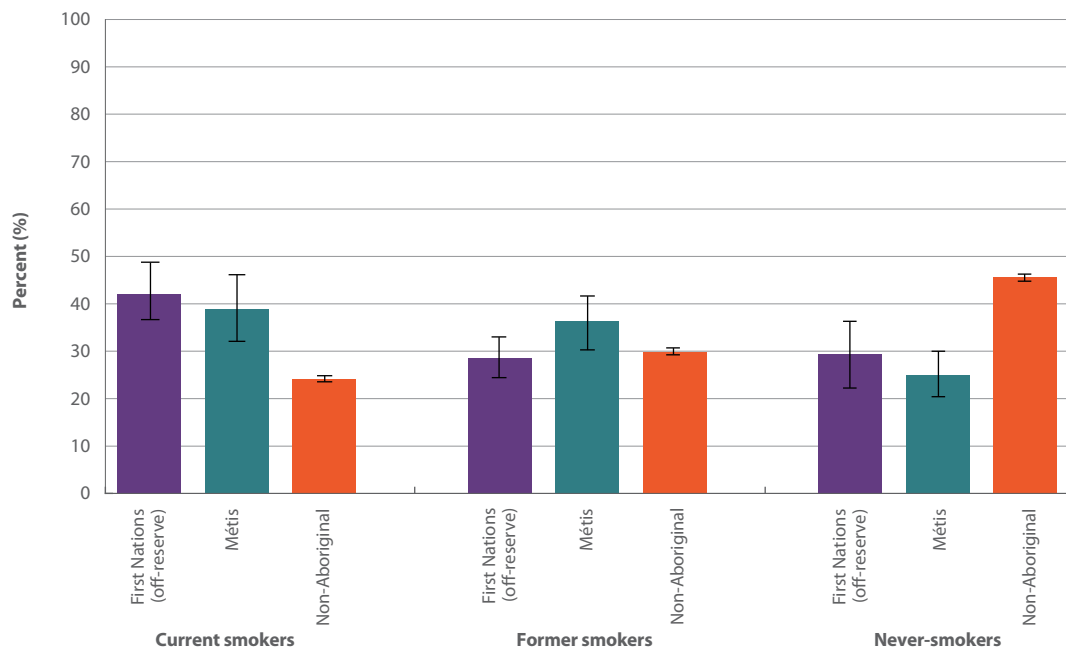
### 4.1 SMOKING STATUS

- Larger proportions of off-reserve First Nations and Métis males were current smokers (42.1% and 38.8%, respectively), compared with 24.2% of non-Aboriginal males (Figure 23A; supplementary table S23).
- Never-smokers made up smaller proportions of off-reserve First Nations males (29.4%) and Métis (24.9%) males than of non-Aboriginal males (45.6%).
- Estimates of former smokers were higher for Métis males (36.3%) than for non-Aboriginal males (29.9%). There were 28.5% off-reserve First Nations males who were former smokers.
- Compared to non-Aboriginal females (16.8%), a larger proportion of off-reserve First Nations (41.0%) and Métis (32.5%) females were current smokers (Figure 23B).
- Smaller proportions of off-reserve First Nations (29.5%) and Métis (42.0%) females were never-smokers compared to their non-Aboriginal counterparts (60.6%).
- There were more former smokers among First Nations females (29.4%) than among non-Aboriginal females (22.4%); Métis women had an intermediate proportion of former smokers (25.6%) that was not statistically significantly different from the other two groups.
- Higher rates of current smoking among First Nations and Métis males and females compared to their non-Aboriginal counterparts persist after adjusting for other factors than age (education, income and urban vs. rural residence), suggesting that the elevated smoking rates among Ontario's Aboriginal peoples are not related solely to socio-demographic inequalities (Unpublished data, Cancer Care Ontario).

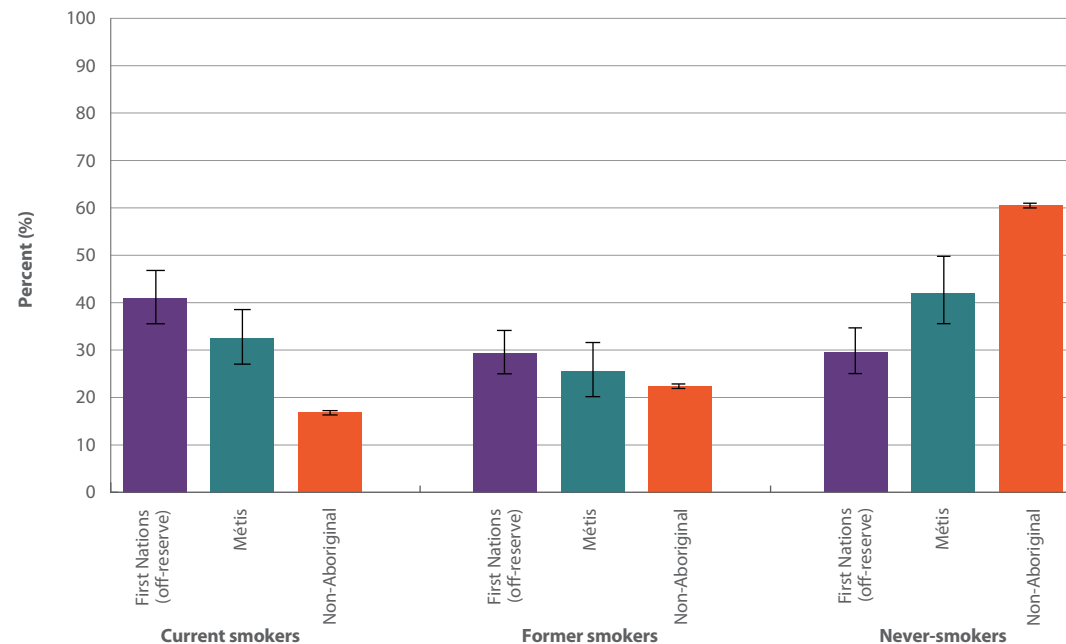
**FIGURE 23.**

Smoking status of Ontario adults (aged 20+), by Aboriginal identity (off-reserve), 2007–2011 combined

**A) Male smoking status**



**B) Female smoking status**



**Notes:** Estimates are age-standardized to the 2006 Canadian population. I represent 95% confidence intervals.  
 Data from CCHS cycles 2007 through 2011 combined to increase sample size for analyses by Aboriginal identity.  
**Source:** Canadian Community Health Survey, 2007–2011 (Statistics Canada)

**FIGURE 24.**

Trends in current smoking prevalence among Ontario adults (aged 20+), by Aboriginal identity (off-reserve), 2007–2011



**Notes:** Estimates are age-standardized to the 2006 Canadian population.

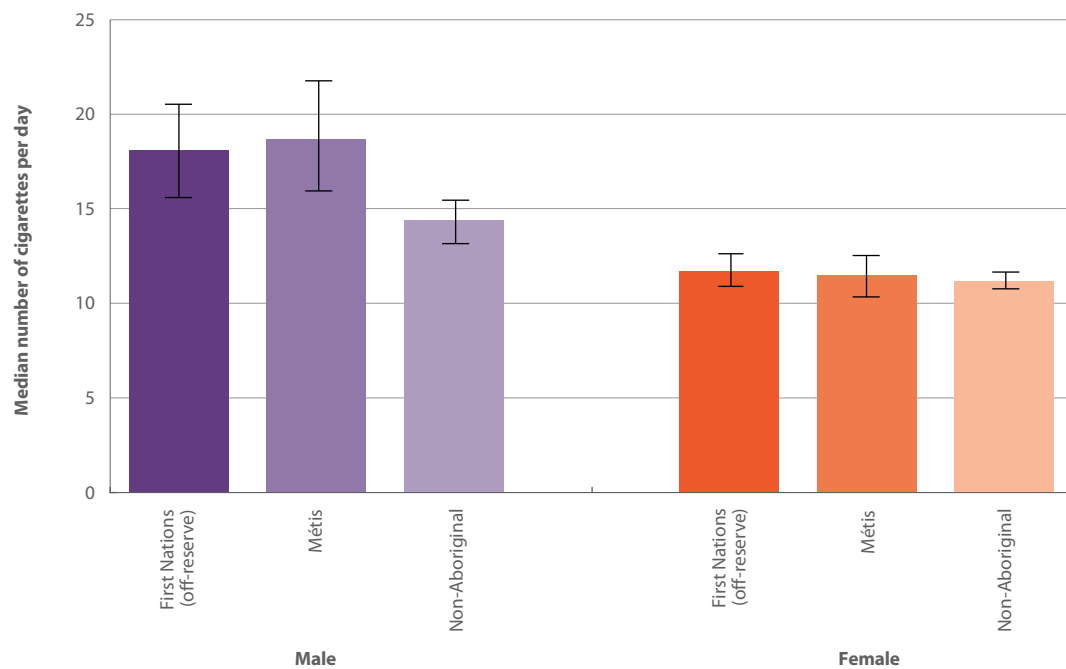
**Source:** Canadian Community Health Survey, 2007–2011 (Statistics Canada)

- In 2011, 36.5% of off-reserve Aboriginal adults aged 20 and over were current daily or occasional smokers, while 20.3% of non-Aboriginal adults were smokers (Figure 24; supplementary table S24).
- From 2007 to 2011, the smoking prevalence in the off-reserve Aboriginal population was consistently higher than prevalence in the non-Aboriginal population.
- No significant change was observed for either Aboriginal or non-Aboriginal smoking prevalence estimates in 2011 compared to 2007.

## 4.2 CIGARETTE CONSUMPTION

FIGURE 25.

Median cigarette consumption among adult (aged 20+) daily smokers in Ontario, by sex and Aboriginal identity (off-reserve), 2007-2011 combined



Notes: I represent 95% confidence intervals.

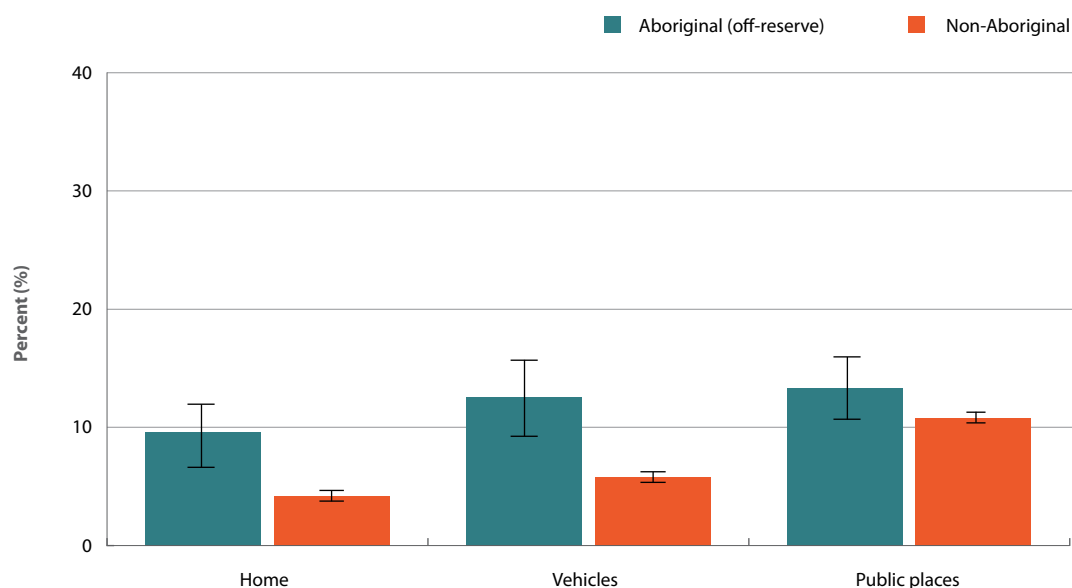
Source: Canadian Community Health Survey, 2007–2011 (Statistics Canada)

- Male daily smokers had higher daily median cigarette consumption than females in all three groups: off-reserve First Nations, Métis and non-Aboriginals (Figure 25 ; supplementary table S25).
- First Nations and Métis adult males had higher daily median cigarette consumption (18.1 and 18.7, respectively), compared to 14.4 for non-Aboriginal males.
- There were essentially no differences in median daily cigarette consumption by women in the three groups: off-reserve First Nations (11.7), Métis (11.5) and non-Aboriginal (11.2).

### 4.3 EXPOSURE TO SECOND-HAND SMOKE

**FIGURE 26.**

Prevalence of second-hand smoke exposure in adults (aged 20+) in Ontario, by Aboriginal identity (off-reserve), 2007–2011 combined



**Notes:** Estimates are age-standardized to the 2006 Canadian population.  
I represent 95% confidence intervals.

**Source:** Canadian Community Health Survey, 2007–2011 (Statistics Canada)

- A larger proportion of the off-reserve Aboriginal population reported second-hand smoke exposure at home (9.6%) and in a vehicle (12.6%), compared to the non-Aboriginal population (4.2% home, 5.8% vehicle) (Figure 26; supplementary table S26).
- There were no statistically significant differences for estimates of second-hand smoke exposure in public places between off-reserve Aboriginal (13.3%) and non-Aboriginal (10.8%) survey respondents.
- National data from the First Nations Regional Health Survey show even higher rates of smoking among the First Nations population living on-reserve (56.9% in 2008/2010)<sup>30</sup>, suggesting that Ontario's on-reserve First Nations population also has a particularly high prevalence of smoking.

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- Greater burden of tobacco exposure—active tobacco smoking, median cigarette consumption and second-hand smoke exposure—among Ontario’s off-reserve Aboriginal populations and the probably even higher smoking rates on Ontario reserves highlights the need for culturally appropriate tobacco control measures focused in these populations, such as those being initiated by Cancer Care Ontario’s Aboriginal Tobacco Program.
  - Given the high prevalence of smoking among the off-reserve Aboriginal populations, it is likely that in the near future these populations will also experience a larger tobacco-related cancer burden than Ontario’s non-Aboriginal population, if they do not already. Specifically, the higher prevalence of smoking means that a higher estimated proportion of cancers in the Aboriginal populations would be attributable to cigarette smoking than the estimates for the general population of Ontario included in the “Context” section of this report.