CANADIAN PARTNERSHIP AGAINST CANCER

Guidance on implementing culturally safer smoking cessation in cancer care

Addendum to the Action Framework and Implementation Checklist

DECEMBER 2026

This is an addendum to the Canadian Partnership Against Cancer's (the Partnership) smoking cessation in cancer care Action Framework and Implementation Checklist. It does not replace these documents, but it is meant to provide updated guidance to partners working in provincial and territorial cancer programs on the implementation of culturally safer smoking cessation supports for First Nations, Inuit and Métis with cancer.

Work to improve culturally safer smoking cessation could act as a catalyst for cancer programs to take broader actions to improve culturally safer care; most of the principles discussed in this addendum could apply to any area of cancer care.

The Partnership's work with First Nations, Inuit and Métis

Cancer care in Canada does not yet serve everyone equitably. First Nations, Inuit and Métis continue to face barriers to timely, culturally safer, and effective care — shaped by colonial systems, racism and jurisdictional gaps.

Since its inception, the Partnership has been working alongside First Nations, Inuit and Métis partners to transform cancer care.

It has been building lasting, respectful relationships and changing the way it works by supporting culturally appropriate care, self-determined health solutions and First Nations-, Inuit- and Métis-governed data in cancer control. These partnerships support specific strategies that reflect cultural knowledge, self-determination and community leadership, ultimately improving outcomes and experiences across Canada.

The Partnership is committed to working in a reconciliatory way with First Nations, Inuit and Métis to improve the cancer system by implementing the Truth and Reconciliation Commission's health-related Calls to Action, supporting self-determined, regional and Peoples-specific priorities in the *Canadian Strategy for Cancer Control*, and supporting partners in their efforts to improve the quality of life and health outcomes of all First Nations, Inuit and Métis patients and families. The Partnership developed the *Reconciliation Pathway*, a plan to advance its commitment to reconciliation in collaboration with First Nations, Inuit and Métis Advisors and partners.

The Pan-Canadian Tobacco Cessation and Cancer Care Network and culturally safer smoking cessation

Since 2016, the Partnership has provided support to provinces and territories to integrate smoking cessation[1] supports into outpatient cancer care settings. In 2017, the Partnership established the Pan-Canadian Tobacco Cessation and Cancer Care Network (Network), which included key leaders from cancer and commercial tobacco control programs in each province and territory, representatives from the federal government, and patient and family representatives.

Smoking cessation supports that are based on research evidence include education, behavioural counselling, and smoking cessation medications. Cancer care settings in Canada now have these smoking cessation supports, and they are described in the *Smoking cessation in cancer care across Canada, 2022-23* impact report.

Smoking cessation supports for First Nations, Inuit and Métis with cancer are available in some cancer care settings in Canada and through Talk Tobacco. For example, some cancer care settings provide tailored educational materials, referrals to First Nations-, Inuit- and/or Métis-specific smoking cessation services or help navigating Non-Insured Health Benefits for First Nations and Inuit.

In 2023, the Network identified priorities for a new term of work; among them was a priority to reach First Nations, Inuit and Métis and populations experiencing inequities in the cancer system. In 2024, the Network initiated discussions on reconciliation and approaches to improving culturally safer smoking cessation supports for First Nations, Inuit and Métis in cancer care settings. As a first step towards providing culturally safer smoking cessation in cancer care settings, the Network prioritized sharing information and resources, and strengthening and clarifying the cultural competency sections of its 2019 Action Framework and Implementation Checklist. This work is related to the Truth and Reconciliation Commission's Calls to Action #22 and #23, to Priority 6 of the *Canadian Strategy for Cancer Control*, to provide culturally appropriate care closer to home, and the Partnership's *Reconciliation Pathway* goal to influence and effect change across the cancer system.

Development of the addendum

This document is an addendum to the 2019 Action Framework and Implementation Checklist. It is not meant to replace the "Culturally Competent" category of the Implementation Checklist, but it instead outlines guiding principles of engagement with First Nations, Inuit and Métis partners and key criteria needed to implement culturally safer smoking cessation in cancer care settings. Implementing all the components of this addendum would ideally position cancer programs to be able to provide culturally safer smoking cessation supports for First Nations, Inuit and Métis; however, it is expected that implementation would occur gradually.

[1] Smoking cessation refers to the cessation of commercial tobacco products, not traditional or sacred tobacco. Traditional or sacred tobacco is used by some First Nations or Métis communities in ceremonial or sacred rituals for healing and purifying.

The Partnership developed this addendum with several inputs:

- Information and resources from Network members on reconciliation and culturally safer smoking cessation in the provinces and territories
- Advice and input from the Culturally Safer Smoking Cessation Working Group of the Network, and feedback from Network members on a draft addendum
- Advice from the Partnership's First Nations, Inuit and Métis Cancer Strategy Team and the Partnership's Métis Community Health Advisor
- The Partnership's report on its work with First Nations, Inuit and Métis, including Guiding Principles of Engagement

What is culturally safer care?

First Nations, Inuit and Métis need to feel safe, respected and understood when seeking health care. Culturally appropriate care follows values, traditions and ways of healing, and is shaped by the people receiving care, not just the provider.[2]

Clear definitions of cultural safety and related terms are available in a report from the Public Health Agency of Canada, *Common Definitions on Cultural Safety. Chief Public Health Officer Health Professional Forum*, which was developed in collaboration with several First Nations, Inuit and Métis organizations. More resources on cultural safety are available at the National Collaborating Centre for Indigenous Health.

Culturally safer care should be distinctions-based, with separate resources for First Nations, for Inuit and/or for Métis. For example, traditional tobacco is used in only some First Nations or Métis communities in ceremonial or sacred rituals for healing and purifying. Sacred medicines may be an important part of some people's healing journeys, but these medicines are different in different communities.

Engaging First Nations, Inuit and Métis and building partnerships

Reciprocal relationships with local First Nations, Inuit and/or Métis communities and partners, such as healthcare providers, community health workers, Knowledge Keepers, Traditional Healers and/or Elders, are foundational to providing culturally safer care in the cancer system.

Once relationships with local First Nations, Inuit and/or Métis partners have been established, collaboration on cancer care initiatives, including smoking cessation supports, can take place. Ideally, cancer care staff and First Nations, Inuit and/or Métis partners would co-develop, -implement, and -evaluate culturally safer smoking cessation supports.

The Partnership's Guiding Principles of Engagement, co-developed with First Nations, Inuit and Métis Elders, Advisors and partners, guide its work. Cancer programs can use these principles as examples as they build and maintain relationships with local First Nations, Inuit and/or Métis partners.

- *Lead to action* – Move from listening to making meaningful, community-driven change.
- *Reflect diverse experiences* – Include stories and perspectives from First Nations, Inuit and Métis.
- *Ensure Peoples-specific representation* – Include First Nations, Inuit and Métis voices in all aspects of the work.
- *Respect and reflect culture* – Make First

[2] Definition of "culturally appropriate care" is from the Canadian Partnership Against Cancer.

Nations, Inuit and Métis cultures visible throughout the process and outcomes.

- *Honour protocols* – Follow Peoples-specific ways of working and decision-making.
- *Be rooted in reconciliation* – Work with care, trust, accountability and long-term commitment.
- *Recognize many ways of knowing* – Engage through oral traditions, lived experience and other knowledge systems.

Key criteria of culturally safer smoking cessation supports

Once provincial and territorial cancer programs have developed relationships with local First Nations, Inuit and Métis partners, they can use the criteria outlined below to guide their work to co-develop, co-implement and co-evaluate culturally safer smoking cessation supports. These criteria represent an optimal state, and it is expected that achieving them would happen in an incremental manner.

Engagement of First Nations, Inuit and Métis professionals

- In addition to engaging First Nations, Inuit and Métis partners, it is important to try to engage First Nations, Inuit and Métis navigators, and/or First Nations, Inuit and Métis cancer care professionals, and/or First Nations, Inuit and Métis smoking cessation professionals working in cancer programs, in the development and implementation of culturally safety trainings, educational resources, smoking cessation services, evaluations and continuous quality improvement activities.

Mandatory cultural safety training

- Developing/adapting and implementing First Nations, Inuit and/or Métis cultural safety training for cancer care staff is an important first step to providing culturally safer care.
    - Training should be mandatory for cancer care staff engaged in any aspect of smoking cessation support provision (e.g., asking about smoking status), the content should be updated regularly, and staff should take refresher training.
    - Training should be distinctions-based, which means that First Nations, Inuit and Métis are discussed separately.
    - Training should also include information about the difference between commercial and traditional tobacco (where relevant to the communities being served), and this aspect of the training should be developed with local First Nations, Inuit and/or Métis partners, including Traditional Healers, Knowledge Keepers and Elders, using local languages.

Training in culturally safer smoking cessation approaches

- Training in culturally safer approaches to smoking cessation for cancer care and community-based staff who deliver smoking cessation interventions to people with cancer should be planned for, developed/adapted and implemented, and it should eventually be mandatory for these staff. The content should be updated regularly, and staff should take refresher training.

Educational resources

- Educational resources about smoking cessation that are tailored and distinctions-based (e.g., translated, Peoples-specific) should be offered to First Nations, Inuit and Métis with cancer.
- The resources should be co-developed, implemented, and updated regularly with First Nations, Inuit and Métis partners.

Smoking cessation services

- Trauma-informed behavioural counselling and smoking cessation medications are central supports to help First Nations, Inuit and Métis with cancer quit smoking. These can be offered internally (e.g., cancer centre, mobile clinic) or they can be referred externally (e.g., community program, quitline).
- Sacred medicines are part of some people's healing journeys and should be offered, if requested.
- The smoking cessation services should be co-developed and implemented with First Nations, Inuit and Métis partners.

Evaluation

- Methods (e.g., surveys, interviews, storytelling, sharing circles) should be co-developed and implemented to assess First Nations, Inuit and Métis people's perceptions of the cultural safety of the smoking cessation resources and services they received, and the reach and effectiveness of these resources and services.
- All data collection and stewardship should follow First Nations, Inuit and/or Métis data governance principles and community-defined data governance processes and should inform continuous quality improvement of smoking cessation resources and services.