

KEEP

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NATIONAL NATIVE NETWORK

May 2012 e-Newsletter

A Note from the Program Manager: What can be done to reduce the prevalence of commercial tobacco abuse in Indian Country?

This was a question recently posed to a group of Native American representatives in a listening session format by representatives of the CDC Office of Smoking and Health, and the Tobacco Technical Assistance Consortium (TTAC). I was honored to have a voice in this group. During my 10 years of working for my own Tribe and for other Tribal Organizations, I have felt strongly on several issues related to this question. I would like to share what I think are reasons that we have such high prevalence rates and provide some suggestions of what could happen to help reduce these rates in American Indian and Alaskan Native communities. Please note that my reasons and suggestions are not representative of the National Native Network members as a whole.

- Tribes have a unique and sacred relationship with tobacco. In earlier history, commercial tobacco was not used for ceremonial purposes. But historically, when our culture and ceremonies were banned by the government, commercial tobacco was readily available to take the place of our sacred tobacco – and it could be used publicly. So hence, we passed out cigarettes at funerals to pray and we are now regularly paying the tobacco companies for our sacred use of their toxic products rather than nurturing and harvesting our own tobacco or blend of plants. Furthermore, we've become addicted to the very same commercial tobacco that we use for ceremony. Many have died prematurely due to its deadly effects. Native Americans have the highest prevalence rates for commercial tobacco use over any other race. It is no wonder that the "Native Spirit" cigarettes are marketed as natural directly to our people! The tobacco companies research and pay billions on advertising to make their gains. It would be wonderful to totally boycott the use of their products in our ceremonies and sacred uses, and find our way back to the traditional tobacco we used before this time.

- Tribal Nations are sovereign and on a federal to federal basis with the US government. Yet, Tribes do not receive direct funding for commercial tobacco abuse efforts as the states do. In fact, Tribes are recognized as a subgroup of the state where this is concerned, and the states are encouraged to delineate funding to Tribes within their respective regions by way of grant funding opportunities. In fact, almost all of the work implemented in commercial tobacco prevention and control in Indian Country comes from federal or state grant funding. Since many Tribes lack infrastructure (including grant writers!) and lack data to

support grant proposals, this is a no-win situation. If Tribes are unable to receive direct funding from the Federal Government, then perhaps there should be a directive on a percentage of the funding received by states to go to Tribes. A Tribal liaison between the State and Tribes would also benefit.

- Since lack of Tribal specific data is an issue – for purposes of grant writing, but also for Tribal administration to really understand the problem within their communities – perhaps the Federal government should fund the AI/AN Adult Tobacco Survey for all Tribes to receive the data needed to generate support for grant proposals.

- The Federal and State governments would benefit to have a better understanding of AI/AN culture, gaps, and barriers. I have already stated some examples in the above paragraphs. Others include the fact that Tribes change administration frequently and therefore, the groundwork for commercial tobacco prevention may start over each time. Many of the Tribal leaders are commercial tobacco users themselves. This fact may be a huge barrier in policy and systems change. There is also a common belief that the Creator will take us when he is ready and it doesn't matter what we do here on earth to our bodies.

- This point is not only related to Tribal people, but for everyone. Treating commercial tobacco abuse, one of the most difficult addictions known, is usually conducted with very little training on the process of treatment. In fact, all other substance abuse treatment is carried out by a counselor with a specialized 4 year (minimum) degree. Commercial Tobacco Treatment can be attained by anyone who receives a brief 4-8 hour training session. Of course, some more intensive trainings are as long as one week! Even providers are only requested to do a 3-5 minute brief intervention. In addition, the term “tobacco cessation” should be noted as “nicotine addiction” for all purposes of treatment.

- Lastly, there is the issue of our revenue resources regarding Tribal Casinos and the fact that due to sovereignty, we do not have to go smoke-free with county ordinances or state laws. The tobacco companies are insistent that Casinos will lose revenues if they are smoke-free and provide information to the Gaming Industry “proving” this point. And since we rely on the revenues to remain sovereign, the Gaming Industry believes them! There is also evidence that funding for new Tribal Casinos threatens to be cut if they open smoke-free. It would appear that the Tobacco Companies are in cahoots with the Gaming Industry.

- But alas! There are a handful of Tribal Casinos that are smoke-free! These Tribes have decided that the health of their people and patrons are most important. They understand that revenue loss comes mostly from a poor economy or competition from other like industries. They understand that most of the studies that are “proving” a loss of revenues are implemented and/or funded by the Tobacco Companies. They see that the majority of Americans are non-smokers! The other side of this coin remains that the Tribal Casinos have brought many Tribes out of poverty and have provided health care, policing, housing, good self esteem and many other benefits to Tribes. But to the employees who work at the Casinos and to the patrons who game there, the risks far outweigh the benefits as it can mean the end of life. No one should have to choose their life for their pay check.

We would like to hear your thoughts on what can be done to reduce the prevalence of commercial tobacco abuse in American Indian and Alaskan Native Communities. Send your comments to

admin@keepitsacred.org

New Additions to Keepitsacred.org!

We have made several new additions to Keepitsacred.org!

We have added a new section at keepitsacred for archive editions of our bi-monthly e-newsletters. Have you missed something in the e-newsletters? [It is available here](#)

We have added a new section to keepitsacred for news and articles from the Centers for Disease Control entitled CDC News under our News Room tab. [It is available here](#)

We have added a new section to keepitsacred! We have added an archive of all of the eblasts that we have sent out. [It is available here](#)

We have added a new section to keepitsacred.org for funding opportunities! [It is available here](#)

We have added a new section to keepitsacred specifically for news updates and information from the FDA. [It is available here](#)

We have added a new publication to keepitsacred entitled: "Interventions for smoking cessation in Indigenous populations"
[It is available here](#)

We are making available a set of talking points from the National Native Network. [It is available here.](#)

We have added a new video to our PSA section: Nathan's Story. [It is available here.](#)

We have added a new video to our PSA section. It is from the CDC and is called "CDC: Tips from Former Smokers - Cessation Tips Ad" It tells the story of James, Beatrice, and Wilma. [It is available here.](#)

We have added a new video to our PSA section. It is from the CDC and is called "CDC: Tips from Former Smokers - Terrie's Ad" [It is available here.](#)

We have added a new video to our PSA section. It is from the CDC and is called "CDC: Tips from Former Smokers - Buerger's Disease Ad" [It is available here.](#)

We have added several new events to our events section!

We have added several new events to our events section! They are all viewable [here.](#)

What to Expect: A Look into Tobacco Control Policies and the Opposition Webinar 29 May 2012

For more information click [here.](#)

Advanced Media Strategy in the Social Age - Webinar Join us for a Webinar on May 29

For more information click [here.](#)

A Hidden Epidemic: Tobacco Use and Mental Illness 31 May 2012

For more information click [here](#).

WELLNESS/HEALING SKILLS TRAINING - "STRATEGIES FOR INDIAN COUNTRY IN THE NEW MILLENNIUM" 05 June 2012

For more information click [here](#).

"Native Fusion – Mobilizing Community as Whole" 26 June 2012

For more information click [here](#).

Smokefree Casinos Ancillary Session at the National Conference on Tobacco or Health 13 August 2012

For more information click [here](#).

North American Quitline Consortium Conference 2012 13 August 2012

For more information click [here](#).

13th Research Centers in Minority Institutions (RCMI) International Symposium on Health Disparities 10 Dec 2012

For more information click [here](#).

7th National Smokeless and Spit Tobacco Summit 06 August 2013

For more information click [here](#).

Free Campaign materials available From CDC!

Smoking is the leading cause of preventable death, killing more than 1,200 Americans each day. For every person who dies from tobacco use, another 20 suffer from one or more serious smoking-related illnesses. Reducing smoking is one proven way we can help people live longer, healthier lives.

The Centers for Disease Control and Prevention (CDC) developed the Tips From Former Smokers campaign to raise awareness about the suffering caused by smoking and secondhand smoke exposure and to encourage smokers to quit. The campaign targets smokers ages 18–54 as well as parents, family members, and adolescents.

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TIPS FROM FORMER SMOKERS FREE CAMPAIGN MATERIALS AVAILABLE FROM CDC

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Tips campaign resources include:

• TV, print, radio, digital, and out-of-home (billboards, bus shelters) ads

Ads are available for paid placement in English and some are available in Spanish. These broadcast-quality ads are available from CDC's Media Campaign Resource Center (MCRC) at www.cdc.gov/tobacco/MCRC. The MCRC is a clearinghouse for tobacco control ads developed by states and communities, federal agencies, and other nonprofit organizations.

• The Tips From Former Smokers Web site

The site includes background information and videos about the ad participants, educational materials about the health outcomes discussed in the campaigns, and cessation resources. Materials are available in English and Spanish. Visit www.cdc.gov/quitting/tips.

• Radio and TV public service announcements (PSAs)

PSAs about quitting smoking and the effects of second-hand smoke are available in English and Spanish; copies can be downloaded from http://www.ploverhangroup.com/media_downloads/cdc_tobacco_education.php or contact Tom Gennusa at tom@ploverhangroup.com.

• Posters and flyers

Posters, flyers, and low-resolution ads for use by educators, health care providers, and community organizations are available to download for free by going to http://www.ploverhangroup.com/media_downloads/cdc_tobacco_education.php.

To learn more about the Tips From Former Smokers campaign, please visit www.cdc.gov/quitting/tips.



• Web buttons

Buttons are available in English and Spanish. Help promote the campaign messages and resources to your partners and constituents by placing a button on your Web site. To download these products, visit www.cdc.gov/quitting/tips.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
www.cdc.gov/quitting/tips

Click above to download the flyer as a pdf

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Public Health Law in Indian Country with J.T Petherick webinar presentation

Public Health Laws in Indian Country

A National Native Network Webinar

J.T. Petherick



Cherokee Nation
Community, Jobs, Language

We are making available the presentation from the technical assistance webinar: Public Health Law in Indian Country with J.T Petherick. The webinar was the first in a new series from the National Native Network. Click above to download the presentation as a pdf document.

**Join us for a National Native Network technical assistance webinar on
May 29 2012**

REGISTER NOW

Space is limited.

Reserve your Webinar seat now at:

<https://www4.gotomeeting.com/register/393784911>

OBJECTIVES

1. Defining the Key Steps to Developing a Winning Marketing Plan
 - a. Define your target market
 - b. Describe the benefits of your organization and its services
 - c. Develop your key messages
 - d. Define Mass Media Markets including Social Media
 - e. Develop your Budget
2. Understanding the Importance of Social Media Communication
 - a. Creating interactive dialogues(s)
 - b. Creating and exchanging user-generated content
3. Setting Up and Integrating Social Media Accounts
 - a. Facebook
 - b. Twitter
 - c. YouTube

Title: Advanced Media Strategy in the Social Age

Date: Tuesday, May 29, 2012

Time: 3:00 PM - 4:00 PM EDT

After registering you will receive a confirmation email containing information about joining the Webinar.

System Requirements

PC-based attendees

Required: Windows® 7, Vista, XP or 2003 Server

Macintosh®-based attendees

Required: Mac OS® X 10.5 or newer

Sault Ste. Marie Tribe of Chippewa Indians, Sault Ste. Marie, Michigan Produce Third Hand Smoke Brochure

The Sault Ste. Marie Tribe of Chippewa Indians, Sault Ste. Marie, Michigan have produced a new brochure entitled: Clean Air & Good Health Your Family Deserves a Smoke-Free Home. What you should know about secondhand and thirdhand smoke and how to protect your family. It deals with third-hand smoke.



Things to Remember:

- There is no safe amount of secondhand or thirdhand smoke.
- Smoke travels from room to room. Smoking in any part of the house causes smoke to spread to other rooms.
- Opening windows, using a fan or air filter, or putting the window down in the car does not get rid of tobacco smoke.
- Secondhand smoke can stay in the air for hours and thirdhand smoke can stay on surfaces for days, weeks, months, or even years.

Youth tobacco use an epidemic, surgeon general report warns: New tobacco ads share hard-hitting stories

The Grim Reaper — tobacco — is on the prowl in the United States, pointing its proverbial scythe at the nation's kids. With 3.6 million U.S. teens smoking cigarettes, tobacco use — the leading cause of preventable death and disease in the United States — is threatening to rob the nation of its very future.

After years of progress, declines in preventing America's teens and young adults from using tobacco products have stalled, according to a new U.S. surgeon general's report on preventing tobacco use among youth. The first update on the subject since the surgeon general's initial report in 1994, "Preventing Tobacco Use Among Youth and Young Adults" brings troubling news. In addition to cigarettes' deadly grip on millions of middle school and high school kids, smokeless tobacco products are increasingly attracting America's youth.

"Today there are middle schoolers developing deadly tobacco addictions before they can even drive a car," U.S. Department of Health and Human Services Secretary Kathleen Sebelius said at a Washington, D.C., news conference unveiling the report on March 8. "And the younger a child is when they try cigarettes, the more likely they are to get and stay addicted to nicotine. One child picking up a tobacco product is one too many, but the fact that each day, across America, more than 3,800 kids under 18 smoke their first cigarette is completely unacceptable."

The report provides further scientific evidence on the addictive nature of nicotine. The younger youth are when they start using tobacco, the more likely they are to become addicted and the more heavily addicted they will become. Because of nicotine addiction, about three out of four teen smokers will continue to smoke as adults, said the report.

"The addictive power of nicotine makes tobacco use much more than a passing phase for most teens," said U.S. Surgeon General Regina Benjamin, MD, MBA. "We now know smoking causes immediate physical damage, some of which is permanent."



U.S. Surgeon General Regina Benjamin, left, unveils the new report with Howard Koh, MD, MPH, U.S. assistant secretary for health at the Department of Health and Human Services.

According to the report, early cardiovascular damage is seen in most young smokers. Teens who smoke are short of breath and in adulthood may end up with lungs that failed to grow to full capacity. Such damage is permanent, the report said, and increases the risk of chronic obstructive pulmonary disease.

The report repeats a well-known fact: Tobacco is the leading cause of preventable and premature death, killing more than 1,200 Americans every day. But adding to the concern, the report found that for every tobacco-related death, two young people become regular smokers. Nearly 90 percent of the so-called replacement smokers tried their first cigarette before age 18, according to the report, and about three out of four high school-age smokers will continue to light up long after they become adults. Among youth who continue to smoke, a third will die prematurely from it, according to the report.

“The (report) makes two things perfectly clear: The tobacco industry’s marketing is still addicting America’s kids, and elected officials — especially in the states — need to do more to protect our children from the scourge of tobacco,” said Matthew Myers, president of the Campaign for Tobacco-Free Kids.

Calling tobacco use “a pediatric epidemic,” the report documents the scope of the problem among youth ages 12–25 and points an accusatory finger at tobacco companies’ pervasive targeted marketing tactics for fueling the public health crisis. Such tactics, which make tobacco use attractive to youth, include sleek ads in magazines, images of smoking in movies and prominent ads for tobacco products on the Internet and in retail stores. More than 80 percent of underage smokers choose the top three most heavily advertised tobacco products, the report said.

But there is hope on the smoky gray horizon, and as the air clears, proven prevention strategies are coming into sharper focus. A comprehensive, sustained program that combines mass media campaigns, price increases, smoke-free laws, evidence-based school programs and community-wide efforts can cut youth tobacco use in half in six years, the report said.



U.S. Surgeon General Regina Benjamin releases the new report on youth tobacco use at a Washington, D.C., news event.

Photo by Teddi Dineley Johnson

Proving that such comprehensive programs work, a study published March 14 in the *Journal of the National Cancer Institute* found that tobacco control work — including restrictions on smoking in public places, increases in cigarette taxes, reduced access to cigarettes and increased public awareness about the health issues related to smoking — prevented nearly 800,000 lung cancer deaths between 1975 and 2000.

“Continued implementation of evidence-based tobacco control policies, programs, and services remains the most promising approach to reducing the burden of lung cancer,” the researchers wrote.

Aiming to make tobacco death and disease part of the nation's past rather than its future, the U.S. Centers for Disease Control and Prevention in March launched a groundbreaking national tobacco education campaign featuring the graphic stories of real people living with the complications of tobacco-related diseases and the toll smoking-related illnesses take on smokers and their loved ones. The campaign, Tips from Former Smokers, was expected to run for at least 12 weeks on television, radio, billboards, online, in theaters, magazines and newspapers across the nation. The hard-to-watch ads provide tips from people who have suffered with lung and throat cancer, heart attack, stroke and asthma.

One ad features Brandon, age 31, who started smoking at 18 and has lost both of his legs and several fingertips to Buerger's, a smoking-related disease. In the ad, Brandon describes the difficulties of getting dressed with artificial limbs. In another video, three smokers who developed throat cancer explain the difficulties of shaving, showering and eating with a "stoma," or surgical opening in the neck. In other ads, viewers get to see smokers' scars from heart surgery.

"This campaign is long overdue, is powerful and will have a significant impact on reducing tobacco use," said Charles Connor, president and CEO of the American Lung Association.

For more information on the Tips from Former Smokers campaign, visit www.cdc.gov/quitting/tips. To download the surgeon general's report, [visitwww.hhs.gov](http://www.hhs.gov).

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How I Quit Smoking (A Success Story)

The Final Motivation

So there I was, standing there smoking a cigarette and leaning against the school; their school! The bold students looked at me and said, "Hey turn that off." I looked at them, put my smiley face on, took another drag off my cigarette, made a dramatic gesture out of putting the cigarette on the ground and smashed it with my boot, and said, "thank you. Thank you for pointing this out to me."

In my mind, however, I was thinking, "you little jerks...who do you think you are, telling me what to do!" Part of me noticed this and was ashamed. Those students, the ones bold enough to confront me were doing exactly what I had told them to do, confront the behavior. You see I had just finished a drug and alcohol prevention presentation to those very same students.

It was one of my best presentations, I thought. These kids, wow, they are really paying attention and asking good questions too. They really get it! I felt good, I was making a difference! These kids, these students are getting my message, don't do drugs; don't do alcohol. Somebody asked a question about tobacco, "yeah, yeah, yeah, that too," I said. It felt so good to stand in front of these kids. I left that classroom feeling great! Here I was in the Bering Strait Region of Alaska, doing good things.

I felt so good, I was almost patting myself on the back thinking good job. Yep, I did good today. I stepped outside the school, leaned against the building, pulled out a cigarette, and lit up. Yeah, those kids really got my presentation.

And, then, there were those other kids standing there. We see them everywhere. They are everywhere. They didn't say anything with their voices; they said it all with their eyes. "Oh, you're one of them, aren't you? You know I almost believed you. I was beginning to think about all those things you said. Now you're doing this? You're just like the rest of those adults...say one thing and do another." I really heard them, loud and clear. I knew in that moment I could never stand in front of kids, students, and tell them not to do drugs or alcohol while I still smoked cigarettes. Two weeks later I made my final quit attempt.

My Quit Experience

Ok, well, I had done what was suggested. I set a quit date. I started weaning myself down. I didn't order anymore American Spirit cigarettes to be mailed to Nome, Alaska where I was living. I bought nicotine replacement patches. Little bit by little bit I was getting ready to quit. Smoking less and less I counted down to my quit day. I had hoped to have all my smokes gone the night before my quit day actually started but I miscounted and had a couple left over. I was angry, should I just smoke those tomorrow and push back the day a little bit? Those two cigarettes were really on my mind all night even though I managed to get some sleep.

The next morning, first thing, I slapped a patch on. I really needed a smoke. Is thing working, I wondered? Oh, great, I got some defective patches I thought! I started poking at the center trying to kick it off...this one ain't getting it. I better leave it on and not mess with it. Wait, maybe a big guy like me needs two patches. I check the directions. No, only one patch every 24 hours. Yeah, this sucks. I've been awake a whole 30 minutes.

I'm not drinking coffee either because I read it's a trigger. Damn it, I don't want to do this.

I thought about those 2 cigarettes. I tried to stop thinking about those 2 cigarettes. Those 2 cigarettes were talking real loud to me.

I hung in there, sometimes pushing on the center of the patch, sometimes wondering if the patches were defective, you know maybe a placebo thing. I paid good money for those things, damn it. And they weren't working!!

I was angry, I was sad, I sweated a lot, I ate something, and I was back to being angry again. The first day was a blur of emotions. I tried watching TV and listening to music. I thought about what I needed to do in order to make it. This was coming right down to one minute at a time. I didn't smoke. I didn't quit quitting. I thought about those 2 cigarettes.

The First Day and Beyond

The first day was rough for me. My mind swirled with many thoughts, mostly about smoking. My emotions were everywhere. I tried to sleep and couldn't. I walked around my house. I kept thinking about defective Nicotine Replacement patches and would get angry. My "plan" wasn't as rock solid as I had thought. Day 1 was a blur...but I didn't smoke. I sure wanted to though. I wanted to smoke a real bad.

Actually, my first week was rough. Not I'm 'gonna die' kind of rough, but rough. Part of my "plan" had been to schedule some time off so I could fully "be" with my quit attempt. That was smart thinking on my part because during the first part of quitting I was not a happy camper. I'm sure now as I look back that my social skills would not have been working too well and would have been another thing to try and manage.

I still wanted to smoke, I was going thru withdrawal, and I was losing my 'balance.' I prayed hard and tried to remember some of the stories I know. The story of the Staking Ceremony came to me in bits

and pieces. All I could remember is being staked down to Mother Earth so I wouldn't run. I looked at my situation and decided running would mean going back to smoking. I did my best to feel staked down and find my strength. I prayed a lot.

These thoughts and feelings went on thru out my first week. My first 24 hours came and went. I moved my Nicotine Replacement patches on my upper body noticing they were leaving a rash and the adhesive stickiness that wouldn't wash off. I got angry again because of it.

After about 5 days of this I made a decision to not use the patches anymore. They kept leaving a rash, the stickiness stayed on, and I still believed they were defective. I didn't put anymore on because of those reasons.

What I realized afterward was those patches were working! They had given me just enough nicotine to keep me from going thru absolute withdrawal. They didn't work like a cigarette such as they didn't give me immediate relief (my high) and then fade away. I hung in there without the patches. I prayed, I got angry, I got depressed, but I did not smoke.

I made it thru that time of early withdrawal as we all can. I needed to learn more about myself. I needed to learn skills in order to stay tobacco free. I often tell people, "I'm not anyone special," as Creator made me he also made all of us.

Today as a non-smoker I can talk about addiction and include tobacco use. In fact, I often emphasize the role tobacco has played in our lives. Today I know the difference between sacred tobacco use and commercial tobacco misuse. Many of our people as well as people from the other directions have become addicted. Our children have become addicted. And, it's killing us.

It's been 21 years for me as a non-smoker. Once I quit I made certain it was going to be a life-long attempt. I've learned many new things about myself. The thing I am the most proud of is that none of my grandchildren have ever seen me smoke. Each day when I pray I am most thankful for that.

Nick Gonzales, Mexican/Apache, adopted Oglala Lakota & Tlingit



Kick Butts Day Success Story in Kamiah, Idaho

Seventh grade students at Kamiah, Idaho Middle School participated in a Kick Butts Day presentation. This event was sponsored under the Nez Perce Tribe Students for Success Program.

NATIVE AMERICAN TEENS LEARN TRADITIONAL WAYS TO BECOME POLICY CHANGE ADVOCATES

Youth-produced videos highlighting the commercial tobacco effects are on YouTube

May 14, 2012 | Vol. 8, No. 182

(Minneapolis) -- When the Native American youth of Mashkiki Ogichidaag (Medicine Warriors) get together each week, there's a lot of work to be done. The 10 program participants are focused on developing a media campaign to persuade Twin Cities Native American worksites to adopt commercial tobacco-free policies. From writing scripts to editing video to making presentations, the youth have discovered much – about themselves, their cultural values and traditional strengths – in their quest to educate the local Indian community about the effects and dangers of commercial tobacco use.

Participants like 13-year old Brian Arthur, an Ojibwe from White Earth reservation, are learning first-hand about the difference between traditional tobacco use and commercial tobacco misuse. Early in the program, he participated with the Medicine Warriors and Ain Dah Yung Center's Teen Tobacco Prevention youth in intergenerational tobacco discussions as part of the Inter-Tribal Elder Services' Circle of Tobacco Wisdom.

In March, Native elders accompanied Brian and 20 more Native American youth, to Big Lake, Minn., where they harvested Red Willow tree bark, an essential element in traditional tobacco use. This harvesting day trip helped connect the youth to the land and their traditions to ensure the continuance of the Native way of life. "They don't teach you this in school and the Medicine Warrior program educates me," Brian said.

From there, the Medicine Warriors learned how to make "kinnikinnick" from the Red Willow bark. Kinnikinnick (Algonquin for "that which is mixed") is generally used for pipe ceremonies and strictly for spiritual, cultural and ritual purposes.

"In our group, we made a simple blend of kinnikinnick using the four sacred medicines: Cedar, Sage, Sweetgrass and the Red Willow bark, which is considered tobacco," explained Medicine Warrior Youth Worker Julia Littlewolf. "We'll use this kinnikinnick as an offering in our presentations, as gifts and to share as we continue educating the community about traditional tobacco."

The Medicine Warriors have produced four videos, which they use in their community presentations. Also available on YouTube, the first public service video applies humor to focus on the effects of second-hand smoke; a second video captures the Medicine Warrior youth group conducting a cigarette butt clean-up; the third, "What Would You Rather Be Doing?," highlights the activities that discourage youth from smoking; and the fourth, "What Our Community Has to Say..." features a collection of interviews about commercial tobacco abuse.

So far, five Minneapolis worksites – including the Division of Indian Work, which sponsors the Medicine Warriors – have adopted new policies banning the use of commercial tobacco use on their property. All Nations Indian Church, Native American Community Clinic, Migizi Communications and Indigenous People's Task Force have also revised their policies.

Now, the Medicine Warriors are in the second phase of the project, producing a new round of anti-commercial tobacco smoking videos. The teens understand that progress is incremental. But with the program goal of building capacity in Native American youth as traditional tobacco use and policy change advocates and protectors of Native medicines for future generations, they are making great strides.

As Arden Two Bears, a 13-year old Ojibwe from Leech Lake reservation, said, "By doing these kinds of things, it makes me want to go out and talk to people about how smoking and second hand smoke can hurt you in the future."

Mashkiki Ogichidaag videos can be seen on YouTube or ordered on DVD from the Division of Indian Work, [612-279-6355](tel:612-279-6355) or jlittlewolf@diw-mn.org

Mashkiki Ogichidaag is a program of the Division of Indian Work, and funded by the American Indian Community Tobacco Initiative from the Minnesota Department of Health, Office of Tobacco Prevention and Control.

Call for Articles and Success Stories on Quitting Commercial Tobacco

We have issued, and are continuing to issue, a call for articles and/or stories about quitting commercial tobacco in any of its forms. Some of the articles will then be published in our bi-monthly newsletters. We have one in the section below. If you have anything you wish to see published in the newsletter, on keepitsacred, or on our facebook page please email us: admin@keepitsacred.org Or, let us know through our [facebook page](#), or our [twitter feed](#).

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