



Commercial Tobacco Free Policy Guide



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Commercial Free Policy Resource Guide

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Section 1: The History and Role of Tobacco Among American Indians in California

Traditional Tobacco

American Indians in California have a long history with tobacco. This history dates over thousands of years. For some Tribes, tobacco was a gift from the creator, and given to the people at the time of creation or in times of need.

The Yokuts of Central California believed that tobacco was chewed by Hawk Spirit, and after becoming wise from chewing the tobacco, Hawk Spirit created the mountains. The Cahuilla of the Southern California desert tell of tobacco coming from the Creator's heart, and then Creator made the sun to give fire to light his pipe. The Yurok tell of one of their Creators being born from the tobacco plant, and then giving tobacco to the people. Achumawi tell of Creator giving tobacco leaves to protect themselves against



the rains of the great

flood. Stories of tobacco have been passed on for thousands of years, and archaeology has shown tobacco to be used by California Indians over several centuries. In 2013, pipes were discovered with nicotine in them at an Ohlone burial site near Pleasanton, California. These pipes dated back to 1350-1400 A.D. Prior to this discovery, six tobacco pipes from approximately 860 A.D. were found in the Tolowa homelands. When Europeans began to come to California, ethnographers wrote of the people and their relationships with tobacco. Various strains of tobacco were grown by Tribes throughout California. Tobacco is generally viewed as one of the four sacred medicines along with sweet grass, sage, and cedar. Tobacco has

great medicinal powers and was often used to help cure fevers, colds, rheumatoid, eczema, and ear infections. It was also used as a sleeping aid. Aside from medicinal purposes, it was used in a variety of other ways. The tobacco was used as an offering in prayer. The smoke from the tobacco would take the prayers to heaven. It was given as a way to say thanks and show gratitude. Tobacco was also used for rites of passage. When a young boy received a vision, he would smoke tobacco.





In the late 1800's through policy and law, there was a suppression of American Indian Religious practices. Traditional tobacco was seen as an American Indian religious symbol, and became illegal to possess. In order to still use tobacco in a traditional way, American Indians began to use commercial tobacco for traditional purposes. It was a way to hide the use in plain sight. In 1978, the American Indian Religious Freedom Act was passed; this allowed the use of traditional tobacco again. Since then, there has been work done to re-introduce indigenous tobacco plants to Tribes and to begin using the traditional sacred tobacco for traditional purposes—to keep tobacco sacred. Our ancestors also knew that tobacco was a poison, so it was used sparingly.

Commercial Tobacco

In the late 1400's, the role of tobacco began to change. In 1492, Columbus landed in Hispaniola. The Tainos gave tobacco to Columbus as a gift as was their custom to do. Columbus took the tobacco back to Spain. People began to use it as snuff, chew, and for pipe smoking. Soon tobacco was growing all across Europe and manipulated to make it stronger. It began being sold for commercial use. In 1612, the first commercial crop of tobacco was produced in Virginia. Tobacco quickly became one of the main cash crops of the American Colonies. The need for more tobacco caused landowners to seek even more land for their tobacco plantations and began pushing out American Indians from their lands. Slave labor was also used to keep up with the demand for tobacco. Sale of Commercial tobacco generated significant amount of revenue. This revenue helped finance the American Revolution. Cigarettes came in the mid 1800's along with chew that was made from the cut ends of the tobacco that remained after making cigarettes. In 1885, James Boonsack invented the automated cigarette machine. This allowed for cigarettes to be cheaply and quickly made. Cigarette use became more popular, culminating with its highest sales in the late 1970's. What had been given as a gift had now been greatly commercialized and used for non-traditional purposes.

Commercial tobacco has a long history of using American Indian imagery as a way to sell its product. In the 1600's, storeowners across Europe would place a wooden Indian outside of their stores. This was a sign that the store sold tobacco. Commercial tobacco companies have used images of American Indians on their products for centuries. Imagery would appear on





commercial tobacco tins, smokeless tobacco, pipe tobacco, cigarettes, and advertising. Often times, American Indians would be portrayed as “noble savages” on the products.

The issue of using American Indian imagery to sell commercial tobacco products still persists. Redman Chewing Tobacco has an American Indian with a full head dress on the outside of the packet. Camel cigarettes placed Joe Camel wearing



a war headdress, and all the other camels in the background having eagle feathers stick out from them. However, the company to fully utilize imagery and co-opt tradition is Natural American Spirits (NAS) cigarettes. NAS is owned by American Reynolds, one of the largest commercial tobacco companies in the world. In the past American Spirit has said they “were created based on our belief of the traditional American Indian usage of tobacco- in moderation and it’s natural state. Our brand name was chosen as a symbol of respect for this tradition.” Currently, the Santa Fe Natural Tobacco Company website says, they “have a special commitment to American Indians, whose traditions serve as the inspiration for our products.” An eagle is affixed to the side of NAS cigarettes. The company is trying to instill Native Pride to sell more cigarettes to American Indians and Alaskan Natives (AIAN) and through Tribes’ business endeavors.

Commercial Tobacco Related Health Disparities

The health effects of commercial tobacco use are well known. The 2014 Surgeon General’s Report laid out several effects. Cigarette smoking has been linked to many cancers including lung, colon, breast, and liver cancer. Smokers are also at a higher risk for a second primary cancer. Smoking is the primary cause of Chronic Obstructive Pulmonary Disease (COPD). There is a higher risk of developing diabetes for smokers versus non-smokers. For pregnant women, there is a relationship between smoking and ectopic pregnancy. Smoking contributes greatly to cardiovascular disease including strokes and heart attacks. The leading causes of death for AIAN is cardiovascular disease and cancer.

There are also health hazards linked to secondhand smoke exposure. Secondhand Smoke exacerbates asthma in children and increases the risk of ear infections. Exposure increases the risk of stroke in adults. Secondhand smoke exposure has also been linked to lung cancer.





AIAN have the highest commercial tobacco smoking rates among all ethnicities. In California, the smoking rate is 30.7% for AIAN compared to 12.5% for White Non-Latino (WNL). However, AIAN are more likely to attempt to quit smoking commercial tobacco. In 2013-2014, 61.9% quit smoking for one or more days in an attempt to quit, compared to 54.8% of WNL population.

There are many health benefits for people who quit commercial tobacco products. Within 5-15 years of quitting, the risk of stroke is the same as a person that never smoked. The risk of oral cancers is reduced in half within five years. Within one year, the risk of coronary heart disease is reduced in half. For pregnant women, the risk of low birthweight is the same as a non-smoker, if the mother quits in the first trimester or before pregnancy.

We hope that this brief guide can help AIAN communities reduce exposure to secondhand commercial tobacco by developing policies. This guide will also include resources about smoking cessation and other tobacco education materials.





Commercial Secondhand Smoke and Its Impact

There are three types of smoke from combustible commercial tobacco products. Firsthand smoke is the smoke from a cigarette, pipe, cigar, hookah, or other combustible product that the smoker inhales directly from the product while smoking. Secondhand smoke is the smoke that leaves the burning tip of the lit commercial tobacco product and/or the smoke exhaled by the smoker. Secondhand smoke may also be referred to as Environmental Tobacco Smoke (ETS). Third-hand smoke, also known as tertiary smoke, is the nicotine residue and other chemical compounds from secondhand smoke that cling to surfaces such as skin, clothes, walls, and carpet.

There are over 7,000 chemicals that have been found in commercial secondhand smoke. Sixty-nine of those chemicals are known to cause cancer. Some of these chemicals include cadmium, nickel, arsenic, beryllium, benzene, and vinyl chloride.¹ The United States Surgeon General has stated that no amount of commercial secondhand smoke is safe for people.² In 2006, the California Air Resources Board designated commercial secondhand smoke as a Toxic Air Contaminant.³

Many of the same health risks associated with smoking are associated with commercial secondhand smoke exposure. In-utero commercial secondhand smoke exposure is also linked to low birth weight and pre-term delivery. Also after birth, secondhand smoke exposure during pregnancy continues to negatively affect lung development and function throughout childhood. For infants and toddlers, commercial secondhand smoke increases their risk for Sudden Infant Death Syndrome (SIDS). Exposure to commercial secondhand smoke also causes lower respiratory illnesses, middle ear infections, asthma, and wheeze illnesses. For non-smoking adults, exposure to commercial secondhand smoke can cause lung cancer and coronary heart disease. For non-smokers who live with smokers, their chance of developing lung cancer increases by 20% to 30%. It is possible that commercial secondhand smoke may also be linked to increased risk of Chronic Obstructive Pulmonary Disease (COPD), asthma, and other respiratory illnesses in adults.⁴

Research recently began on commercial tertiary smoke. A 2010 study showed that nicotine residue left on surfaces and absorbed into carpets could react with nitrous acid (commonly found in atmospheric air) to form tobacco specific nitrosamines that were carcinogenic.⁵





Exposure to Commercial Secondhand Smoke

There are many factors that lead to commercial secondhand smoke exposure in California Indian Country. At nearly 31%, AIAN have the highest smoking rate of all ethnicities in California.⁶ Although the state of California has a Smoke Free Work Place law and other smoke free laws in place, as sovereign nations, tribes do not have to comply with these laws on Reservation/Rancheria land. In order to reduce exposure to commercial secondhand smoke, it is tribes' sovereign right to pass commercial smoke free policies.

There is little data available on commercial secondhand smoke exposure to AIAN in California. According to the California Health Interview Survey, 6.5% of AIAN adults allowed smoking in the home, and out of those, 57.4% reported that there was smoking in the home seven days a week.⁷ From 2012 to 2013, the California Tribal Epidemiology Center completed the California Tribal Behavior Risk Factor Community Survey (CTBRFCS). When asked about a policy for smoking in the home, 6.6% of respondents said it was always allowed, 8.4% allowed it sometimes, and 6.0% said they did not have a policy, with 79.0% reporting that smoking in the home was never allowed. In analyzing methods in which California's AIAN populations are exposed to commercial second hand smoke, more were exposed to commercial secondhand smoke at work or an indoor public place than at home in the last seven days, with 34.9% and 35.4% reporting such exposure, respectively.⁸ (See Table 1.)

Table 1: Exposure to Commercial Secondhand Smoke in Past 7 Days

Location	1 Day	2-4 Days	5-6 Days	7 Days	Total
At Home	2.7%	3.9%	2.0%	5.2%	13.8 %
At Work	6.6%	14.0%	4.7%	9.6%	34.9 %
In Public Indoor Place	9.4%	15.6%	4.1%	6.3%	35.4 %

In the United States, approximately 42,000 people die each year due to commercial secondhand smoke exposure, resulting in an estimated \$6.6 billion loss in productivity. The most affected communities are communities of color.⁹ In 2010, it was estimated that the cost of smoking related illnesses (including exposure to commercial





secondhand smoke) costs California's AIANs \$280 million in lost productivity. That same study found the total costs of smoking on the California AIAN population to be \$795 million.¹⁰ Although there is no specific data for AIAN children, the medical costs for middle ear infections due to commercial secondhand smoke exposure is \$5.6 million per year for California.¹¹

There are other costs that cannot be measured such as the loss of culture and tradition in the community when an elder dies prematurely due to commercial secondhand smoke exposure. There is a loss of school days when a child stays home due to asthma that is exacerbated due to a parent smoking in the home. These costs affect the knowledge and wisdom of traditions as well as the next generation of leaders that are currently in school.

Besides the human costs of commercial secondhand smoke exposure, there is also the housing costs of allowing smoking in tribal housing. Commercial secondhand smoke becomes tertiary smoke, leaving nicotine residue, chemicals, and smell on walls, carpet, and even insulation. It is estimated that the cost of renovating a two-bedroom apartment unit after a heavy smoker moves out is between \$8,000 and \$15,000, compared to an average of \$4,000 for a non-smoker. Smoking related costs drop by half when companies enact no-smoking policies. It is estimated that in California, there could be a yearly savings of \$18 million if all apartments were commercial smoke free.¹²





Section 2: Commercial Tobacco and Policy

Why a Commercial Smoke Free Policy

Tribes have a sovereign right to determine the health of their own people. To adopt and implement a commercial smoke free policy to protect children and elders from the dangers of commercial secondhand smoke is an exercise of that sovereignty. A policy also helps state the Tribe's position on commercial tobacco and commercial secondhand smoke exposure.

There are several reasons to adopt a commercial smoke free policy:

- Protect elders and children from the health consequences of commercial secondhand smoke;
- Ensure traditional tobacco is used for ceremony and medicine;
- Assist Tribal members who are trying to quit smoking by providing less places to smoke and creating commercial smoke free areas where it will not trigger them to smoke by smelling smoke;
- Research shows a reduction in cigarette use when commercial smoke free policies are introduced;
- Save cost on health care dollars by preventing ear infections, asthma attacks, cardiovascular disease, and cancer due solely to reducing commercial secondhand smoke exposure;
- Save cost for Tribal housing by having to rid housing of the smell of smoke and replacing walls and carpet due to smoke stains and tertiary smoke or Third-hand smoke. Third-hand tobacco smoke contamination remains after the cigarette has been extinguished. Third-hand smoke residue builds up on surfaces over time and resists normal cleaning. Third-hand smoke can't be eliminated by airing out rooms, opening windows, using fans or air conditioners, or by confining smoke to only certain areas;
- Protect the environment by reducing cigarette butt litter, reduce deforestation by not needing paper to make cigarettes, and prevent wildfires; and
- Protect Tribal employee health by reducing the use of sick leave due to reducing commercial secondhand smoke exposure, thus also increasing productivity.





Types of Commercial Smoke Free Policies

The types of commercial smoke free policies are often determined by the location of the policy. This is a sample list of possible commercial smoke free policies; however, we recognize that each Tribe and community is different, as there may be further locations not enumerated below. We encourage you to adopt commercial smoke free policies to help address your unique Tribal and community needs.

Workplace

Commercial smoke free policies for the workplace may include Tribal government buildings such as administrative, police, wellness centers, and any other buildings in which the Tribe may have employees. This may also include commercial smoke free Tribal vehicles that are used for work.

Housing

Commercial smoke free housing policies may include Tribally owned multi-unit housing and Tribally owned single housing units. If the Tribe does not own actual housing but has rental assistance programs such as Section 8 or its own Tribally designed programs such as paying for student housing, a policy may still be adopted and added to rental agreements. This is one way to help ensure that the Tribe receives deposit money back from property managers who do not have to clean up secondhand smoke residue.

Health Campus

A health campus policy may include the clinic and its parking lots, satellite offices, and any events that the clinic holds off campus. The goal of a health program is to promote good health and wellness for its Tribal members, and a commercial free smoke policy helps show that dedication to improving the health of the Tribes.

Schools and Day Care

Pre-Kindergarten through 12th grade schools should not only always be commercial smoke free but also 100% commercial tobacco free. According to Program Instruction 95-04, Tribal Head Start Programs are required to be 100% commercial smoke free programs on-site and on field trips. Day care and child care centers should be 100% commercial smoke free. California law requires all day care centers, including those operated in the home, to be 24/7 commercial smoke free to protect children from tertiary smoke exposure. We encourage Tribes to enact similar policies to protect children.





Outdoor Areas

Outdoor areas include parks, parking lots, baseball fields, basketball courts, community gardens, walking trails, camping areas, and any other outdoor area that a Tribe may define as such a location. Commercial smoke free policies for outdoor areas serve a two-fold purpose: they protect children from commercial secondhand smoke exposure in the areas they play, and the policies also help prevent wildfires. Ten percent of wildfires are caused by a burning cigarette.

Cultural Areas

It has always been understood not to smoke commercial tobacco products inside of cultural areas such as the arbor and the grounds surrounding such areas. A commercial smoke free cultural area protects the grounds surrounding the cultural area so that when people are gathered, they are not subjected to commercial secondhand smoke while participating in ceremony. It also helps ensure that traditional tobacco is used in the cultural area rather than commercial tobacco. When enacting this type of policy, be sure to have/provide access to traditional tobacco for ceremony through the Tribe's community garden and/or medicine garden.

Events

Events include Big Times, Fiestas, Pow Wows, Health Fairs, Basketball Tournaments, Baseball Games, and other community gatherings that the Tribe or health programs may be hosting.


Businesses

Businesses include Tribally owned stores, restaurants, bars, hotels, and convention centers. According to the 2006 Surgeon General's Report, research on the economic impact of commercial smoke free policies shows that there is no negative impact on business revenue.

Casinos

Tribal casinos are exempt from California Smoke Free Work Place laws because of "sovereign immunity." Tribal sovereignty is a common law doctrine recognizing (Indian) Tribes inherent power to self –govern, including the power to determine the structure and internal operations of the governing body itself and exempting Tribes from state law that would otherwise infringe upon this sovereignty. CRIHB recognizes that Tribal casinos play a large part in a Tribe's economic development and help fund many of the Tribe's programs and services, as well as capital that Tribal members may receive. It is understood that small fluctuations in casino profits may cause a ripple effect through Tribally provided programs and services. However, the revenue benefits of a smoke free casino can be seen in other areas besides casinos. For Tribes that





operate health clinics, there will be a cost savings at the health clinic in monies used to treat tribal members suffering from health issues related to commercial secondhand smoke exposure. For the casino itself, there will also be less sick time used due to exposure of commercial secondhand smoke, resulting in increased productivity.

Mixed Use

A mixed use policy is a policy that allows smoking in another part of the building. The policy is usually based on having a ventilation system. The American Society for Heating, Refrigeration, and Air Conditioning Engineering (ASHRAE) sets the clean air standards for ventilation systems. ASHRAE base ventilation standards on no commercial secondhand smoke. Ventilation businesses and the tobacco industry have both stated that ventilation systems do not address the public health risks of commercial secondhand smoke. If there is a mixed use policy, it does nothing to protect people from the risks associated with commercial secondhand smoke. Mixed use policies for commercial secondhand smoke are discouraged.



Developing Support for and Adoption of Commercial Smoke Free Policies

Any commercial smoke free policy will have to be approved by the Tribal council for that Tribal community. In the case of a Tribal Health Program (THP), the policy will have to be approved by the health board. Some Tribes and programs may already be working on addressing commercial secondhand smoke through policy development and may have requested that departments or Tribal administrator develop a policy to present to council for approval. If you have checked with Tribal leaders and there is currently no plan for a commercial smoke free policy, talk with the council about working to develop support for a policy in the community. Developing a relationship with the council and working with them to develop a policy is the first step in building support for a policy.

Next, develop a community coalition to begin building community support for a commercial smoke free policy. The coalition should be reflective of the community. Include non-smokers whose health has been impacted due to commercial secondhand smoke exposure, as they have personal stories to share about how their lives have been impacted. A council member also needs to be a part of the coalition. The reason for a council member is two-fold. First, the council member is a conduit of information between the coalition and Tribal council, thus maintaining Tribal council awareness of the effort. Second, for some Tribes, only a council member may propose an agenda item for council or present a proposed policy. If there is an enforcement piece to the policy, involve the potential enforcing agency in the coalition. This allows input on the enforcement piece so that enforcement can be done in a way that works for that agency. Other members of a coalition may include THPs, health board members, school staff, medical providers, departments effected by the policy, elders, and cultural experts. The coalition should meet regularly and record meeting minutes or notes.

The work of the coalition is meant to build public support for a commercial smoke free policy and there are a variety of ways to develop public support. Develop a video to show people talking about their health issues due to commercial secondhand smoke exposure. Speak with parent groups about the effect of commercial secondhand smoke on asthma and ear infections in children. Write opinion pieces in newspapers. Access media resources that the Centers for Disease Control and Prevention (CDC) has developed, or develop your own resources such as posters and brochures that are culturally relevant to the Tribe. Survey the community and gauge support for the policy that is being approved. Have a booth at community events and engage with the community.





Another key activity for the workgroups is to develop talking points and fact sheets. Talking points should be short and simple. A fact sheet will have the talking points with data to support each talking point.

Common Commercial Smoke Free Talking Points

- A commercial smoke free policy does not restrict a person's right to smoke, it only restricts where they can smoke to protect the health of non-smokers;
- Commercial smoke free policies save the Tribe money on health care costs by decreasing commercial secondhand smoke exposure related illnesses;
- Commercial secondhand smoke exposure causes illness in children and elders;
- Ventilation systems do not protect people from commercial secondhand smoke exposure;
- Commercial smoke free housing policies save the Tribe money in housing repair costs; and
- Commercial secondhand smoke causes tertiary smoke, which presents additional health hazards

Special Considerations for Writing a Commercial Smoke Free Policy

There are traditional uses of tobacco in prayer, ceremony, and medicine. Be clear to differentiate between traditional tobacco and commercial tobacco. Make sure the policy clearly does not affect the use of traditional tobacco by Tribal members or the health program.

If the policy includes making a building smoke free, designate a distance from the building in which smoking is not permitted. A common measure is 25 feet. The importance of designating a smoking area at least 25 feet away from the building is to ensure that smoke does not drift into the building, open windows, or the ventilation system.

If the policy will be designating a smoking area, involve affected smokers in the discussion to help designate the area. This will help give them a voice in the policy while still protecting non-smokers from commercial secondhand smoke exposure. Make sure the designated area is well-defined in the policy.

Do not provide too many exemptions in the policy. Too many exemptions will weaken the policy and make it unusable. It is recommended that the only exemption would be for use of traditional tobacco.

Use the phrase "electronic nicotine delivery systems" (ENDS) when referring to





products such as e-cigarettes in your policy. This will cover all of the products and future products as technology advances.

Presenting Policy to Tribal Council

Tribes are sovereign nations. Each Tribe has its own system of government that exercises its sovereignty in adopting policies that benefit the Tribe and its people. The most common system of government is a Tribal Council with a Tribal Chair that presides over the council. As they are sovereign governments, each Tribes has its own rules, protocols, and traditions to address the council and present policies. Always follow all protocols and dress appropriately when presenting to the council.


To present a policy, the coalition will need to be placed on the council agenda. Find out from the Tribal office how to be placed on the agenda. A form and a packet for each council member may need to be submitted to be placed on the agenda. For some Tribes, only a council member or a Tribal employee may place an item on the agenda, which is one reason why they need to be coalition members.

A presentation packet for the council members should include: 1) A well-defined proposed commercial smoke free policy; 2) A fact sheet with the talking points; and 3) A personal story from a non-smoking Tribal member who is living with the health consequences of exposure to commercial secondhand smoke.

Prior to the council meeting, the coalition should determine who will speak for the coalition at the meeting. Select someone to present the policy and select someone to tell their story. The presenter should be well versed in the argument against the policy, so when questions arise, they are able to stay on message and provide counterpoints to the argument against the policy. Remember, with a commercial secondhand smoke policy, you are not taking away anyone's right to smoke, but merely moving it outside and away from others to protect non-smokers from exposure to commercial secondhand smoke, thus protecting the health of the Tribe. Ensure that there are community supporters at the meeting who are able to effectively voice their support for the policy. All members of the coalition and community supporters need to be respectful in conduct and tone throughout the meeting.

If the Tribal Council passes the policy, the next step is implementation. If the Tribal Council does not pass the policy, there are several next steps. Talk with council members that voted no and learn why they voted no. If the policy is re-proposed, determine what changes would be need to be made for the policy to pass. If the vote was a lopsided no, there may not have been sufficient community awareness and





support for the policy. Re-engage with the community to bringing awareness to the public health hazard of commercial secondhand smoke and how it affects people. Continue to build community support. Also look at the type of policy that was proposed and compare it to policies the Tribe already has in place around commercial secondhand smoke. If there are few or no policies in place yet, consider proposing a policy for something small like a commercial smoke free ballpark, walking trail, or wellness center. It allows the community and the Tribal Council to see the benefits of commercial smoke free policies on a smaller scale, which will build support for other commercial smoke free policies. Finally, never give up. Some policies may be passed in a matter of a few months if there is already widespread support for a policy, while other times, it may take a few years to build community support for a policy.



Implementation of Commercial Smoke Free Policies

Implementation of a commercial smoke free policy occurs after adopting a policy, specifically when the policy comes into effect. Since creating commercial smoke free areas requires a behavior change and preparation, the implementation of a policy should begin, at the earliest, two months after adopting the policy.

Preparing for implementation requires several key components:

- Educate the community about the new policy and when it will begin;
- Provide Smoking Cessation Resources to smokers to give them the opportunity to quit before the policy begins;
- Order and install signage for No Smoking Areas;
- If there are designated smoking areas, order and install signage for those areas; and
- If there is a designated smoking area that requires shelter for inclement weather, allow time to build the shelter before the policy is implemented, especially if implementation will be during an inclement weather season.

Congratulations! You have officially adopted and implemented a commercial smoke free policy. Celebrate the event with your coalition, community, and Tribal Council.





Policy Review Checklist: The following principles are recommended by the Public Health Law Center and should be kept in mind throughout the policy development process to ensure that the policy is both comprehensive and understandable.

Be clear and specific

- Use definitions appropriately.
- Include all the necessary policy elements.
- Avoid assumptions — make your meaning and intentions clear.

Be concise

- Choose words with care and precision.
- Make every word count — eliminate unnecessary words.
- Keep language as simple as possible.

Be consistent

- Use language that is consistent with the policy’s objectives.
- Check for internal and external consistency, including consistency with other parts of the policy, and consistency with other policies or laws.
- Avoid unnecessary exemptions. Exemptions can undermine a law’s effectiveness, make enforcement harder, and encourage lawsuits if people think the exemptions make the law unfair.

Be practical

- Consider the ability to achieve the policy’s purpose (cost, effective dates, ability to follow the policy).

Do your homework

- Identify all stakeholders, and involve them in the process.
- Review sample policies.
- Seek legal technical assistance, both about process (how laws are created for your Tribe and standard or “boilerplate” language that is typically included in your Tribe’s laws) and about substance (what your law should include to effectively address the public health issue of concern).

Identify deal breakers early on

- Hold frank discussions about what compromises could be acceptable to the coalition if needed to get a law passed, and at what point it may be better for the coalition to pause, and come back another day.

Tailor policy language to your community

- Carefully review example policies — don’t draft by cut and paste because someone else’s law will reflect compromises that might not be necessary or even helpful.
- Anticipate challenges (political, bureaucratic, practical, and legal).
- If exemptions are proposed, consider whether they are truly needed, and if so, make them as narrow as possible.





Draft and exchange ideas with others

- You are not alone — you have stakeholders, legal technical assistance providers, and other colleagues who are working on the same issues.
- Your policy will exist within a framework of other laws and policies, and may reflect local, national, or international trends. Draw on information from these other sources to inform the development of your policy.

Drafting effective laws and policies is a process; it requires a clear purpose and willingness to continuously learn about the problems and solutions facing one's community and to engage with stakeholder.

On the following pages are listed Example Policies as well as policy highlights from California Tribes and Tribal Organizations.





Example 1: Tribal Policy

Resolution No.: xx-xxx Date of Passage: June 12, 2017

Subject (title): Tribal Tobacco Policy

WHEREAS, This Council is the Governing Body of the _____
Indians, and;

WHEREAS, This Governing Body is authorized to act on behalf of said
Tribes, and;

WHEREAS, Smoking has been identified by the U.S. Surgeon General as
the nation's single most important preventable cause of disease and premature
death, and;

WHEREAS, Evidence shows that smoking during pregnancy has a
significant adverse effect upon the well being of the fetus and the health of the
newborn, and;

WHEREAS, Children of parents who smoke have an increased prevalence
of respiratory symptoms, bronchitis, and, pneumonia, and;

WHEREAS, Smokeless tobacco is also very harmful to the health of those
using it, and;

WHEREAS, Electronic Cigarettes are not proven cessation devices and have adverse
health effects, and;

WHEREAS, There is a need to protect the health of employees and Tribal
members.

BE IT RESOLVED, that in view of the findings of adverse health effects and the
decreased well being of those exposed to smoke, these Tribes ban smoking (including
electronic cigarettes) and the use of smokeless tobacco in all Tribal offices and
buildings.

BE IT FURTHER RESOLVED, that any smoking and/or smokeless tobacco
controversy which cannot be resolved by the supervisor of the individual (s)
involved will be referred to the Tribal Council for a final determination.

CERTIFICATION - On June 12, 2017, this Resolution was adopted at a
regular Council meeting, held this date, and the vote was: __ For ____ Against





Example 2: Tribal Policy

Smoke-Free Facility Policy

Purpose

This policy has been developed to protect all employees, service users, and visitors from exposure to second-hand smoke. Exposure to second-hand smoke, also known as passive smoking, increases the risk of lung cancer, heart disease, and other illnesses.

Policy

It is the policy of the **(Tribe’s Name)** that all Tribal Administration Offices are smoke and vape free. All employees have a right to work in a smoke and vape free environment. The policy shall come into effect on **(date)**. This policy will be reviewed periodically by the Tribal Administrator. Smoking conventional tobacco products, as well as electronic cigarettes, is prohibited throughout the entire workplace with no exceptions. This includes company vehicles. This policy applies to all employees, consultants, contractors, Tribal members, and visitors.

Smoking will only be permitted in designated areas that are at least 25 feet from the exterior of the building. These designated smoking areas will be clearly marked with the proper signage.

Implementation

Overall responsibility for policy implementation and review rests with the **Tribal Administrator**, under the direction of Health Board and the Tribal Council. All staff are obliged to adhere to, and support the implementation of the policy.

The Tribal Administrator or his delegate (s) shall inform all existing employees, consultants, contractors, Tribal members, and visitors of the policy and their role in the implementation and monitoring of the policy. New personnel shall also be given a copy of the policy when they are hired. Appropriate ‘No Smoking’ signs will be clearly displayed at the entrances to and within the premises.

Employee’s Printed Name

Position

Employee’s Signature

Date





Tribal Policy Highlight 1:



Cloverdale Rancheria of Pomo Indians of California Smoking Policy

To protect and enhance our indoor air quality and to contribute to the health and well-being of all employees, The Cloverdale Rancheria of Pomo Indians of California shall be smoke free. Additionally, the use of all tobacco and smoking products, including chewing tobacco and electronic cigarettes (E-cigarettes), is banned from the Cloverdale Rancheria workplace, except as designated in this policy.

Smoking is prohibited in all of the enclosed areas within the (Cloverdale Rancheria) work sites, without exception. This includes common work areas, meeting rooms, private offices, restrooms, and all other enclosed facilities.

Smokers must be greater than 15 feet from the Tribal offices entrances or operable windows while in the act of smoking. This is governed by the Cloverdale Rancheria Tribal Council. This doesn't apply to portions of the building that don't have operable windows, doors, or the like. This also includes smoking near any HVAC air intake vents.

No Tribal employee or member of the public shall smoke any tobacco product inside a public building, or in an outdoor area **within 15 feet of a main exit, entrance, or operable window of any Tribal building.**

While the Cloverdale Rancheria makes these areas available to smokers, it in no way has any legal responsibility to do so. Employees who choose to use these smoking areas do so at their own risk.

Finally, smokers and users of tobacco products must dispose of the remains in the proper containers. This helps to keep a neat and clean environment for all employees and visitors.





Tribal Policy Highlight 2:



Big Valley Band of Pomo Indians

Big Valley Rancheria's Smoke-Free Facility Policy

Purpose

This policy has been developed to protect all employees, service users, and visitors from exposure to second-hand smoke. Exposure to second-hand smoke, also known as passive smoking, increases the risk of lung cancer, heart disease and other illnesses.

Policy

It is the policy of the Big Valley Band of Pomo Indians that all Tribal Administration Offices are smoke free. All employees have a right to work in a smoke free environment. The policy shall come into effect on 02/25/2016. This policy will be reviewed periodically by the Tribal Administrator. Smoking conventional tobacco products, as well as electronic cigarettes, is prohibited throughout the entire workplace with no exceptions. This includes company vehicles. This policy applies to all employees, consultants, contractors, tribal members, and visitors.

Smoking will only be permitted in designated areas that are at least 25 feet from the exterior of the building. These designated smoking areas will be clearly marked with the proper signage.

Implementation

Overall responsibility for policy implementation and review rests with the Tribal Administrator, under the direction of Health Board and the Tribal Council. All staff are obliged to adhere to, and support the implementation of the policy.

The Tribal Administrator or his delegate(s) shall inform all existing employees, consultants, contractors, tribal members, and visitors of the policy and their role in the implementation and monitoring of the policy. New personnel shall also be given a copy of the policy when they are hired. Appropriate 'No Smoking' signs will be clearly displayed at the entrances to and within the premises.

2726 Mission Rancheria Road • Lakeport, CA. 95453 • Phone: (707) 263-3924 • Fax: (707) 533-2941





Tribal Policy Highlight 3:

Workplace Smoking Policy

Policy number: 01-101-001

1. Purpose and Authority

This instruction provides guidance on personnel issues related to establishing and maintaining a smoke-free Tribal Environment. The provisions of this instruction have been developed under the authority provided by 5 U.S. Code, Chapter 41 and 79. This instruction supplements the regulations of the General Services Administration, (41 CRF Part 101-20), and Chapter 1-60 of the HHS General Administration Manual.

2. Coverage

This instruction covers all employees of the Karuk Tribe, in accordance with the provisions of HHS General Administration Manual, Chapter 1-60.

3. References

- 1) 5 U.S. Code, Chapter 41, Training
- 2) 5 U.S. Code, Chapter 79, Service to Employees
- 3) 41 CRF Part 101-20 (GSA Smoking Regulation)
- 4) HHS General Administration Manual, Chapter 1-60, Policy on Smoking in HHS Occupied Buildings and Facilities.
- 5) The Health Consequences of Smoking; Cancer and Chronic Lung Disease in the Workplace, (1985 Surgeon Generals' Report)
- 6) The Health Consequences of Involuntary Smoking, (1986 Surgeon Generals' Report).

4. Background

The Karuk Tribal Health Program is the principal department for furthering the health of the Karuk Tribe and providing them with essential human services. The health risk of smoking and exposure to smoke are clearly documented in recent reports by the Surgeon General. The Karuk Tribe accepts the evidence that:

- 1) Involuntary smoking is a cause of disease;
- 2) Including lung cancer in healthy non-smokers.
- 3) And the simple separation of smokers and non-smokers within the same airspace may reduce but does not eliminate the exposure of non-smokers to environmental tobacco smoke. It is therefore essential that the Tribe, in carrying out its mission, provide a smoke-free environment in all Tribal controlled building space.

5. Policy

The Karuk Tribe's policy is to establish a smoke-free environment in all Tribal controlled building space, except for the multiple purpose room where Bingo is played. Implementation of this policy as set forth in Chapter 1-60, HHS General Administration Manual, will be achieved through the cooperation, understanding, and support of both the operating management of this Tribe, Tribal employees and representatives.

6. Management Responsibilities

- 1) Provide and support smoking education and cessation programs to encourage employees to stop smoking.
- 2) Process disputes arising from the implementation of the Tribe's policy and guidance in accordance with applicable administrative or negotiated procedures.
- 3) Review employee request for leave associated with smoking or conditions related to smoking in accordance with existing procedures for granting leave requests.
- 4) Take appropriate action in accordance with applicable administrative and negotiated procedure in instances where employees fail to comply with or implement the Tribe's policy.





Tribal Policy Highlight 4:



Bridgeport Indian Colony
P.O. Box 37
Bridgeport, CA 93517
Phone: (760) 932-7083 Fax: 932-7846

Smoke-Free Facility Policy

Purpose

This policy has been developed to protect all employees, tribal members, and visitors from exposure to second-hand smoke. Exposure to second-hand smoke, also known as passive smoking, increases the risk of lung cancer, heart disease and other illnesses including death.

Policy

It is the policy of the Bridgeport Indian Colony that all Tribal Administration Offices are smoke free. All employees have a right to work in a smoke free environment. This policy shall be in effect on September 1, 2016. This policy will be reviewed periodically and updated as necessary. Smoking conventional tobacco products, as well as electronic cigarettes, is prohibited throughout all Tribal Administrative and Community buildings with no exceptions. This includes company vehicles. This policy applies to all employee's consultants, contractors, tribal members, and visitors. The only exception is when tobacco is used for ceremonial purpose.

Smoking will only be permitted in designated areas that are at least 25 feet from the exterior of the building. These designated smoking areas will be clearly marked with the proper signage.

Implementation

Overall responsibility for policy implementation and review rests with the Tribal Administrator, under the direction of the Tribal Council. All staff must oblige, and support the implementation of the policy.

The Tribal Administrator or designee(s) shall inform all existing employees, consultants, contractors, tribal members, and visitors of the policy and their role in the implementation and monitoring of the policy. New personnel shall also be given a copy of the policy when they are hired. Appropriate 'No Smoking' signs will be clearly displayed at the entrances to and within the premises.





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Section 3: Assist Patients to Quit

Nicotine is an addictive substance that is naturally found in tobacco. The addictiveness of nicotine has been known by the commercial tobacco industry for many years, and nicotine has been manipulated in cigarettes to increase addiction to the product. In research of nicotine content and delivery, researchers found that from 1997-2012, the nicotine content of cigarettes from four major manufacturers remained stable, but there was a significant increase in the nicotine yield. The nicotine yield is the amount of nicotine that a smoker receives from the cigarette.

Nicotine meets the criteria of a highly addictive drug. It has psychoactive effects and is a stimulant. Similar to cocaine and heroin, the nicotine will give the user a brief feeling of euphoria and require more use to regain that feeling. Although nicotine is a stimulant, and cigarettes may be smoked in short puffs to increase the stimulation, with increased dosage of nicotine, it will act as a sedative and give a calm, peaceful feeling.

Commercial tobacco dependence is a chronic disease with remission and relapse. It warrants treatment as any chemical dependence or chronic disease. Commercial tobacco dependence may also be related to the patient's other chronic disease and/or health issues.

Research has shown that patients are more likely to attempt to quit, if it is recommended by a health provider such as a doctor or nurse. Patients recognize the doctor and/or nurse as qualified health professionals and recognized medical authorities. It is expected that the medical professional will ask the patients about commercial tobacco use. Patients are more open about their health issues and more comfortable talking with the health professional about their commercial tobacco use, especially if it is affecting other chronic disease and health issues.

This section provides resources for doctors, nurses, counselors, and community health representatives to talk with patients about quitting commercial tobacco use.





The 5 A's for Clinicians

Five Step Process to Assist Patients to Quit Commercial Tobacco Use

Commercial smoking is the top cause of preventable death in the United States. 70% of commercial smokers want to quit. As a health professional, these five steps will help you talk to patients about giving up commercial tobacco use.

ASK

In a friendly manner, ask, "Do you use commercial tobacco?" Ask this to every patient, even if you know they have quit, because relapse happens. It can take several attempts to quit for good. Document the commercial tobacco status of the patient.

ADVISE

Congratulate non-smokers and commercial tobacco quitters on their success. Urge commercial tobacco abusers to quit with clear, strong, and personalized advice. For example "Quitting commercial tobacco is the single most important thing you can do for your health," "As your healthcare provider, the best advice that I can give is for you to quit your habit." It is ok to use motivational interviewing techniques when giving the advice to quit.

ASSESS

Determine if the commercial smoker is ready and willing to quit. If ready to quit, move to the assist portion of the steps. If the commercial smoker is not ready to quit, employ the 5 R's. Talk about Relevance of quitting, Risks if continuing to abuse commercial tobacco, Roadblocks that prevent quitting, Rewards for quitting, and Repeat trying to quit again with the things that the commercial smoker learned when they failed on the last attempt.

ASSIST

If ready to quit, use referrals and counseling to support the decision. Provide them with cessation resources. Studies show that commercial smokers are more likely to be successful in their quit attempt, when the doctor is assisting with counseling and referrals.

ARRANGE

Schedule follow-up contacts, either in person or by phone. Follow-up may include seeing if the patient accessed the resources, if the patient has quit, and/or if the patient has relapsed. If the patient has relapsed, talk to them about what went wrong, and how they might fix it to try again. If they are willing to try again, repeat the Assist and Arrange.





The 2 A's and R for Community Health Representatives and Social Workers

Three Step Process to Assist Friends and Families to Quit Commercial Tobacco Use

Often times, we want to help friends and family members to quit commercial smoking. One of the best ways to help them is by simply following these steps.

ASK

Ask them if they are currently using commercial tobacco products or smoking. If they say they are in the process of quitting, congratulate them, and let them know that you are there to support them in their quit attempt.

ADVISE

In a strong, clear, and personalized message, advise them to quit. "Quitting smoking is one of the best things you can do for your health." "Quitting smoking can help your children's health." "You can have a healthier pregnancy, if you quit smoking cigarettes." Follow the message with, "Would you like to quit?"

REFER

If they are ready to quit, congratulate them on their choice, and refer them to a cessation resource. If they are not ready to quit, let them know that you are there for them and have resources that can help them when they are ready to quit. Also, if they are not ready to quit, do not badger and pester them to quit. Badgering and pestering is more likely to result in a failed quit attempt and a built resistance to trying to quit again.





Tribal Cessation Resources

California Rural Indian Health Board

The California Rural Indian Health Board (CRIHB) assists Tribal Health Programs and Tribes with quality improvement in referring patients to cessation resources, trainings, and technical assistance for traditional tobacco and traditional tobacco gardens, commercial tobacco cessation, and youth prevention. CRIHB has prepared a resource guide for commercial tobacco cessation listing Tribal, State, and National resources.

Link to the Resource guide: <https://crihb.org/wp-content/uploads/2014/12/>

[TobaccoResourceGuide_Sohab_12.21.16-FINAL.pdf](#)

For more information, contact the Research and Public Health Department at (916)-929-9761 or <https://crihb.org/tobacco-control/>.



National Native Network

The National Native Network (NNN) is a network of Tribal and health board professionals dedicated to reducing commercial tobacco use and cancer prevention among the AIAN population. The NNN seeks to engage Tribes and health centers throughout the United States in this work. The Network provides technical assistance on traditional tobacco, commercial smoking cessation, and cancer prevention. The NNN also provides data, reports, and white papers in the areas of cessation and the impact of commercial tobacco among AIAN people. The NNN has a media center of materials, webinars, and videos that can be adapted for use. There are also sample Tribal policies on commercial tobacco. The NNN presents all materials in a scientific and culturally relevant way. Membership in the Network is free and gives you access to all materials and other members. Their website is <http://www.keepitsacred.org>.





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