



Life is Sacred | Keep it Sacred

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Partner Agencies



Inter-Tribal Council of Michigan



California Rural Indian Health Board



Great Plains Tribal Chairmen's Health Board



SouthEast Alaska Regional Health Consortium



NNN Renewed for Five More Years

The National Native Network program has been renewed and awarded for another five years to be administered by the Inter-Tribal Council of Michigan, and carried out by the California Rural Indian Health Board, Great Plains Tribal Chairmen's Health Board, and the Southeast Alaska Regional Health Consortium.

"Nearly all of the eight National Networks have been renewed for the "Networking2Save: CDC's National Network approach to Prevention and Controlling Tobacco-related Cancers in Special Populations" program. With our continued collaboration with our partner and sibling organizations, we will be in great company with a wealth of experience moving forward for the next five years," said Joshua Hudson, Program Manager for the National Native Network.

"Seven of the eight organizations have been renewed for the CDC and OSH Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities programs. With our continued collaboration with our partner and sibling organizations, we will be in great company with a wealth of experience moving forward for the next five years," said Joshua Hudson, Program Manager for the

National Native Network.

The National Native Network is jointly funded by the Office on Smoking and Health and Division of Cancer Prevention and Control under cooperative agreement #NU58DP006493-01.

National Conference on Tobacco Or Health

Register Now! The 2019 National conference on Tobacco or Health will be held August 27-29, 2019 in Minneapolis, Minnesota. Conference registration and Call for Abstracts are now open! The National Conference on Tobacco or Health is the premiere gathering of the United States tobacco control movement. The convening attracts a diverse set of public health professionals to learn about best practices and policies to reduce tobacco use – the leading preventable cause of disease and death in the United States. Abstracts are sought under 10 Program Areas in multiple session formats. Visit www.nctoh.org to register for the 2019 NCTOH, learn more about the meeting, and access the abstract submission portal. **The deadline to submit abstracts is Wednesday, December 12, 2018.**



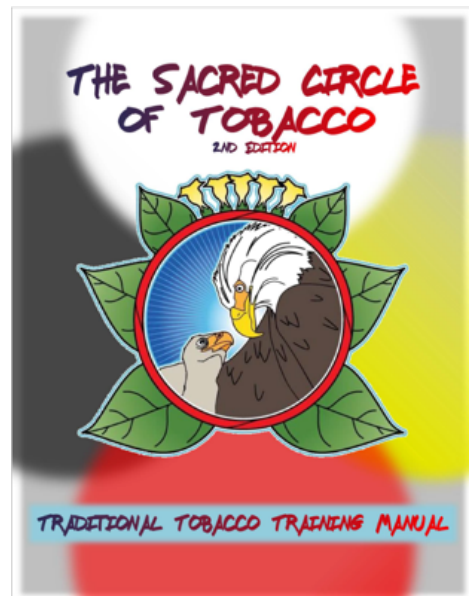
Webinar Archives

November 28, 2018 - Sacred Circle of Tobacco Youth

Manual

[VIEW WEBINAR HERE](#)

A presentation of the new Sacred Circle of Tobacco Youth Manual



September 26, 2018 - Reach Obesity Strategies

VIEW WEBINAR HERE

Learning Outcomes/Objectives:

By the end of the webinar, participants will be able to:

1. Examine the REACH Journey to Wellness model for obesity prevention in multiple tribes.
2. Identify the positive impact of promoting participant driven healthy lifestyle adaptations vs. weight reduction programs to address obesity.
3. Implement effective physical activity and nutrition strategies to address overweight and obesity in American Indian communities.

September 19, 2018 - Obesity Prevention: Using Multiple Approaches to Support Wellness

VIEW WEBINAR HERE

Learning Outcomes/Objectives:

By the end of the webinar, participants will be able to:

1. Examine the prevalence of obesity and overweight and how it contributes to the high rates of chronic conditions and diseases among American Indians and Alaska Natives.
2. Identify risk factors that contribute to overweight and obesity.
3. Collaborate through multiple sectors to implement effective strategies to address overweight and obesity.

August 29, 2018 - Southwest Tribal Tobacco Coalition

VIEW WEBINAR HERE

Learning Outcomes/Objectives:

By the end of this webinar, participants will be able to:

1. Differentiate between traditional and commercial tobacco and its use.
2. Build a community tobacco control coalition that provides cessation support for American Indian adults and youth who smoke cigarettes, and those who use other types of commercial tobacco.
3. Implement practices that incorporate meaningful participation from coalition members.



[NNN Technical Assistance Webinars](#)

The National Native Network produces their webinar series "Cancer Risk Reduction in Indian Country" several times a year. Check out our website for the latest information.

To view our webinar archives **[CLICK HERE](#)**.

For more information or to register for a webinar, visit us on **[Facebook](#)**, **[Linked-In](#)**, and **www.keepitsacred.org**.

[Podcasts](#)

The second part of our conversation with Ernie Whiteman is up now. Joshua Hudson and Ernie discuss traditional vs. commercial tobacco. **[LISTEN HERE](#)**.

Celebrating Native American Day with a Parade

[FOR FULL ARTICLE, VIDEO, AND PHOTOS CLICK HERE](#)

Rapid City, S.D. – On Saturday people donned head dresses and moccasins for a special celebration.



We show you how Natives from around the Great Plains are honoring Native American Day a little bit ahead of schedule.

The steady beat of the Native American drum filled the streets of downtown Rapid City on Saturday.

"We're excited. We're very excited. This is amazing. It's amazing to showcase our American Indian people and the causes we all stand for," Tinka Duran said, Great Plains Tribal Chairmen's Health Board.

Twenty-eight years ago in South Dakota, Native American Day used to be Columbus Day.

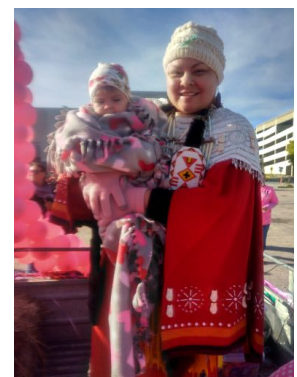
That's because former Governor George Mickelson asked the Legislature to declare 1990 a "Year of Reconciliation" and to rename Columbus Day as Native American Day.

And the parade committee hopes the procession helps bring Natives and non-Natives together.

"We would certainly hope that the parade contributes to better race relations in our community. We certainly hope that folks have a better understanding and are more comfortable with getting to know more Native American people, especially attending our events like the Powwow and other events that happen," Whitney Rencontre said, parade committee.

Duran says breast cancer is the second leading cause of cancer death for American Indian women so she and her team decked out their float in pink and raise awareness.

"We hope that people will talk to each other about the need of our American Indian women to get screened early for breast cancer because it's very treatable if you're screened early," Tinka



Duran said.

In addition to the Powwow at the Civic Center, Rencountre says the parade is another way to celebrate the beautiful Native American culture.

"I believe it's misunderstood throughout history. i think when you actually start to learn about it and take the steps to understand and appreciate it, it really helps to form better relationships," Whitney Rencountre said.

In 1998, California declared Native American Day as an official annual statewide holiday to be celebrated on the fourth Friday of September.

October 18, 2018 was Indigenous Pink Day. Pictured are some Great Plains Tribal Chairmen's Health Board staff who dressed in Pink to raise awareness of breast cancer and the need for timely screening.



Success Story: State of Alaska Tobacco Program Grantees Work to Increase Alaska Native Tribes in the Passage of Tribal Tobacco-Free Resolutions

Summary:

In Alaska, 40.6% of the Native population uses commercial tobacco compared to 16.6% of the non-Native population statewide (State of Alaska (SOA), Tobacco Prevention and Control (TPC) Program, 2018). The top two uses of death among American Indian/Alaska Native (AI/AN) population in Alaska are cancer and heart disease (Prevention, 2012-2015). Alaska is home to 229 of the 576 federally recognized tribes in the United States. The State of Alaska Department of Public Health, Tobacco Prevention and Control Program, along with the Alaska Native Tribal Health Consortium, developed tobacco-free resources to assist tribes. These resources included a tribal tobacco-free implementation toolkit (State of Alaska, Tobacco Prevention and Control Program, 2017), the "Importance of Resolutions" document (State of Alaska, Tobacco Control Prevention Program, n.d.) and a sample thank you letter that can be sent to tribes (State of Alaska, Tobacco Control Prevention Program, n.d.). The toolkits and additional documents have helped to increase the number of Alaska tribes passing tobacco-free workplace resolutions. In addition, for several years TPC and regional grantees used maps to highlight tribes that had passed resolutions. These maps motivated tribal leaders to pass resolutions and add their communities/tribes to the map. TPC grantees produced local media celebrating tribes that had passed resolutions.

Challenge:

The 229 Alaska Native tribes are spread throughout the state and the majority are remotely located. It is difficult for TPC grantees to spread a consistent tobacco message regarding why tribal tobacco-free resolutions are needed and how to reach out to tribal leaders and tribal councils. In addition, changes in tribal leadership and TPC grantee staff turnover, contributed to many of the tribes not being aware of the positive influence a tobacco-free resolution has on tribal citizens, and that the local TPC grantee can provide toolkits, example documents and assistance to leadership.

Solution:

The SOA TPC worked with a few tribal leaders and a delegate for the 2011 Alaska Federation of Natives (AFN) Convention to support the state's TPC grantees in addressing the AI/AN tobacco disparities. They promoted the message that tobacco-free resolutions help reduce youth initiation, secondhand smoke exposure, encourage tobacco cessation, and that a resolution models the importance of tobacco prevention to Alaska Native tribes. AFN unanimously passed a resolution in support of smoke free workplaces. This resolution prompted tribes to recognize and enact changes concerning the issue of tobacco use among Alaska Native people. Through the use of the tribal tobacco-free implementation toolkit, tribal tobacco prevention community toolkit and additional documents, TPC grantees in Alaska have been able to provide evidence based interventions to assist tribal councils to adopt tobacco-free workplace resolutions. This effort has directly contributed to 137 of the 229 tribes (60%) passing a smoke free or tobacco-free workplace resolution (State of Alaska, Tobacco Prevention and Control Program, 2018).

Future Directions:

The SOA TPC grantees are committed to continue the ongoing partnership and work with Alaska Native tribal leaders to increase the number of tribes that pass and support enforcement of tobacco-free resolutions. For tobacco-free resolution materials or other forms of policy, contact tobacco@alaska.gov or check out the materials on the website: <http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/TobaccoFreeAlaska/tobaccofree.aspx#tribes>

Written by Tammi Meissner, SEARHC Health Promotion

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Statement from FDA Commissioner Scott Gottlieb, M.D., on Proposed New Steps to Protect Youth by Preventing Access to Flavored Tobacco Products and Banning Menthol in Cigarettes

VIEW FULL STATEMENT FROM FDA.ORG HERE

As a physician who cared for hospitalized cancer patients, I saw first-hand the devastation that smoking-related diseases had wrought on the lives of patients and their families, and dedicated myself to helping ease this suffering.

As a cancer survivor myself, I understand too well the uncertainty, grief and struggle that accompanies a cancer diagnosis.

And as a father of three young children, I hear daily from parents and teachers worried about the epidemic use of electronic cigarettes and nicotine addiction among kids.

When I pledged last year to reduce addiction to nicotine, I was driven by the fact that, in the U.S., tobacco use remains the leading cause of preventable death and disease. Combustible cigarettes cause the overwhelming majority of tobacco-related disease. When used as intended, they are responsible for the death of half of all long-term users.

Today, I'm pursuing actions aimed at addressing the disturbing trend of youth nicotine use and continuing to advance the historic declines we've achieved in recent years in the rates of combustible cigarette use among kids.

These actions are grounded in hard evidence. But they also are deeply personal.

When I first **announced** our comprehensive tobacco framework plan in July 2017, I recognized my opportunity - an almost unprecedented opportunity - to use the tools that the FDA had been given in the Family Smoking Prevention and Tobacco Control Act to bring about meaningful, lasting change to dramatically alter this cycle of disease and death.

I envisioned a world in which cigarettes lose their addictive potential through reduced nicotine levels. I envisioned a regulatory paradigm that focused on nicotine and evaluated the diverse nicotine delivery mechanisms along a continuum of risk. On one end, there are combustible tobacco products. At the other end, there are medicinal nicotine products sold as gums and patches. And there is an array of products in between.

I saw the opportunity to advance new technologies like electronic nicotine delivery systems (ENDS) as an alternative to cigarettes for adults who still seek access to satisfying levels of nicotine, without all the deadly effects of combustion.

I believed then - and I continue to believe - that we must recognize the potential for innovative, less harmful products that can efficiently deliver satisfying levels of nicotine to adults who want them.

But as I said at that time, as I said at my confirmation hearing, as I said in my first remarks to the professional staff of the FDA three days after being confirmed as the FDA's Commissioner in May of 2017, and as I've said dozens of times in the months that followed: any policy accommodation to advance the innovations that could present an alternative to smoking - particularly as it relates to e-cigarettes - cannot, and will not, come at the expense of addicting a generation of children to nicotine through these same delivery vehicles. This simply will not happen. I will take whatever steps I must to prevent this.

Today, I'm announcing proposals to help reverse these trends, with the unwavering support of HHS Secretary Alex Azar, who shares my deep commitment to protecting the health of our nation's children. Today, we advance our efforts to combat youth access and appeal with a policy framework that firmly and directly addresses the core of the epidemic - flavors.

The data show that kids using e-cigarettes are going to be more likely to try combustible cigarettes later. This is a large pool of future risk. The policies I'm outlining now strives to strike a careful public health balance between our imperative to enable the opportunities to transition to non-combustible products to be available for adults; and our solemn mandate to make nicotine products less accessible and less

appealing to children. The data make unmistakably clear that, if we're to break the cycle of addiction to nicotine, preventing youth initiation on nicotine is a paramount imperative.

Almost all adult smokers started smoking when they were kids. Nearly 90 percent started smoking before the age of 18, and 95 percent by age 21. Only about 1 percent of cigarette smokers begin at age 26 or older. When I announced the FDA's **Comprehensive Plan for Tobacco and Nicotine Regulation** in July 2017, I made clear my concerns about kids' use of e-cigarettes, especially those products marketed with obviously kid-appealing flavors. At the time, however, the trends in youth use appeared to be changing in the right direction - reported e-cigarette use among high school students, which peaked at 16.0 percent in 2015, had decreased to 11.3 percent in 2016 and held steady in 2017. What I did not predict was that, in 2018, youth use of e-cigarettes and other ENDS products would become an epidemic.

Today, the FDA and the Centers for Disease Control and Prevention are publishing data from the 2018 National Youth Tobacco Survey (NYTS). The data from this nationally representative survey, conducted of middle and high school students, show astonishing increases in kids' use of e-cigarettes and other ENDS, reversing years of favorable trends in our nation's fight to prevent youth addiction to tobacco products. These data shock my conscience: from 2017 to 2018, there was a 78 percent increase in current e-cigarette use among high school students and a 48 percent increase among middle school students. The total number of middle and high school students currently using e-cigarettes rose to 3.6 million - that's 1.5 million more students using these products than the previous year. Additionally, more than a quarter (27.7 percent) of high school current e-cigarette users are using the product regularly (on 20 or more days in the past month). More than two-thirds (67.8 percent) are using flavored e-cigarettes. Both these numbers have risen significantly since 2017.

These increases must stop. And the bottom line is this: I will not allow a generation of children to become addicted to nicotine through e-cigarettes. We won't let this pool of kids, a pool of future potential smokers, of future disease and death, to continue to build. We'll take whatever action is necessary to stop these trends from continuing.

Over the past months, the FDA has worked aggressively to address youth use of e-cigarettes.

We deployed a range of our regulatory tools.

We launched a multi-pronged **Youth Tobacco Prevention Plan**. We **escalated enforcement** against retailers who illegally sell ENDS products to minors. We **partnered** with the Federal Trade Commission to target e-liquid manufacturers whose products used misleading, kid-appealing imagery that mimicked juice boxes, lollipops and other foods. We worked with eBay to remove listings for these products on their websites. We launched innovative campaigns, including "The Real Cost" Youth E-Cigarette Prevention Campaign, to **educate teens** about the consequences of addiction to e-cigarettes.

And I made clear - in speeches, in statements and in interviews - that we were closely watching what appeared to be disturbing trends. I repeatedly said that, although we continue to believe that non-combustible tobacco products may provide an important opportunity to migrate adult smokers away from more harmful forms of nicotine delivery, these opportunities couldn't come at the expense of addicting a generation of kids to nicotine. I told the manufacturers of e-cigarettes that the youth use of their products was an existential threat to this innovation. In short, over the past year we weren't sitting still. And we weren't quiet about our concerns. And yet these deeply disturbing trends continued to build.

In September, after receiving the raw data from the NYTS survey, I took additional action. I **called on manufacturers to step up**, to take voluntary actions to prevent youth access to these products and to take meaningful steps to curb their youth appeal. Some manufacturers have already responded to these requests and pledged to take some meaningful voluntary steps to curb youth access and appeal to their products. I also said that the FDA would be re-evaluating our own policy approach and that all options would be considered. Given the startling and disturbing youth use rates in the 2018 NYTS data being released today, it's clear that we must do more - specifically, several policy changes to target what appear to be the central problems - youth appeal and youth access to flavored tobacco products.

Some of these changes would involve revisiting the FDA's compliance policy, issued in 2017, which extended the dates by which manufacturers of deemed tobacco products that were on the market as of Aug. 8, 2016, were expected to submit premarket applications to the FDA for review (after receipt of an application, the FDA reviews the application and determines if the product meets the applicable statutory standard to be marketed). Under that policy of enforcement discretion, the premarket application compliance date for newly regulated combustible tobacco products, including certain cigars and pipe tobacco, was extended to August 2021. The premarket application compliance date for newly regulated non-combustible tobacco products was extended to August 2022. This applied to most ENDS or e-cigarettes.

Today, I'm directing the FDA's Center for Tobacco Products (CTP) to revisit this compliance policy as it applies to deemed ENDS products that are flavored, including all flavors other than tobacco, mint and menthol. The changes I seek would protect kids by having all flavored ENDS products (other than tobacco, mint and menthol flavors or non-flavored products) sold in age-restricted, in-person locations and, if sold online, under heightened practices for age verification.

These changes will not include mint- and menthol-flavored ENDS. This reflects a careful balancing of public health considerations. Among all ENDS users, data suggests that mint- and menthol-flavored ENDS are more popular with adults than with kids. One nationally representative survey showed that, among ENDS users aged 12-17 years old, 20 percent used mint- and menthol-flavored ENDS while, among adult ENDS users, 41 percent used mint- and menthol-flavored ENDS. Any approach to mint- and menthol-flavored ENDS must acknowledge the possibility that the availability of these flavors in ENDS may be important to adult smokers seeking to transition away from cigarettes. Moreover, I recognize that combustible cigarettes are still sold in menthol flavor, including in convenience stores. I don't want to create a situation where the combustible products have features that make them more attractive than the non-combustible products. Or a situation where those who currently use menthol-flavored cigarettes might find it less attractive to switch completely to an e-cigarette. This is a difficult compromise that I'm trying to strike, recognizing the public health risk posed by cigarettes still being available in menthol flavor.

But at the same time, I'm deeply concerned about the availability of menthol-flavored cigarettes. I believe these menthol-flavored products represent one of the most common and pernicious routes by which kids initiate on combustible cigarettes. The menthol serves to mask some of the unattractive features of smoking that might otherwise discourage a child from smoking. Moreover, I believe that menthol products disproportionately and adversely affect underserved communities. And as a matter of public health, they exacerbate troubling disparities in health related to race and socioeconomic status that are a major concern of mine. Although I'm not proposing revisions to the compliance policy for the mint- and menthol flavors in e-cigarettes at this time, we need to address the impact that menthol in cigarettes has on the public health.

I'm also aware that there are potentially important distinctions even between mint- and menthol-flavored e-cigarette products. I'm particularly concerned about mint-flavored products, based on evidence showing its relative popularity, compared to menthol, among kids. So, I want to be clear that, in light of these concerns, if evidence shows that kids' use of mint or menthol e-cigarettes isn't declining, I'll revisit this aspect of the current compliance policy.

In addition, I'm directing CTP to revisit the compliance policy for all flavored ENDS products (other than tobacco, mint and menthol flavors or non-flavored products) that are sold online without additional, heightened age-verification and other restrictions in place. As part of that effort, I'm directing CTP to publish additional information regarding best practices for online sales. My aim is to have these best practices available soon, so sites can quickly adopt them to help prevent youth access to these flavored products. Of course, no tobacco products, including non-flavored ENDS products or those with tobacco, mint and menthol flavors, should be sold to kids. For this reason we'll continue to enforce the law whenever we see online sales of these products to minors and will closely monitor online sales of mint and menthol ENDS products.

If youth trends don't move in the right direction, we will revisit all of these issues.

I hope I'll soon see manufacturers of ENDS products preparing, with the FDA input as appropriate, premarket tobacco product applications (PMTAs) to demonstrate that their products meet the public health standard in the Tobacco Control Act. In the coming months, CTP plans to issue additional policies and procedures to further make sure that the process for reviewing these applications is efficient, science-based and transparent. We'll also explore how to create a process to accelerate the development and review of products with features that can make it far less likely that kids can access an e-cigarette.

Other considerations of our policy framework would apply to traditional forms of combustible tobacco products.

I noted that the popularity of menthol cigarettes with youth is especially troubling. In fact, youth smokers are more likely to use menthol cigarettes than any other age group. More than half (54 percent) of youth smokers ages 12-17 use menthol cigarettes, compared to less than one-third of smokers ages 35 and older. Prevalence of menthol use is even higher among African-American youth, with data showing that seven out of 10 African-American youth smokers select menthol cigarettes.

And, unlike menthol-flavored ENDS, there's no evidence to suggest that menthol-flavored cigarettes may play a role in harm reduction for adult smokers.

We will advance a Notice of Proposed Rulemaking that would seek to ban menthol in combustible tobacco products, including cigarettes and cigars, informed by the comments on our **Advanced Notice of Proposed Rulemaking (ANPRM)**.

Finally, to ensure that we're taking a comprehensive approach, we must evaluate our regulatory approach to flavored cigars. Flavors are added to cigars and other tobacco products for various reasons, such as reducing the harshness, bitterness and astringency of tobacco products during inhalation and to soothe irritation during use. Research shows that, compared to adults (25 or older) who smoke cigars, a higher proportion of youth who smoke cigars use flavored cigars.

These data also indicate that eliminating flavors from cigars would likely help prevent cigar initiation by young people. Accordingly, I am also outlining policy goals to address the presence of flavors in cigars -

including those that were subject to the compliance policy for newly deemed products, and those that were “grandfathered.”

Specifically, I propose a policy through appropriate means to ban flavors in cigars.

The bottom line is that these efforts to address flavors and protect youth would dramatically impact the ability of American kids to access tobacco products that we know are both appealing and addictive. This policy framework reflects a re-doubling of the FDA’s efforts to protect kids from all nicotine-containing products. They also reflect a very careful public health balance that we’re trying to achieve. A balance between closing the on-ramp for kids to become addicted to nicotine through combustible and non-combustible products, while maintaining access to potentially less harmful forms of nicotine delivery through ENDS for adult smokers seeking to transition away from combustible tobacco products.

This policy framework is an important step toward reversing the epidemic that is underway and that is confirmed by the data from the NYTS. I could take more aggressive steps. I could propose eliminating any application enforcement discretion to any currently marketed ENDS product, which would result in the removal of ALL such products from the marketplace. At this time, I am not proposing this route, as I don’t want to foreclose opportunities for currently addicted adult smokers.

But make no mistake. If the policy changes that we have outlined don’t reverse this epidemic, and if the manufacturers don’t do their part to help advance this cause, I’ll explore additional actions.

We’ve already seen some positive steps announced voluntarily by manufacturers. Responsible manufacturers certainly don’t need to wait for the FDA to finalize these policies to act. They can stop certain marketing and sales practices – the ones we believe are part of the youth access and youth appeal problem – right now. We hope that within the next 90 days, manufacturers will choose to remove flavored ENDS products from stores where kids can access them and from online sites that do not have sufficiently robust age-verification procedures.

The FDA continues to take aggressive action to protect the public health, especially among kids at risk of nicotine addiction and tobacco use. As part of our **Comprehensive Plan**, in addition to issuing the ANPRMs to hear the public’s input on the role of flavors in tobacco products, and on cigars, we also issued an ANPRM on lowering nicotine in cigarettes. We have expedited the review of many of the comments, and spent hours, days and months taking close consideration of the questions raised and evidence presented by the public and various stakeholders.

This policy framework reflects the FDA’s consideration of available data and information to get the most complete picture possible of the causes of the epidemic rise in youth use of ENDS.

We’ll continue to base our actions on the best available science. And when it comes to protecting our youth, we’ll continue to actively pursue a wide range of prevention and enforcement actions. We’ll leave no stone unturned.

This is one of our highest priorities.

The tobacco marketplace has changed dramatically in the past year when it comes to youth use of ENDS. And the vision for public health achievements from reduced use of combustible products and reduced nicotine addiction is at risk.

But with implementation of the forceful and far-reaching actions that are outlined today, and with the commitment of tobacco manufacturers to take additional, voluntary actions to reduce youth access to their products, we can reverse these trends.

As I said after becoming Commissioner, I can think of no more impactful action the FDA could possibly take on my watch to help American families.

Here are additional details regarding the policy framework that I seek to advance:

1. Flavored ENDS products that are not sold in an age-restricted, in-person location.
 - Have all flavored ENDS products (other than tobacco, mint and menthol flavors or non-flavored products) sold in age-restricted, in-person locations. All ENDS products, including e-liquids, cartridge-based systems and cigalikes, in flavors except tobacco, mint and menthol, would be included. For instance, the proposed policy would apply to flavors such as cherry, vanilla, crème, tropical, melon and others.
 - To advance this goal, the FDA is revisiting the compliance policy on PMTA authorization for such flavored products sold in physical locations where people under the age of 18 are permitted.
 - The FDA is not revisiting the compliance policy with respect to ENDS products sold exclusively in age-restricted locations – for instance, a stand-alone tobacco retailer (such as a vape shop) that adequately prevents persons under the age of 18 from entering the store at any time; or, a section of an establishment that adequately prevents entry of persons under the age of 18 and the flavored ENDS products are not visible or accessible to persons under the age of 18 at any time.
 - At this time, ENDS products with tobacco, mint or menthol flavors, as well as any non-flavored ENDS products, sold in any location, would not be included in any policy revisions. This distinction among flavors seeks to maintain access for adult users of these products, including adults who live in rural areas and may not have access to an age-restricted location, while evidence of their impacts continues to develop. It also recognizes that combustible cigarettes are currently available in menthol in retail locations that are not age-restricted. This approach is informed by the potential public health benefit for adult cigarette smokers who may use these ENDS products as part of a transition away from smoking.
 - The FDA, however, will not ignore data regarding the popularity of mint- and menthol-flavored ENDS among kids. We will continue to use all available surveillance resources to monitor the rates and use patterns among youth and adults for these products, and we will reconsider our policies with respect to these products, if appropriate.
2. Flavored ENDS products (other than tobacco, mint and menthol flavors or non-flavored products) that are sold online.
 - In addition, we will seek to curtail the sale of applicable flavored ENDS products that are sold online without heightened age verification processes.

- The FDA will be working to identify these heightened measures for age verification and other restrictions to prevent youth access via online sales. These best practices would be available soon, so sites can quickly adopt them.
 - Because no tobacco products should be sold to kids (including non-flavored ENDS products or those with tobacco, mint and menthol flavors), the FDA will continue to enforce the law whenever we see online sales of these products to minors and will closely monitor online sales of mint and menthol ENDS products.
3. Flavored cigars.
- Research shows that, compared to adults (25 or older) who smoke cigars, a higher proportion of youth who smoke cigars use flavored cigars. This data also indicates that eliminating flavors from cigars would likely help prevent cigar initiation by young people.
 - Given these public health concerns, I believe flavored cigars should no longer be subject to the extended compliance date for premarket authorization – regardless of the location in which the products are sold.
 - The FDA's proposal to revisit the compliance policy for flavored cigars that are new tobacco products does not apply to the entire product category, as some products were considered "grandfathered." Accordingly, the FDA intends to propose a product standard that would ban flavors in all cigars.
 - In July, the comment period for our **ANPRM on flavors in tobacco products** closed. The FDA has expedited review and analysis of these comments, and we intend to proceed with developing a proposed regulation. As included in the most recent Unified Agenda, the FDA intends to prioritize the issuance of this proposed rule.
4. ENDS products that are marketed to kids.
- The FDA will pursue the removal from the market of those ENDS products that are marketed to children and/or appealing to youth. This could include using popular children's cartoon or animated characters, or names of products favored by kids like brands of candy or soda.
5. Menthol in combustible tobacco products.
- Informed by the comments from our ANPRM, the FDA will advance a Notice of Proposed Rulemaking that would seek to ban menthol in combustible tobacco products, including cigarettes and cigars.
 - The FDA started this process several years ago with an ANPRM. That ANPRM issued alongside the FDA's preliminary scientific evaluation, which suggested menthol use is likely associated with increased smoking initiation by youth and young adults.
 - Now, armed with the additional years of data, comments from the public – and with the perspective of our Comprehensive Plan and its implementation – the FDA will accelerate the proposed rulemaking process to ensure that our policies on flavored tobacco products protect public health across the continuum of risk.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

SEARHC Congratulates Sealaska Corporation on Tobacco-Free Campus

By Stacy Smith - SEARHC

JUNEAU, Alaska – This year, Sealaska Corporation headquarters officially became a tobacco-free campus and is the first Alaska Native Corporation in the State of Alaska to implement such a policy. SouthEast Alaska Regional Health Consortium (SEARHC) commends Sealaska for protecting their employees, shareholders, tenants, and visitors from secondhand smoke and for taking affirmative steps to change tobacco use norms among Alaska Native people for generations to come.

The new policy will prohibit the use of all tobacco products including cigarettes, cigars, pipes, electronic cigarettes or vaping devices, and smokeless tobacco products both inside and outside the Sealaska Plaza building as well as parking areas, including private vehicles parked on Sealaska property.

The tobacco-free policy ensures a safer and healthier working environment for everyone at Sealaska Plaza. Such policies are important to Sealaska and SEARHC because of the high prevalence of tobacco use among Alaska Native populations and are helpful to those who are trying to quit. With tobacco use more than double that of non-Natives, Alaska Natives suffer more tobacco-related diseases such as cancer, heart disease, stroke, and diabetes. Tobacco use remains the leading cause of preventable death in Alaska.

Across the state, Tribes and Tribal organizations are leading the way to address the burden of tobacco use. Nearly all federally recognized tribes in Southeast Alaska have adopted a smoke- or tobacco-free resolution in recent years. "Sealaska's decision reflects the momentum in Southeast toward a new narrative where Alaska Native people live free from tobacco addiction. Workplace policies are an essential part of long-term solutions to changing norms, so youth never start," said SEARHC Tobacco Program Manager, Emily Davis.

Talks of a tobacco-free policy began organically at the 2016 Sealaska Holiday Fair after several Sealaska employees connected with the SEARHC Tobacco Program and expressed concern about secondhand smoke in the plaza's entryways. Sealaska Facilities Manager, William Andrews, met with SEARHC Tobacco Program staff to discuss policy options and resources.

"This started a year-long process of learning, sharing, discussing strategy and requesting input from staff, tenants, and vendors. We heard from smokers and nonsmokers, addressed concerns and invested the time to explore the program," said Andrews. Sealaska also conducted an internal survey with tenants and employees and learned that 85% of Plaza occupants were supportive of a tobacco-free policy.

Mr. Andrews continued, "It was clear the tobacco-free campus program also aligned with Sealaska's core values." The core values include using strength and leadership to promote healthy families, communities and a healthy environment.

The board unanimously approved the tobacco-free campus policy in May of 2018. Sealaska began planning for the implementation by communicating with tenants and employees about the new policy. Subsequently, they removed cigarette butt receptacles and posted signage to make visitors aware that the

campus is tobacco-free. Support for the policy is an integral part of its success, and Sealaska is extremely appreciative of the positivity surrounding this new initiative.

Another component to this effort is Sealaska's commitment to supporting tenants, employees, and visitors in quitting tobacco by promoting the Alaska Tobacco Quit Line, which provides free cessation counseling and nicotine replacement therapies for all Alaska adults. Individuals can call the Quit Line at 1-800-QUIT-NOW or visit alaskaquitline.com. SEARHC also provides in-person counseling and group support programs which are accessible by referral through a SEARHC provider.

For more information or assistance with tobacco-free and smoke-free policies, individuals or organizations may contact the SEARHC Tobacco Program at tobacco@SEARHC.org or visit the Partnership for a Tobacco Free Southeast Facebook Page.

Inter-Tribal Council of Michigan launches Social Media Platforms

SAULT STE. MARIE, Mich. - The Inter-Tribal Council of Michigan has launched new social media platforms. This will be a resource intended to share information with partners, tribal membership, tribal leaders, community leaders, and other stakeholder partners.

We will have the opportunity to share photos, events, reports, articles, and other information dealing with all programs under the Inter-Tribal Council of Michigan umbrella.

- **FACEBOOK** - <https://www.facebook.com/InterTribalCouncilMichigan/>
- **TWITTER** - <http://www.twitter.com/ITCofMichigan>
- **INSTAGRAM** - <http://www.instagram.com/InterTribalCouncilMichigan>
- **YOUTUBE** - <https://www.youtube.com/channel/UCWp3WFa8w2nOJENKNoHgTbw>



YOU DON'T HAVE TO STOP SMOKING IN ONE DAY. START WITH DAY ONE.

Quitting smoking isn't easy. It takes time. And a plan. You don't have to stop smoking in one day. Start with day one. Let the Great American Smokeout® event on November 15 be your day to start your journey toward a smoke-free life. You'll be joining thousands of smokers across the country in taking an important step toward a healthier life and reducing your cancer risk. Plus, the American Cancer Society can help you access the resources and support you need to quit. Quitting starts here.

Learn more at cancer.org/smokeout
or call 1-800-227-2345.



Attacking from every angle.™

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 **AMERICAN INDIAN**
Commercial Tobacco Program

Open to Veterans and all other community members.



Keeping Tobacco Sacred Protects Your Legacy.

Call today.

It is an honor for American Indian veterans to serve their community. Keeping tobacco sacred helps to protect future generations. Get help to quit using commercial tobacco by calling the American Indian Commercial Tobacco Program.

1-855-372-0037

A Federal Court has ordered R.J. Reynolds Tobacco, Philip Morris USA, Altria, and Lorillard to make this statement about the health effects of smoking.

- Smoking kills, on average, 1,200 Americans. Every day.
- More people die every year from smoking than from murder, AIDS, suicide, drugs, car crashes, and alcohol, **combined**.
- Smoking causes heart disease, emphysema, acute myeloid leukemia, and cancer of the mouth, esophagus, larynx, lung, stomach, kidney, bladder, and pancreas.
- Smoking also causes reduced fertility, low birth weight in newborns, and cancer of the cervix.

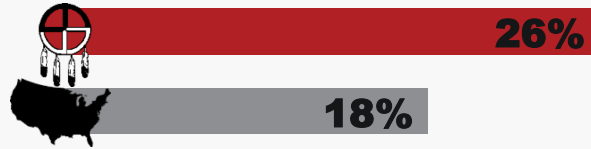


COMMERCIAL TOBACCO USE



More than
1 in 4
AI/AN adults
smoke cigarettes.

At **26%**, that's
1.5 times
greater than the US smoking rate.



Out of the 10 leading
causes of death
among AI/AN, 6 of them
have been
linked to smoking.



Smoking commercial tobacco can damage every part of your body. Poisons in cigarette smoke weakens the body's immune system.



Smoking commercial tobacco causes cancer, heart disease, stroke, lung diseases, diabetes, and many other life-threatening diseases.



People who stop smoking commercial tobacco greatly reduce their risk for cancer, heart disease, lung disease, and early death.

There are health benefits from quitting smoking at any age.

WHAT YOU CAN DO



Tobacco users

- Call the quitline today (1-800-QUIT-NOW) for information, advice, support, and referrals to help you quit. The sooner you quit, the sooner your body can begin to heal, and the less likely you are to get sick from commercial tobacco use.
- Never smoke commercial tobacco in your home, vehicles, or around nonsmokers, especially children, pregnant women, and persons with heart disease or respiratory conditions.
- Ask a health provider or traditional healer for help quitting.



Community members

- Make your home and vehicles 100% smoke-free 24/7 from commercial tobacco smoke.
- Don't start, if you aren't already using commercial tobacco.
- Tell your community leaders you support commercial tobacco control programs and smoke-free policies in all indoor air environments.
- Teach children about the health risks of smoking commercial tobacco and secondhand smoke.
- Encourage friends, family, and coworkers to quit. Support them in their efforts.



Health care providers

- Ask your patients if they use commercial tobacco; if they do, help them quit.
- Advise all patients to make their homes and vehicles 100% smoke-free 24/7 from commercial tobacco smoke.
- Make quitting commercial tobacco part of an overall approach to health and wellness.
- Advise nonsmokers to avoid secondhand smoke exposure, especially if they are pregnant or have heart disease or respiratory conditions.
- Refer patients to recommended resources and support groups.



Community leaders

- Fund comprehensive commercial tobacco control programs.
- Designate all indoor air environments 100% smoke-free from commercial tobacco smoke.
- Increase the price of all commercial tobacco products.
- Implement hard-hitting media campaigns that raise public awareness of the danger from commercial tobacco use and secondhand smoke exposure.
- Reduce commercial tobacco use by making these products less accessible, affordable, and desirable.

KEEP IT SACRED

NATIONAL NATIVE NETWORK

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Most tobacco products purchased for youth under 18 are bought by people under the age of 21.¹



Raising the legal tobacco sales age to 21 can help:

- Decrease overall tobacco consumption
- Reduce teen access to tobacco
- **Raise a tobacco-free generation**

For more information, visit tobacco21.org.



¹ Difranza JR, Wellman RJ, Mermelstein R, et al. The natural history and diagnosis of nicotine addiction. Current Reviews in Pediatrics. 2011;7(2):88-96.

Articles, Publications, and Research

- **GREAT AMERICAN SMOKEOUT**
- **MMWR - Tobacco Product use Among Adults - United States, 2017**
- **New Report Examines Challenges to Growth of American Indians and Alaska Natives in Medicine**
- **Interview with Oklahoma City Indian Clinic - Grand Prize Recipient of the 2018 80% by 2018 National Achievement Award**
- **CDC: Electronic Cigarette Sales in the United States, 2013-2017**
- **MMWR - State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Accessing Treatments – United States, 2015-2017**
- **New FTC Report: Tobacco Industry Expenditures Keep Cigarettes and Smokeless Tobacco Cheap and Visible at the Point of Sale**
- **CDC - Awareness and ever use of “Heat-Not-Burn” Tobacco Products Among U.S. Adults, 2017**

Opportunities

- **Funding Opportunity - Robert Wood Johnson Foundation - Policies for Action: Policy and Law Research to Build a Culture of Health - Due December 31, 2018**

Events

January 9, 2019 - Training Opportunity - GW Cancer Center Second Cohort Together, Equitable, Accessible, Meaningful (TEAM) Training | Applications Due 1/9/2019 - [LEARN MORE](#)

[FOR MORE AND THE LATEST EVENTS, VISIT KEEPITSACRED.ORG](#)

SIGN UP FOR OUR NEWSLETTER HERE: <http://keepitsacred.itcmi.org/about-us/contact-our-team/>

If you have an event or opportunity to share in the next NNN Newsletter, please call or email the National Native Network team at 906-632-6896 x154 or nnn@itcmi.org

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