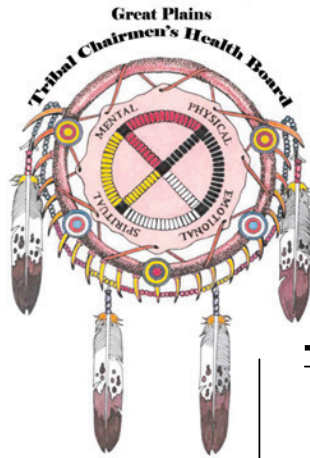


Tribal Tobacco Policy Toolkit Community





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Winnebago Tribe
of Nebraska

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Sioux Tribe

Anpetu Waste Tribal Advocate:

The SD Tribal Tobacco Policy Toolkits were developed to assist tribal community advocates in the important conversations they have with their community members, tribal health, and tribal leadership on commercial tobacco policies. Commercial tobacco policies are very important and will help ensure that our children are not the first generation of children that will die younger than their parents.

The U.S. Surgeon General's report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke," shows indisputable scientific evidence that secondhand smoke causes premature death and serious disease in non-smokers. Secondhand smoke is a serious health hazard and there is no risk-free level of exposure.

Commercial tobacco use is the number one cause of all cancers and emphysema, and is a leading preventable cause of heart disease and stroke among American Indians in South Dakota. Secondhand smoke exposure to infants and children is a major contributor to sudden infant death syndrome, asthma, ear infections and upper respiratory illnesses.

In 2009, in South Dakota the median age of death for American Indians was 58 years compared to the rest of the population at 81 years of age. This is a 22 year difference! You might be wondering, why is there such a difference in age of death? Many of the leading causes of death among South Dakota tribal people are due to tobacco related illnesses like cancer, heart disease, complications of diabetes and SIDS.

The best way to protect our youth, elders and loved ones from tobacco-related diseases is for our tribes to adopt policies that prohibit smoking commercial tobacco in schools, tribal buildings, restaurants, parks, casinos and public places. We must advocate for our tribes to keep tobacco sacred to honor health and eliminate commercial tobacco use.

As a community advocate you already realize the importance of empowering communities to make decisions that promote personal health and well-being. It is our hope that you will turn to the *SD Tribal Tobacco Policy Toolkits* as a concise and helpful resource in addressing commercial tobacco policy changes in your community. *Wopila (Thank you) for all your hard work on this very important and sacred issue!*

Respectfully,

Jerilyn Church, MSW
Executive Director
Great Plains Tribal Chairmen's Health Board

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The South Dakota Tobacco Control Program acknowledges the spiritual and ceremonial value that tobacco has in American Indian culture. We want to be perfectly clear that whenever the phrase tobacco-free is mentioned in these toolkits, we are referring to commercially produced tobacco products only and never the traditional tobacco of our Northern Plains American Indians.



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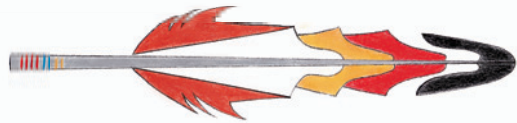
<http://doh.sd.gov/tobacco/>

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Section 1: USE OF SACRED TOBACCO



USE OF SACRED TOBACCO

Stories of tobacco's origins are as varied as the Tribes that used tobacco, but these stories all have a single common theme: Tobacco is sacred and ought to be used with respect.

derived from the tobacco plant (*Nicotiana tabacum*). This type of tobacco is commercially grown in the Southern United States (as well as in Africa and South America) and used to make commercial tobacco products. Commercial tobacco products are known to have many added chemicals that are harmful. There are also types of tobacco known as natural tobacco, wild tobacco, or mountain smoke which were used by traditional Indian people. Because of the increased accessibility and marketing of commercial tobacco, many tribes are losing the practice of planting, harvesting and preparing tobacco for traditional or spiritual purposes. There are now fewer people who know the proper way and attitude to care for true natural tobacco.

“It has no chemicals, there's nothing in there that a person can get addicted to other than prayer.”

– Jess Taken Alive
Standing Rock Sioux Tribe



“The equivalent of Christian sin in the Indian traditional sense is breaking ones commitment to the Pipe. When one prays with the Pipe, he is obliged to do it in a good way, not for evil purposes. The Pipe brings harmony between men when they smoke it. You can't lie through the Pipe. To go against these things is a sin.”

– Richard Moves Camp
(Lakota) - Pine Ridge

Traditional tobacco among the Northern Plains tribes is not the same as commercial tobacco such as cigarettes or spit tobacco. South Dakota tribes use čanśaśa which comes from red willow bark. Growing along creek beds, these red willow trees have a deep red bark that makes them easy to find during winter harvest. Larger branches are cut and the outer bark is shaved off exposing a green film which is stripped off, and the green shavings are then dried. Čanśaśa may contain a mixture of herbs and berries and can be mixed with kinnikinnik, bear root, berries, rosehips and petals, grape leaves or white ash.

Among South Dakota tribes, tobacco is an important part of spiritual life. Tobacco helps connect the human experience by providing a means of communicating with the spirit world and the Creator. Traditional uses of tobacco include:

- Helping in the journey back to the spirit world
- Offerings and gifts to Elders and others
- Offerings to Mother Earth
- Blessings
- Ceremonial pipe
- Prayer
- Bug repellent
- Keeping evil spirits away

Tobacco is also used for healing and medicinal purposes. Some uses include relieving chills and fevers, headaches, toothaches, healing cuts or burns, muscle soreness, and ear infections.

Traditional tobacco is smoked using ceremonial pipes and the smoke is not inhaled. Pipe design varies among the different tribes, with pipe stems often made of ash or sumac and pipe bowls carved from various types of stone and clay.



Čanśaśa is used to pray to the 4 directions and the Creator. It also is used in tobacco ties as an offering to the spirits. A tobacco tie is a small sacred bundle to hold the tobacco. Making a tie for the tobacco makes it easier to carry, to make an offering of tobacco to another person, and to hold on to for longer periods of time. Offerings of loose tobacco are made as well, in particular to the Sacred Fire. The ties are also burned so that spirits can receive the čanśaśa. When čanśaśa is smoked, prayers are carried up in the form of smoke. Čanśaśa is sacred and the smoke is not inhaled. There are no known health risks when native tobacco is used in a sacred and respectful manner.

The age at which sacred tobacco is typically introduced to children and when adolescents start to use čanśaśa varies. Children who are involved in Lakota traditional customs are introduced to sacred tobacco at a very young age through prayer offerings and tobacco ties. As for actually smoking čanśaśa with the sacred pipe – this is usually done after the child completes their man and/or womanhood ceremony (when the child reaches puberty) or if the traditional healer sees that the child has reached a certain maturity level. If the child is too young to smoke the sacred pipe, the pipe holder will touch the child on the head with the pipe to receive those prayers.

Seven Uses of Čanśaśa (Sacred Red Willow)

1. Ceremonial

- Opaġi (*fill a pipe with tobacco*)
- Offering as a gift to the spirits
- Strengthening the house or Tipi
- A form of binding a contract
- Marriage ceremonies
- Naming ceremonies
- Wopila (*thanks, joy, gladness*)
- Vision Quest
- Seven Sacred Rights
- Sundances

2. Social

- Intertribal and interpersonal gatherings (i.e. enemy tribes or for trading)
- Marriage counseling
- Binder of contract with treaties (i.e. 1860 Treaty)
- As a means of forming relationships or bonding with families and peers
- Political or diplomatic gatherings
- Source of social cohesion for the Lakota people

“The importance of pipes throughout the Americas speaks to the symbolism of ritual smoking. This sharing of a pipe affirms peaceful relations among individuals and between nations. Smoking has also always been seen as a way for human prayers to reach spirit beings.”

National Museum
of the American Indian



“I started smoking Čanśaśa with my Father on Crow Creek reservation. The first time I smoked it with my father there was a strong presence of my grandfather being there with us. After I quit smoking and drinking about 30 years ago, a young man gave me Čanśaśa and I smoked it. Since then I smoke Čanśaśa regularly and it keeps my relationship with loved ones that have passed on.”

– Melvin Grey Owl

“My son came home from Iraq. He went to the VA doctors and here they found cancer below his knee. It was devastating news and they were going to cut off his leg. He said, ‘What do you think?’ I said, ‘We have prayers. We have a way of life.’ So we went to ceremony and gave medicine (tobacco ties). We made them. We hung them up and everybody knew, all the friends that went to sweat and Sundance. They started praying and then I went to the Sundance tree and offered tobacco. And a week later, the doctor calls him and said you’re cancer free.”

– Bryant High Horse
Oglala Sioux Tribe



South Dakota Cansasa Coalition

American Indians, like people of other origins, have vast experiences in their physical, behavioral, and societal development. These experiences in turn can affect the individual to various degrees and at various levels. The information, considerations and tips contained herein, will not always be applicable to working with all American Indians but will assist in the basic overall understanding of the culture.

3. Prayer

Čansása is used to pray to the 4 directions and *Ťuŋkašila (God, the Supreme Being or Great Spirit)*. It is used in tobacco ties as an offering for the spirits for asking them to do something for whoever is praying. They are burned so that the spirits can receive the čansása. When čansása is smoked, whoever is smoking should think about their prayers and when they exhale, their prayers are carried up in the form of smoke. What makes the čansása sacred is when it is smoked, the smoke is NOT inhaled.

4. Smudge

When burned, čansása gives off a really pleasant aroma. But it is also used to smudge or purify oneself and it cleanses the spirit and body.

5. Medicinal

- Cut, wound or burn: čansása cleanses the wound
- Headache
- Flu
- Soreness, ear infection or muscle ailments
- Helps individuals to stay sober, happy, to be stronger spiritually and put them on the *čaŋku luta (Red Road; to be on a good path)*

6. Gift

A way of saying thank you and exchanging čansása for what is being asked:

- *Wamakaškanj oyate (the animal kingdom in general; all things that move on the earth)*
- Spirits
- Medicine Man
- Drum
- Seven Directions
- *Ťuŋkašila (God, the Supreme Being or Great Spirit)*

7. Trade

In earlier years, a handful of čansása would be traded for a horse. It is seen as gold to indigenous peoples because of its scarcity.

Source: Sacred Willow: Keeping Tobacco Traditional

Most Indigenous nations have traditional stories explaining how tobacco was introduced to their communities, many of which emphasized the sacred properties of the plant, which holds both the power to heal if used properly and the power to cause harm if used improperly. An example of one of these traditional stories is the Lakota creation story from Chief Arvol Looking Horse of the Cheyenne River Sioux Tribe, keeper of the sacred caṅnuṅpa (pipe).



At that time, not long after the Flood, the People still followed the buffalo, but they had forgotten the Creator and the teachings of the buffalo. They were trying to control one another, be more than who they are. The buffalo disappeared and the People were starving and crying. They grew too weak even to move camp, and so they sent out scouts to look for buffalo or other game. But always they returned empty-handed.

Then one day they sent out two scouts, who saw not even a rabbit the whole day. Dejected, they started back to camp from their failed hunt, traveling through the woods and rolling hills, northeast of the sacred Black Hills.

It was a beautiful day, the sky blue with few white clouds. As the two scouts were returning to the camp, they saw a woman come over a hill, and they watched in awe, wondering what a woman alone could be doing out here in the middle of nowhere. Dressed in a beautiful white buckskin dress, this woman approached them carrying a bundle in her arms. One of the scouts, seeing the beauty of the woman, felt lust for her. He said, "She's so beautiful. I think I'll take her for a wife."

As they were talking, she came closer and she pointed to the one with the bad thoughts, as if beckoning him. He went towards her, thinking to take her.

The other scout tried to stop him saying, "She's sent by the Great Spirit. She's the answer to the People's prayers for help. She must be a Spirit-woman. Don't approach her with such thoughts on your mind." But the lustful scout refused to listen.

As he reached for the woman, a swirling cloud suddenly came down and enveloped him. When the cloud lifted, he was laying there at her feet all bones, a skeleton with snakes crawling from his head.

Then the Spirit-woman pointed to the other scout, who trembled before her, and she said, "Go, tell your People what you have seen here. Tell them to build an altar of sage and cherry branches, and also to put up a great tipi, and I will come tomorrow from where the sun sets. Tell them I have a great gift to give them, a gift kept in this sacred bundle. And she told him, "Tell them just what I have said. Don't make more than what it is and don't make less than what it is!"

The scout thanked her for the Message. Still filled with fear, he backed slowly away from the woman, then ran back to the camp and told the People what had happened and what the Spirit-woman had told them – no more, no less.



White Buffalo Calf Woman
Rogue Guirey Simpson, 1992

In the camp, the Buffalo People followed the instructions given by the scout and put up their tipi and prepared the altar with sage and cherry branches to each cardinal direction. Behold- the very next day, as she had promised, she returned out of the sunset. As she moved toward them, carrying the Bundle in her outstretched arms, she sang a beautiful song that we still sing today. Walking clockwise around the altar of sage and cherry branches, she set down the Sacred Bundle in the altar, then opened it to reveal the sacred cañnunpa. She told them, "This cañnunpa, you will make direct personal contact with Wakañ Tanjañ."

She said, "Following the way of this sacred cañnunpa, you will walk in a sacred way upon the Earth, for the Earth is your grandmother and your mother and she is sacred." She told them, "The red stone of the cañnunpa's bowl represents the blood of the People, and it also represents the female. And the wooden stem represents the Tree of Life, and it also represents the male. The Tree of Life also represents the root of our ancestors, and as this Tree grows so does the spirit of the people." She said "When you put the cañnunpa's bowl and stem together, you connect the world above and the world below. The only time the cañnunpa is put together is when you are in prayer. And when you pray with the cañnunpa, humble yourself. Present your prayers to all 4 Sacred Directions, and then pray to the Great Spirit above and Mother Earth below. Sing your songs and pray for life, peace, harmony and happiness."

She warned, "You must have a good heart and a good mind to go to the ceremonies. Honor the Sacred Places, the Sacred Ceremonies and the Sacred Sites. Each Sacred Site is an altar to the Great Spirit. Gather there often and pray the prayers and sing the songs I have taught you. In time, you will understand the meaning of the Seven Sacred Rites that come with this sacred bundle."

She left in a clockwise motion returning to where the sun sets. On top of the hill, she stopped and looked back, then rolled over and became a young beautiful black buffalo. The second time she was a red buffalo, then a yellow buckskin buffalo, and finally a white buffalo. This is where she received her name Pte Sañ Wiñ and our Seven Rites were given.

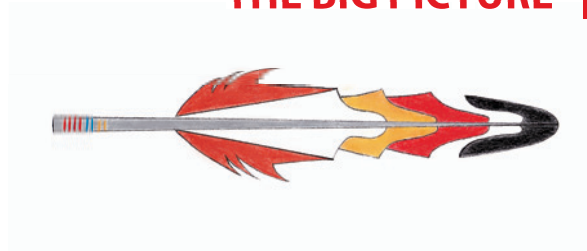
Source: Sacred Willow: Keeping Tobacco Traditional

Historically, Northern Plains tribal culture includes the use of traditional tobacco, which is not the same as tobacco found on the commercial market. However, the distinction between traditional and commercial tobacco uses has become blurred over time which contributes to the misunderstanding, normalization, and addiction to commercial tobacco.

TRADITIONAL TOBACCO VS COMMERCIAL TOBACCO	
<i>Traditional</i>	<i>Commercial</i>
Not inhaled	Inhaled
Sacred	Not sacred
Not easy to get or convenient, scarce	Easy & convenient
Simple, humble, common, not flashy	Fast/rushed
Spiritual	For profit
Not addictive	Addictive
Natural / Ikce <i>(wild, in a state of nature)</i>	Unnatural, processed, has additives, harmful
No additives & absence of negative health consequences	Diseases related to product include cancer, emphysema, heart disease, breathing problems, pre-term birth, mouth cancer, SIDS
Used in a respectful manner	Not used with respect
Red	Brown
Deliberative, thoughtful	Broad consumption by general population
Appropriateness	Recreational
With awareness	For pleasure
Used in moderation	Casual
Generosity	Wakanj sica <i>(Satan, a devil, the bad spirit)</i>
Used in community and social context	Used individually as a personal choice

Source: Sacred Willow: Keeping Tobacco Traditional

Section 2: THE BIG PICTURE





*Tobacco & Snuff of the best quality & flavor,
At the Manufactory, No. 4, Chatham Street, near the Goal
By Peter and George Lorillard,*

Where may be had as follows:

Cut tobacco,	Pipe or carrot do.
Common kitefoot do.	Maccuba snuff,
Common smoking do.	Rappee do.
Segars do.	Straiburgh do.
Ladies twist do.	Common rappee do.
Pigtail do. in small rolls,	Scented rappee do. of dif-
Plug do.	ferent kinds,
Hogtail do.	Scotch do.

The above Tobacco and Snuff will be sold reasonable, and warranted as good as any on the continent. If not found to prove good, any part of it may be returned, if not damaged.

N. B. Proper allowance will be made to those that purchase a quantity. May 27—18.

Tobacco companies have tied themselves and their fortunes to American Indians for over two centuries.

This started with the first known tobacco advertisement which ran in a New York newspaper in 1789. This ad for Lorillard’s Snuff & Tobacco featured a drawing of an American Indian holding a pipe alongside a barrel of tobacco. The Lorillard family made the first American tobacco company fortune and became one of the earliest millionaires in the history of the country.

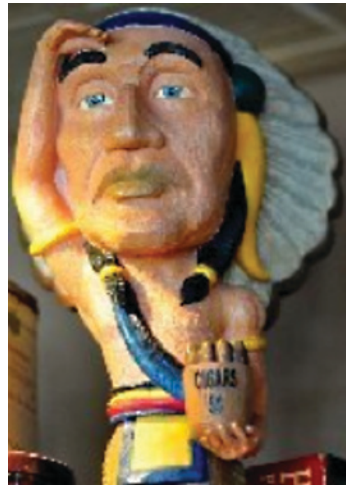
Throughout the 1800’s and 1900’s, tobacco companies often used images of American Indians in their advertising. The “Prince Albert” ads developed by the R.J. Reynolds Tobacco Company usually featured American Indian warriors and were especially offensive. One such Prince Albert Tobacco advertisement from 1913 showed an American Indian smoking a pipe in the foreground with a war scene in the background between Plains Indians and settlers in a covered wagon. Here is the text of the ad:

“Prince Albert, the national joy smoke, just everlastingly buries the hatchet over pipe-grouches. You sheath your scalping knife, old scout. Pack that favorite jimmy pipe tight with P.A. Tease it with a little fire and watch the old dream stuff come back in clouds of fragrant, cool smoke. No bite, no sore tongue – that’s removed by our patented process.”



Another Prince Albert ad from 1915 featured an Indian warrior smoking a pipe. The ad compared the “joy of smoking Prince Albert” commercial tobacco to that of those who have gone on before to the spirit world.





The images of the wooden Indians and product images are demeaning portrayals of American Indians and culture. Brand names like “Red Man” chewing tobacco have been around for a long time. The terms “red skin” and “red man” are offensive to American Indians. And it is equally offensive that tobacco companies use that term for their tobacco products.

Wooden Indian carvings were created to advertise tobacco companies in shops in the early 1600's. They began as countertop-size carvings to advertise a particular tobacco company. The carvings then grew to be used as a figurehead on the bow of trading ships and then for larger

wooden statues outside a tobacco store. They are somewhat like barber poles that advertise for barber shops. However, the images often exaggerate or distort American Indian features, feathers, ceremonial items and culture. They are offensive and dehumanizing to American Indians and misrepresent tribal peoples and culture. An interesting thing to note is that feathers, ceremonial items, etc. were illegal for American Indians to use until 1978 (The American Indian Religious Freedom Act passed on August 11, 1978 to protect traditional and religious rights and cultural practices of American Indians, Alaska Natives and Native Hawaiians). But it was legal for tobacco companies to use those images to sell their deadly products long before tribal members could use them openly. The tobacco companies' use of these images do not respect or honor American Indians or sacred tobacco and are only used to promote unhealthy products.

It seems that the tobacco companies have used increasingly offensive images of American Indians over the years. However, some recent efforts are of greater concern to American Indian communities. Tobacco companies are focusing even more on American Indians as a target of their marketing campaigns – not just as symbols to use in their advertisements. Tobacco companies are more deliberately exploiting American Indian images and cultural symbols such as warriors, feathers, regalia and words like “natural” in the brand names. Some companies have even used copies of religious artifacts to sell more tobacco. Tobacco companies have even sought to manipulate the sacred use of tobacco and to imply that their commercial cigarette and smokeless tobacco products are easily obtained substitutes for tobacco approved by elders for ceremonial use.



One of the most barefaced examples of commercial tobacco company misrepresentation of their products comes from Santa Fe Natural Tobacco Company (SFNTC). This company manufactures Natural American Spirit brand cigarettes which are marketed as a natural tobacco product. This is not a small company that produces an additive-free, tobacco-only product. SFNTC is a large-scale manufacturer of cancer-causing commercial cigarettes – which is now a division of Reynolds American, Inc. (formerly RJ Reynolds Tobacco Company).

Many consumers think that SFNTC is owned by American Indians. But as the company notes on its website, “we are not an American Indian enterprise and we’re not affiliated with any American Indian groups, but a portion of our sales of every pack, pouch and tin is donated to support American Indian causes.” It appears that they are trying to buy the support of tribal groups with donations from their foundation.

The “Indian” and “Natural” advertising campaigns used by SFNTC are designed to make people think that their products are somehow safer and more enjoyable to smoke. A company spokesman noted in a letter to a potential retailer that “This unique combination of ‘Indian’ and ‘Natural’ gives us, and you, a solid competitive edge, creates intense media interest, and reinforces our basic message – The Smoke Speaks for Itself!” The company even developed a marketing campaign that included “an exclusive line of authentic reproductions of American Indian pipes, snuff containers, tobacco pouches, and other natural tobacco implements...” Another promotion that they used was a series of “Spirit of the Old West pack cards” that had different images and facts about the American frontier. Some of these cards used images of American





Indian spiritual leaders – such images are very disrespectful to tribes. Would you want a picture of your tribe’s spiritual leader to be used to sell commercial tobacco and to help make a rich company even richer?

In addition to promoting their commercial tobacco products using Native imagery, tobacco companies have actively worked to target American Indians and gaming patrons through promotions at casinos, bingo and tribal tobacco outlets. Heavy discounting of commercial tobacco products is a common strategy that the industry uses.

American Indians are also targeted heavily by the smokeless or chew tobacco industry. The industry sponsors American Indian events such as Pow-wows and rodeos where they provide product samples and other giveaways.

The tobacco industry also particularly targets male adolescents with its aggressive advertising. Ads associate smokeless tobacco with rodeos, rock stars, and sports heroes. These

companies also sponsor rock concerts, rodeos, auto racing and tractor pulls.

So it seems that American Indians have moved from being an image that is exploited in tobacco industry advertising to being a target of their advertising. Why does the industry continue to advertise so aggressively to bring in new customers – especially American Indians? Because it works.

Advertising is essential for the tobacco industry because it brings in new smokers.

Every day the tobacco industry loses customers who quit using their products. Many of these customers die as a result of using commercial tobacco products. So the tobacco industry is always trying to find new customers. In fact, the tobacco industry calls

these new customers “replacement smokers.” Most of these new customers are young people. Research shows that more than 80% of all smokers begin before age 18. Much of the tobacco industry’s advertising efforts are targeted at youth. Tobacco advertising includes Pow-wow give-aways and promotional items, magazine ads for cigarettes or spit tobacco, rodeo and other sport sponsorships, free samples, store signs and displays (many are placed at a child’s eye level), coupons, events, movies in which people are smoking, entertainment sponsorships, internet marketing and more. The tobacco industry is always thinking of new and creative ways to market its products and addict a new generation.

“Why, then, are younger adult smokers important to RJR [R.J. Reynolds Tobacco Company]? Younger adult smokers are the only source of replacement smokers.”

– RJ Reynolds Tobacco Company Internal Analysis, 1984

Tobacco Company Advertising and Promotional Spending, 1998-2008 (in billions)



Source: Federal Trade Commission, Cigarette and Smokeless Tobacco Report for 2007 and 2008 (2011).

There are many efforts underway across the country where states and communities are trying to counteract the tobacco industry's advertising campaigns but it is very difficult to do. Despite all of these efforts to counter pro-tobacco influences, the tobacco industry continues to heavily market its products with 2008 annual spending of \$10.5 billion nationwide and an estimated \$23.4 million in South Dakota alone (Campaign for Tobacco-Free Kids, 2011).

Their huge investment in advertising pays off. The tobacco industry brings in billions of dollars

in profits every year. The money that they make comes at the expense of those that buy their product and those that are exposed to secondhand smoke. American Indians bear a large share of the burden of health effects from tobacco use. One way that American Indians can fight back is by not buying or using commercial tobacco products.

American Indians Are Far Less Healthy Than Other Populations

Reducing and eliminating commercial tobacco-related health disparities poses a major challenge to the country. Use of commercial tobacco is the single most preventable cause of death in the United States, killing more than 443,000 people each year. Unfortunately, certain groups including racial and ethnic minorities, workers exposed to occupational hazards, blue-collar and service workers, and others with low levels of education remain at high risk for commercial tobacco use and exposure. They also bear a greater burden of commercial tobacco-related illnesses and deaths. These differences in health outcomes – or “disparities” – are a growing concern among health advocates. Tobacco-related health disparities have been defined as follows:

Differences in patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups in the United States; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke (ETS) exposure (also known as secondhand smoke). Disparate populations may be defined by race and ethnicity, gender, age, geography, sexual orientation, disability, religion, occupation, mental illness, income, social class, education, and institutionalization. (HHS, 2002)

Cigarette smoking remains the single most important behavioral risk factor for cancer. This is especially true for the American Indian and Alaska Native population, in which the use of both cigarettes and smokeless tobacco are much higher than in any other racial or ethnic population

in the U.S. Although American Indians have cultivated and used tobacco since pre-Columbian times, the recreational, daily or addicted use of commercial tobacco products is fairly new.

By many measures, American Indians have much worse health statistics than other population groups. If you just look at the age of death in South Dakota, **American Indians die 22 years earlier** than the overall population of the state:

MEDIAN AGE OF DEATH IN SOUTH DAKOTA (2007)	
General Population	= 81 years
American Indian Population	= 59 years

According to the Indian Health Service, cardiovascular disease is the leading cause of death among American Indians and Alaska Natives, and commercial tobacco use is an important risk factor. Cancer is the second leading cause of death for those ages 45 and older, and is the 3rd leading cause of death for all age groups. Lung cancer is the leading cause of cancer death. American Indians and Alaska Natives (AI/AN) were the only population group to experience an increase in respiratory cancer death rates between 1990 and 1995. Northern Plains tribal members, who have the highest smoking rates, additionally have the highest rates of lung cancer and heart disease. Also in the Northern Plains, the rate of lung cancer among AI/AN women was nearly double that among White women.

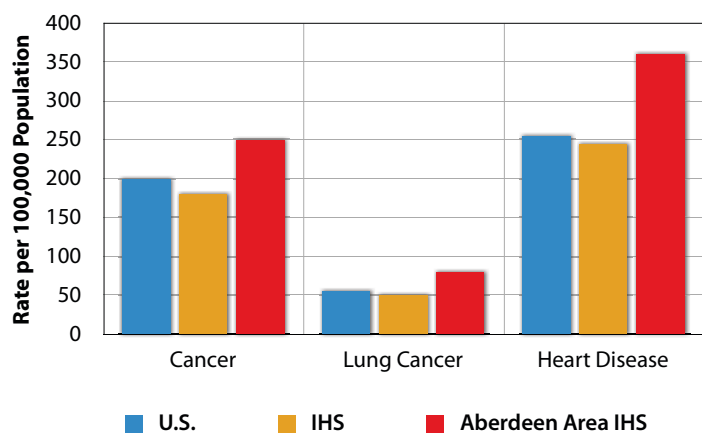
TOP TEN CAUSES OF DEATH FOR AMERICAN INDIANS IN SOUTH DAKOTA (2004-2009)	
1.	Heart Disease
2.	Accidents
3.	Cancer
4.	Diabetes
5.	Liver Disease
6.	Suicide
7.	Chronic Respiratory Disease
8.	Stroke
9.	Flu/Pneumonia
10.	Assault

Source: South Dakota Department of Health, 2011

Studies have shown that AI/AN populations have been diagnosed with cancer later and have relatively poor 5-year survival compared with other populations. These studies show that AI/AN populations may not have benefited from available screening technologies and generally are diagnosed with cancer later than White populations.

COMPARISON OF DEATH RATES FOR CANCER AND HEART DISEASE

Calendar Years 1999-2001



Note: Rates are age-adjusted and IHS data is adjusted to compensate for misreporting of American Indian/Alaska Native race on the state death certificate.

Source: Indian Health Service, *Regional Differences in Indian Health 2002-2003*.

The low household incomes of American Indians also put them at risk. In the annual report issued on cancer in the United States, it was noted that poverty among the AI/AN population was 3 times that of the White population. The most recent US Census data on per capita income in the US show that of the 25 poorest counties in the US, eight of those counties are in South Dakota and all of them are predominately found within American Indian reservation boundaries.

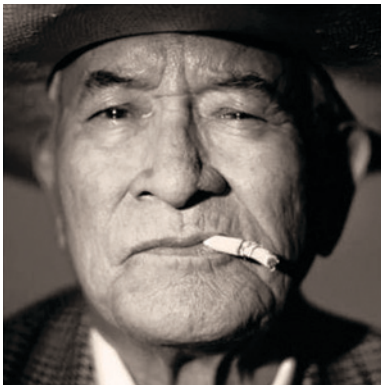
A few other factors have also been shown to affect health outcomes: AI/AN adults were less likely to graduate from high school and were more likely to have less than a ninth grade education than White adults. The percentage of AI/AN persons under 65 years with no health coverage was twice that of White adults. More AI/AN 18 to 64 years had no usual source of health care, and men were more likely than women to have no usual source of medical care.

Commercial Tobacco as a Social Justice Issue

Combating commercial tobacco use is clearly a matter of social justice – which means that a society values and understands the meaning of human rights and recognizes the dignity of every human being.

“Tobacco is not an equal opportunity killer.”

Dr. Cheryl Heaton, President and Chief Executive Officer of the American Legacy Foundation, was one of the first to raise the issue of commercial tobacco use as being one of social justice. Her comments in 2001 at the National Conference on Tobacco or Health are still as on target today as they were 10 years ago:



The tobacco industry has succeeded in addicting those who have the least information about the health risks of smoking, the fewest resources, the fewest social supports, and the least access to cessation services. The link between smoking and low income and lower levels of education cannot be overemphasized.

Tobacco is not an equal-opportunity killer. Americans below the poverty line are over 40 percent more likely to smoke than those at or above the poverty line. The poor are not only more likely to smoke, they are less likely to quit. The link between smoking and heart disease and cancers has serious health implications for the poor, women, and minorities. Multiple researchers have found that women, minorities, and those of lower income are diagnosed later for heart disease and cancer than well-off white men and receive fewer interventions. The pattern is clear: these groups are more likely to start to smoke; more likely to continue; less likely to receive timely intervention; more likely to die younger. (Legacy, 2001)

The Human and Financial Toll of Commercial Tobacco

Commercial tobacco use remains an important public health problem nationwide, in South Dakota, and especially among South Dakota’s tribal communities. Commercial tobacco use continues to be the single largest preventable cause of death and disease across the United States. The health consequences of commercial tobacco use include heart disease, multiple types of cancer, lung and respiratory disease, negative reproductive effects, and the worsening of chronic health conditions such as diabetes and asthma.

Cigarette smoking kills more people each year than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. Thousands more die from other commercial tobacco-related causes such as fires started by cigarettes (more than 1,000 deaths per year nationwide) and smokeless tobacco use.

Heart disease is the leading cause of death among American Indian and Alaskan Native populations in the US. Evidence shows that smokers who smoke a pack or more of cigarettes each day are twice as likely to die of heart disease as nonsmokers. Lung cancer is the leading cause of cancer death among American Indians (IHS, 2009) with 80% of lung cancer being linked to cigarette smoking. It is clear how both of these diseases are directly linked to commercial tobacco use.

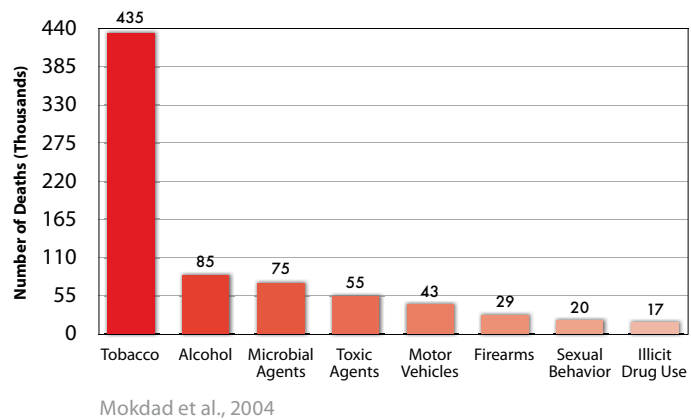
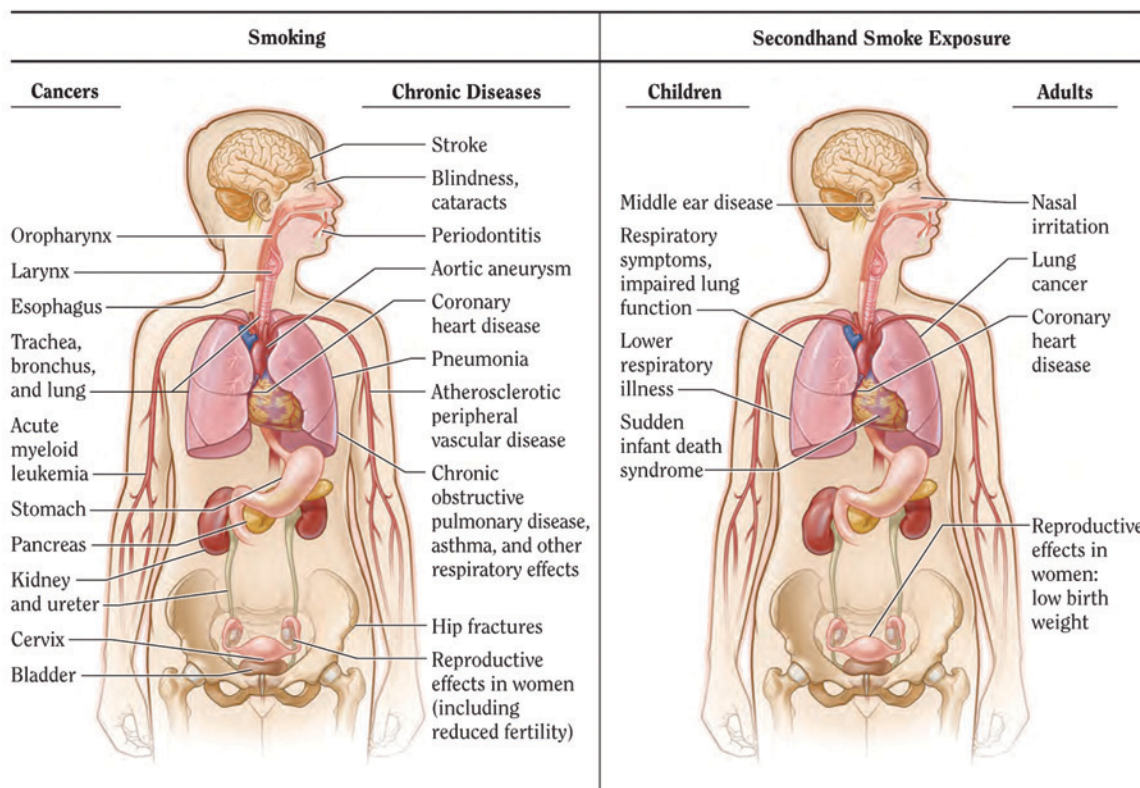


Figure 1. The health consequences causally linked to smoking and exposure to secondhand smoke



Source: U.S. Department of Health and Human Services 2004, 2006.

Each year, approximately 443,000 persons in the United States die from smoking-related illnesses. South Dakota loses more than 1,000 residents each year as a result of their own smoking. This number includes American Indians. That means that nearly 3 people die each day in the state as a result

of commercial tobacco use. Unfortunately the news gets worse – at the current rate of commercial tobacco use, 18,000 kids now under age 18 and alive in South Dakota will ultimately die prematurely from smoking.

Commercial tobacco takes a very large toll in this country both in human terms and in dollars. Smoking has been estimated to cost the United States \$193 billion in direct healthcare expenses and in productivity losses each year. Productivity losses come from when a person dies when they are still young enough to be working. Men who smoke lose an average of 13.2 years of life. Women who smoke lose an average of 14.5 years of life.

This huge cost is all due to premature death. South Dakota is faced with nearly \$275 million in health care costs directly caused by smoking. One out of every five dollars spent comes from us – the taxpayers – covering these costs through Medicaid. Here’s a breakdown of some of the smoking-caused costs for the state:

TABLE 1: THE COST OF SMOKING IN SOUTH DAKOTA	
Annual health care costs in South Dakota directly caused by smoking	\$274 million
• Portion covered by the state Medicaid program	\$58 million
Residents’ state and federal tax burden from smoking-caused government expenditures	\$567 per household
Smoking-caused productivity losses in South Dakota	\$233 million

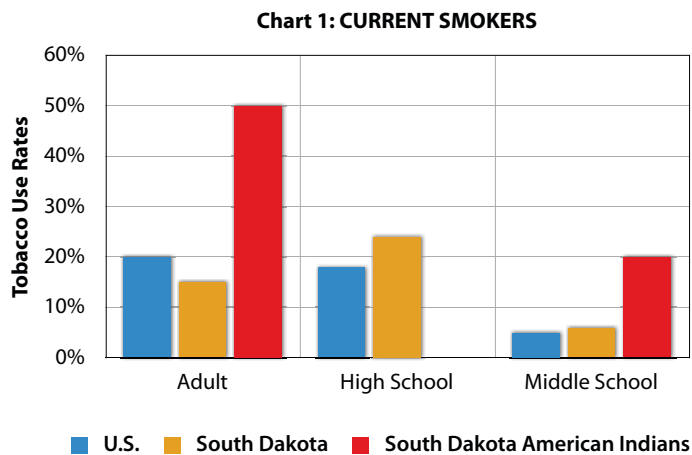
Source: Campaign for Tobacco Free Kids, 2011

Current Commercial Tobacco Use

Despite these negative health effects and huge costs, many people still use commercial tobacco. Among adults in the U.S., 19.3% of the population smokes (CDC, 2011). South Dakota’s rate is lower – 15.4% – which is an all-time low (SD DOH, 2011). However, among the state’s American Indian population, the rates are much higher. Estimates range from just over half (50.5%) of South Dakota’s American Indian

adult population currently smokes (CDC 2011) to more than 60% (AIATS, 2011).

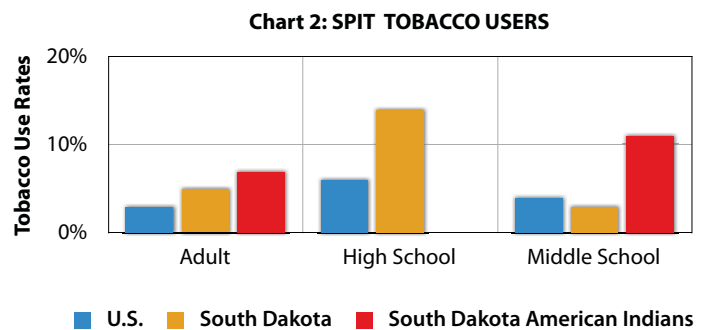
One thing to bear in mind is that some of these estimates of the number of smokers or the smoking rates could be low. Many American Indians smoke but do not consider themselves to be “smokers” because they only smoke when they are stressed, they don’t buy their own cigarettes, they only smoke with friends, they only smoke when they are being social or when they gamble. We know that they are stressed and are with friends a lot – so they really are smokers but they may not



admit it in a survey. In addition to not identifying as a “smoker” in a survey, many American Indians do not see the need to try to quit. Unfortunately this is not the case – science has shown that there is no safe level of tobacco use or exposure to secondhand smoke, and any commercial tobacco use or exposure to secondhand smoke causes immediate damage to the body.

Chart 1 compares the smoking rates by age group in the U.S., South Dakota overall and South Dakota American Indians. Note that data is not available for high school age American Indians.

Spit tobacco use in the state is higher than the national average – 3.5% of the US adult population uses spit tobacco compared with 5.3% of South Dakota adults. Among American Indian adults in South Dakota, 7.2% use spit tobacco – double the national rate. Chart 2 compares spit tobacco use rates by age group in the U.S., South Dakota overall and South Dakota American Indians. Note that data is not available for high school age American Indians.



For youth, the problem is also troubling. According to the Centers for Disease Control and Prevention, among high school students nationwide, 17.2% smoke and in South Dakota, the rate is much higher at 23.9% (CDC, 2011). Commercial tobacco use among American Indian youth in South Dakota is much higher than the general population of the state or the nation as a whole. More than 3 times as many American Indian South Dakota youth are smokers and 6 times as many American Indian middle-school students use spit tobacco than the national average for the same age. Information for both Charts 1 and 2 is found on Table 2 below.

Helpful Definitions Used in Surveys

Current smoker: An adult who has smoked 100 cigarettes in his or her lifetime and who has smoked cigarettes in the past 30 days. This group is divided into “everyday” smokers or “some days” smokers.

Some days smoker: An adult who has smoked at least 100 cigarettes in his or her lifetime, who smokes now, but does not smoke every day.

Every day smoker: An adult who has smoked at least 100 cigarettes in his or her lifetime, and who now smokes every day.

Never smoker: An adult who has never smoked, or who has smoked less than 100 cigarettes in his or her lifetime.

Former smoker: An adult who has smoked at least 100 cigarettes in his or her lifetime but who had quit smoking at the time of interview.

Source: Centers for Disease Control and Prevention

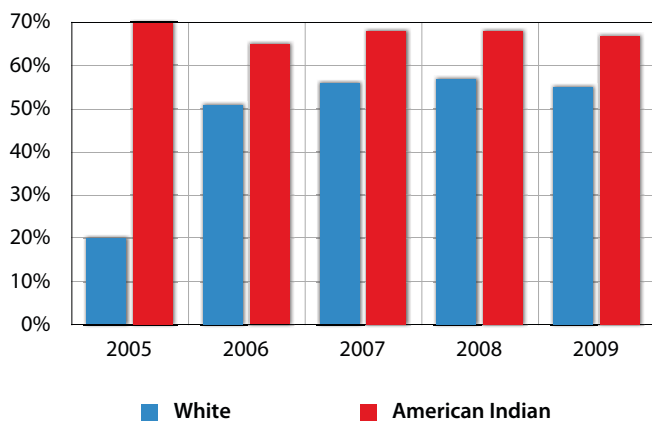
TABLE 2: COMPARING COMMERCIAL TOBACCO USE RATES			
	U.S.	South Dakota	South Dakota American Indians
Smokers			
Adult	19.3%	15.4%	50.5% - 60.8%
High School	17.2%	23.9%	not available
Middle School	5.2%	6%	19%
Spit Tobacco Users			
Adult	3.5%	5.3%	7.2%
High School	6.1%	15%	not available
Middle School	2.6%	4%	12%

Sources: CDC, 2011; South Dakota Department of Health, 2011; Great Plains Tribal Chairmen's Health Board, 2011

Some Good News! American Indians Quit Smoking More Than Other Groups!

There is a bit of good news though. Despite the higher rate of cigarette smoking among American Indians in the state, the desire to quit among this population is much stronger than it is among Whites in South Dakota. Based on the Behavioral Risk Factor Surveillance Survey, a health survey conducted by the South Dakota Department of Health and the Centers for Disease Control and Prevention, American Indians are much more likely to have tried to quit smoking than Whites in the past year. Chart 3 shows the difference between the two groups.

Chart 3: TRIED TO QUIT IN THE PAST YEAR IN SOUTH DAKOTA



Why Do American Indians Smoke More?

There are many possible explanations for the reasons American Indians in South Dakota have a higher rate of commercial tobacco use. It is a very complex issue with many factors coming together at one place. The list provided here offers some reasons why dealing with commercial tobacco issues are so complicated. One very important factor is that many American Indians have lost the understanding of traditions involving the use of sacred tobacco in a traditional way. More information on traditional tobacco can be found in Section 1.

What Is Secondhand Smoke and What's So Bad About It?

Secondhand smoke is the combination of smoke from the burning end of the cigarette and the smoke breathed out by smokers. When a person smokes near you, you breathe secondhand smoke. When you breathe secondhand smoke, it is like you are smoking. When you are around a person who is smoking, you inhale the same dangerous chemicals as he or she does. Breathing secondhand smoke can make you sick. Some of the diseases that secondhand smoke causes can kill you.

The U.S. Surgeon General has issued two reports on secondhand smoke – in 2006 and 2010. In these reports, the message was very clear – secondhand smoke is dangerous. Here are a few of the important points from the reports:

- There is NO safe level of exposure to tobacco smoke. Any exposure to tobacco smoke is harmful.
- Whether you are young or old, healthy or sick, secondhand smoke is dangerous. We now know that:
 - There is no safe amount of secondhand smoke. Breathing even a little secondhand smoke can be dangerous. Secondhand smoke has been designated as a known human cancer-causing agent by the US Environmental Protection Agency and other federal safety regulators.
 - Breathing secondhand smoke is a known risk factor for sudden infant death syndrome (SIDS). Children are also more likely to have lung problems, ear infections, and severe asthma from being around smoke. Even brief exposure to secondhand smoke can trigger an immediate and severe asthma attack in children.
 - Secondhand smoke causes lung cancer.
 - Secondhand smoke causes heart disease in non smokers.
 - People who already have heart disease are at especially high risk of having immediate health problems from breathing secondhand smoke, and should take care to avoid even brief exposure. Secondhand smoke can cause heart attacks and stroke.
 - Separate “no smoking” sections DO NOT protect you from secondhand smoke. Neither does filtering the air, ventilating buildings or opening a window.

There is no safe amount of secondhand smoke. Children, pregnant women, older people, and people with heart or breathing problems should be especially careful. Even being around secondhand smoke for a short time can hurt your health. Some effects are temporary. But others are permanent.

Why are American Indian Tobacco Issues So Complex?

- US government policies restricted American Indian/Alaska Native religious freedom until 1978
- Historical trauma ⇒ Current issues (alcoholism, suicide, addiction)
- Boarding schools ⇒ Loss of culture
- Economic Issues
 - Poverty
 - Tribal profits: Smoke shops and casinos
- Identity
 - American Indian imagery on commercial tobacco products
 - Smokeless tobacco tied to rodeo culture
- Social Norms
- Commercial use in cultural practices and ceremonies
 - Funerals
 - Limited access to traditional tobacco
- Sovereignty = government to government relationship with states and the Federal government

Source: Steven Fu, Minneapolis Veterans Affairs Medical Center and the University of Minnesota (2008) and Kris Rhodes, American Indian Cancer Foundation (2011)



I believe that people should be tobacco free because it hurts loved ones, by giving them cancer. I am exposed to secondhand smoke everyday and with my asthma it makes me even more vulnerable to attacks.

– Kiaunna
Student, Red Cloud Indian School



Protect yourself: do not breathe secondhand smoke. But completely avoiding secondhand smoke is very hard to do. Most of us breathe it whether we know it or not. You can breathe secondhand smoke in restaurants, around the doorways of buildings, and at work. When someone smokes inside a home, everyone inside breathes secondhand smoke. Some children even breathe smoke in day care.

Many states and communities have passed laws making workplaces, public places, restaurants, and bars smoke-free. But millions of children and adults still breathe secondhand smoke in their homes, cars, workplaces, and in public places.

The Personal Impact of Commercial Tobacco Use

Life is very precious and sacred. In our tribal communities we have lost so many of our loved ones—our grandmothers, our grandfathers, our mothers, our fathers, our sisters, our brothers, our aunts, our uncles and our friends too early to diseases caused by smoking commercial tobacco. The statistics of commercial tobacco abuse and tobacco-related diseases in tribal communities are shocking. But it is even more shocking to see how diseases such as lung cancer destroys the human body and to witness how much pain our loved ones endure as a result of commercial tobacco addiction. This is the Big Picture

“ I think everyone has a defining moment that gives them motivation to quit. For me and several of my family members it was the day we found out that my grandmother was diagnosed with lung cancer. She was never much of a smoker, but did tell us that in her younger years they would smoke when they played cards with friends, and was often around smoke at public places and different workplaces.... No one associated smoking with the possibility of lung cancer.... It has been almost 3 years since my grandmother passed away, and not a day goes by that I don't miss her and wish that I could have done something to prevent it. ”

– Michelle Powers
Physician Assistant,
Wagner Health Clinic
Yankton Sioux Tribe

of commercial tobacco in South Dakota. The loss of our family members due to a product that when used as directed will kill 30% of its customers.

The pain of losing a loved one is overwhelming and devastating. It is made even harder to bear by the fact that tobacco-related death and disease is completely preventable. It is not just the ones who have smoked cigarettes or have used other commercial tobacco products that are at risk. There are those that we have lost that did not smoke but had been exposed to secondhand smoke. Workers and people with breathing problems are also at risk of heart disease, cancer and lung disease even if they are only around secondhand smoke for short periods of time.

Sadly even our children are at risk. Infants are at risk for Sudden Infant Death Syndrome (SIDS) when they are exposed to secondhand smoke. In South Dakota an average of 79 babies die each year before their first birthday, many of them being Native babies. American Indians have infant death mortality rates that are twice that of the White population in South Dakota. South Dakota also ranks the fifth highest in the United States for mothers who smoked during pregnancy – 30% of American Indian women smoked during pregnancy vs. 16.6% for White population.

Despite the challenges that face American Indians and the large burden that the addiction to commercial tobacco places on the community, there are many opportunities to make a difference. This toolkit will describe ways that you and your community can come together to tackle the problem

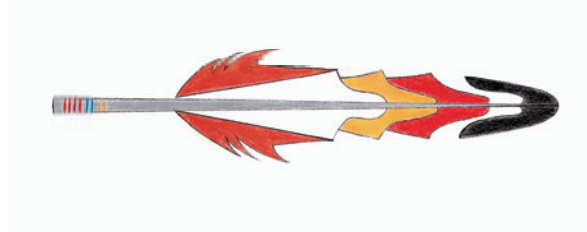
of commercial tobacco by creating policies to help reduce how many people abuse it. When we think of tribal tobacco policy development, we are directly affecting the health of our children and the health of our future generations. This is what our ancestors did. They taught us to think seven generations ahead and to plan for the welfare of our people. When we develop policies at the tribal level that decrease exposure to secondhand smoke this truly is in step with traditional philosophy and it will have a positive impact on the health of future generations. The toolkit will also describe ways that you can work to protect our loved ones from deadly secondhand smoke. In the next section we'll talk about some of the best practices or proven methods that have worked in other places to help your community reduce the harm that commercial tobacco causes.



“ *Good things do come out of bad things. It was after 40+ years of smoking and six weeks before my uncle died of lung cancer, that I quit smoking. I always told myself I could never quit but, with determination, changing my way of thinking and the support of the Sisseton-Wahpeton Oyate Second Wind Smoking Cessation Program, I am proud to say I am still smoke-free today after almost two years.* ”

– Linda Crawford
Member, Sisseton-Wahpeton Oyate

Section 3: STRATEGIES THAT WORK – COMMUNITY



BEST PRACTICES IN COMMERCIAL TOBACCO USE PREVENTION IN COMMUNITIES

Commercial tobacco use takes a tremendous toll on the people, the businesses and the health care systems of tribes in South Dakota.

in many businesses and tribal buildings. Health care providers see a steady stream of patients suffering from illnesses caused by commercial tobacco use and secondhand smoke. That is the bad news.



Canšaša Coalition

The South Dakota Canšaša Coalition is a volunteer group of a wide variety of individuals interested in tobacco control and prevention for American Indians who reside in South Dakota. Members include tribal tobacco stakeholders, Traditional Healers, Cultural Leaders, and Elders who have a vested interest in the tobacco field. The Coalition focuses on influencing tribal tobacco control policies, developing culturally appropriate messaging, and developing traditional tobacco education materials. These materials include stories of use and harvesting and support the revitalization of using only traditional tobacco in ceremonies. The South Dakota Canšaša Coalition is supported by the Centers for Disease Control and Prevention, SD Department of Health, and the Northern Plains Tribal Tobacco Technical Assistance Center, a program under Northern Plains Health Promotion Programs of the Great Plains Tribal Chairmen's Health Board.

Many commercial tobacco users want to quit, but cannot find the help they need to free themselves from this powerful addiction.

Workers are exposed to secondhand smoke

The good news is that progress is being made in reducing the burden of suffering, disease and death caused by commercial tobacco. In tribal communities across the United States, local groups and coalitions have been working hard to loosen commercial tobacco's grip on their communities. Some have organized to pass smoke-free ordinances protecting non-smokers from secondhand smoke. Others have worked with health care providers and employers to improve the availability of cessation services and assure tobacco-free worksite policies. They have taken back the power of traditional sacred tobacco and worked to keep commercial tobacco out of the hands of their children. The power of communities working together on tobacco use prevention has been the key element of their success.

Successful public health efforts must come from the community. In order to create a solution that solves a widespread problem like commercial tobacco use, the community must come together to develop a solution. The community must be the foundation of the efforts to carry out that solution. Research shows that in order to be effective and make a difference, communities must take action. The community-based model which creates a social and legal climate where commercial tobacco becomes less desirable, less acceptable, and less accessible has become a core element of successful comprehensive commercial tobacco control programs across the country.



Addressing commercial tobacco problems is most successful when multiple approaches are used. This is what is often referred to as a **comprehensive tobacco control approach**. Involving lots of community

members including employers, schools, health care providers, tribal leaders, individual citizens, restaurants, stores, and the media is critical to success. We need to look at the problem from a comprehensive viewpoint in our communities. We must use multiple strategies that combine both policy and programs at the state level and the local level in order to influence what the community views as acceptable behavior (social norms), as well as the systems and networks that are in the community.

Over the past 20 years, much has been learned about what works to reduce commercial tobacco use. States such as California and Massachusetts led the way in figuring out what really works. The results of their programs along with several other states have been carefully studied and several best practices come strongly recommended from this research. The Centers for Disease Control and Prevention (CDC) recommends comprehensive tobacco control programs that are evidence-based, sustainable and accountable. They have developed specific guidelines for states and tribes to use.

CDC has recommended four key areas for states and tribes to focus on for their commercial tobacco control efforts. These areas are as follows: 1) preventing initiation of tobacco use among youth and young adults, 2) promoting quitting among adults and youth, 3) eliminating exposure to secondhand smoke, and 4) identifying and eliminating tobacco-related disparities among population groups. Working for smoke-free public places is a powerful strategy that supports all four of CDC's recommended areas of focus. Tribal communities are well positioned to support this effort.

Why should we limit smoking on tribal lands?

States and tribes across the country are passing laws to protect workers, children and people with breathing problems. In South Dakota, 65% of voters supported a law that protects the health of nearly every worker in the state by expanding the clean indoor air law. This law does not apply on South Dakota reservations as it is a state law and state laws do not apply on tribal lands. As a result, American Indians living in South Dakota are not provided the same protection from exposure to second hand smoke at work as anyone else in the state. This inequity is a social justice issue and needs to be addressed.

The National Native Commercial Tobacco Abuse Prevention Network has outlined twelve reasons why tribal communities should work to place limits on cigarette smoking on tribal lands:

1. Secondhand smoke is a health hazard that costs US citizens nearly \$10 billion per year.
2. We all have a right to breathe clean air.
3. We need to protect those especially at-risk of harm from secondhand smoke, such as pregnant women, children, and elders.
4. A tribal resolution or ordinance limiting smoking in and around tribal buildings and casinos will not impact tribal revenue. Studies examining revenues and numbers of customers from bars and restaurants have found that fears of lost profits after smoke-free ordinances are not supported by the numbers.

“*Secondhand smoke is damaging our community. I believe there are more and more people that have health conditions based on the air that they breathe. I work with some younger populations and I am raising a grandson. There is a noticeable increase in asthma of youngsters. Maybe their parents are involved in unhealthy lifestyles, so we have to really be protective of them.*”

– Dana Dupris
Lakota Preservation Specialist
from CRST

5. Secondhand smoke is a leading cause of preventable disease, illness, and death and is directly linked to lung cancer and heart disease in adults.
6. Children who breathe secondhand smoke are more likely to experience ear infections, decreased lung capacity, decreased ability to think and reason, experience more frequent trips to the hospital, and are at increased risk for sudden infant death syndrome (SIDS).
7. Secondhand smoke is responsible for 8,000 to 26,000 new cases of asthma and 150,000 to 300,000 new cases of bronchitis and pneumonia each year.
8. A smoke-free resolution or ordinance will protect many tribal employees, children, and adult tribal members from secondhand smoke, improving health and decreasing sick days.
9. Healthier people means less Indian Health Service (IHS) and tribal health department funding being spent to treat secondhand smoke-related illnesses.
10. Our tribal governments can demonstrate their leadership by taking action to protect the health of their tribal members.
11. States and local governments are passing smoke-free ordinances around the nation. Our tribal governments should not be the last to pass laws protecting the indoor air quality of their people.
12. If children are sacred, shouldn't their air be?

2 OUT OF 5 AMERICAN INDIAN DEATHS ARE SMOKING RELATED



- Deaths not related to smoking
- Smoking related deaths

As mentioned in Section 2, commercial tobacco use takes a huge toll on the American Indian community. Studies conducted by the IHS show that two out of every five American Indian deaths – all children, parents, elders, friends, brothers, sisters, role models or grandparents – are related to or caused by smoking. *This compares to one out of every five deaths for Whites.*

The Need for a Comprehensive Tribal Tobacco Policy

Historically, tobacco use was governed by each tribe's cultural traditions and the availability of plants within seasonal cycles. In many ways, the limited plant access and the traditional role of tobacco served as the first "tobacco control policies." However the widespread accessibility of commercial tobacco products has changed what is viewed as being responsible or appropriate tobacco use – the traditional role of tobacco no longer has as much control as it once did. Today, commercial tobacco policies are absolutely needed to protect the health of all tribal members given the terrible consequences that American Indians are paying due to commercial tobacco use.



Children, non-smokers, pregnant women and elders all deserve protection from the harmful effects of secondhand smoke exposure. Commercial tobacco policies have the ability to resolve disputes between smokers and nonsmokers, employers and employees, and businesses and customers. A tobacco policy is a way to keep peace and a means to help all community members know what is expected of them. A tobacco policy states a tribe's official

position on commercial tobacco use in public places. A strong commercial tobacco policy will protect all tribal members. It will strengthen educational programs that can return tobacco to its traditional and sacred role.

The solution has to be a strong comprehensive policy enacted by the tribe.

- Voluntary policies have no accountability and fail to ensure basic health protection for everyone because they can change at will.
- Comprehensive laws level the playing field for all businesses and employees.
- Employers will save money from cleaning costs, property damage, insurance premiums, and potential future legal claims from sick employees. Workers will be healthier and won't have as many sick days.
- Ventilation systems may remove the smell but can't remove cancer-causing chemicals and are totally ineffective at reducing the health risks of exposure to secondhand smoke.
- Smoke-free laws do not hurt business.

In addition to tribal policies, there are family policies that can be supported by community education efforts. Smoke-free homes and smoke-free cars are important steps to take in increasing the awareness of the impact of secondhand smoke and protecting children and elders from deadly secondhand smoke.

If your tribe already has a tobacco policy, this toolkit will help you evaluate and improve that policy. If this is your tribe's first tobacco policy, this toolkit will guide you through the policy change process.

What Kind of Policy Should Be Implemented?

A formal policy that is adopted by your Tribal Council will be a much better approach to protect the community than lots of informal voluntary policies. Formal policies include tribal resolutions or ordinances, personnel memos or rules, program operation manuals, and school or business policies that are written and posted. Formal policies are more likely to remain consistently enforced regardless of personnel turnover, and are more likely to protect the health of future generations.

To ensure that your community is protected from secondhand smoke, it will likely be necessary to request a Tribal Council resolution adopting your policy. A resolution is a formal tribal endorsement of the policy. It shows that the issue is important within the community, and provides an opportunity for open discussion about possible solutions. Obtaining a formal resolution will help call attention to the policy and will establish the policy as tribal law. More information about tribal governance and the process of getting a resolution through the Tribal Council can be found in **Section 5: Overview of Tribal Governance Systems**.

The Northwest Portland Area Indian Health Board outlined some key reasons why it is so important to establish tobacco-free spaces in tribal communities – in fact, they note that it might be the most important thing you can do to protect the health of your family and tribe. These reasons have also been found to be helpful to tribes in South Dakota who are working on smoke-free policies in their communities.

“If we went smoke free the health benefits would be very positive, as we know that smoking and secondhand smoke is very harmful to everyone – there is no safe level. We would have less sickness, we would be healthier, happier and we would live longer lives for our generation and for generations to come.”

– Kathy Zambo
Nurse Practitioner, Eagle Butte IHS

- Commercial tobacco-free areas protect community members from the deadly effects of secondhand smoke, especially those who are most at-risk including children, elders, pregnant women and people with breathing problems.
- Commercial tobacco-free spaces reduce children's exposure to adults acting in unhealthy ways. The most influential role models for our youth are parents and elders. As commercial tobacco use has increased among adults, so too has it increased among youth. By reducing how much children see adults using commercial tobacco, the tribe sends a clear message to young people that it is not acceptable to participate in this activity.
- Commercial tobacco-free areas help those who want to quit. Surveys in South Dakota show that 70% of smokers want to quit. Despite much higher cigarette smoking rates among South Dakota American Indians ages 18-44, nearly 70% had actually attempted to quit (compared with only 60% of Whites).
- Commercial tobacco-free spaces save limited tribal dollars. Tribal businesses also have large costs as a result of secondhand smoke. Smoke damages property and increases cleaning costs by an average of 10%. Commercial tobacco users also cost businesses lost productivity due to employees missing work. Men who smoke cigarettes are absent from work 4 days more per year than nonsmokers and women smokers are absent 2 days more than nonsmokers.
- Commercial tobacco-free spaces help protect the environment. Cigarette butts are the largest single source of litter in America and in the world. Cigarette filters are made of cellulose acetate and they can take decades to break down. Not only does cigarette litter ruin even the most beautiful setting, but the toxic residue in cigarette filters damages the environment. Littered cigarette butts cause numerous fires every year, some of them fatal. Cigarettes are a major cause of prairie fires, forest fires and house fires.

The most effective policy that can be adopted is a comprehensive commercial tobacco-free policy. Comprehensive tobacco- and smoke-free policies prohibit all commercial tobacco use (or cigarette smoking) in all public buildings and on all public grounds at all times. Such a policy does not include private vehicles or homes. This type of policy is easiest to enforce because it is clear-cut and allows no exceptions. This is also the best method for protecting all tribal members from secondhand smoke. Comprehensive tobacco-free and smoke-free policies include all indoor and outdoor areas, and can be established for a single building, a group of buildings, or for an entire reservation or community.

Some opponents may not believe that a completely tobacco-free policy is necessary for your community. In addition to the health reasons mentioned earlier, there are other more broad social and economic reasons to remove all commercial tobacco from all public places:

- **Commercial tobacco use is a symbol of loss of traditional culture.** When we use commercial tobacco we have lost our power. We know that commercial tobacco is not our tobacco. There is nothing traditional or sacred about using commercial tobacco.
- **Commercial tobacco contributes to keeping our communities poor.** Buying commercial tobacco is expensive and it takes away other limited resources to support our families.
- **Commercial tobacco is being pushed on us by an industry that wants to addict us.** The tobacco industry spends about \$23.4 million each year in South Dakota to get you to buy its deadly products. They aren't just taking your money, they are taking your life.

- **Commercial tobacco is a burden on our healthcare system.** Because of the huge health impact that tobacco has on our community, treating diseases caused by commercial tobacco uses up our very limited resources for healthcare. IHS has had budget cuts and has a hard time meeting the demand for services. The dollars that are spent on commercial tobacco-related illnesses could make a big difference if they could be used for other health problems that American Indians face.
- **Commercial tobacco use by adults sends the wrong message to youth.** Our youth look up to their elders and if they see adults smoking, they will think it is acceptable. Adolescence is when most people start to smoke cigarettes. Unfortunately young people are more likely to get hooked on the product and then develop a lifetime addiction to commercial tobacco.

A group of 15 national health organizations has outlined the fundamentals of smoke-free workplace laws which provide guidance for communities looking to protect their residents from deadly secondhand smoke.



They determined that all workplaces should be completely smoke-free. They advise not to exclude small workplaces (example, with 3 or fewer employees), private offices, factories, warehouses, clubs, bars, restaurants or casinos. **All workers, no matter where they are employed, should be given a work environment completely free from secondhand smoke.** Allowing smoking in certain workplaces or in certain areas of workplaces will

not provide adequate health protection to employees, customers or visitors. With the large amount of scientific proof about the dangers of secondhand smoke and the public education surrounding the issue, exemptions for certain workplaces are no longer acceptable.

As part of a comprehensive commercial tobacco-free policy, tribal governments need to make sure there is a clause in the policy that protects the use of traditional tobacco in a sacred or ceremonial way in regulated areas. One way to do that is to define traditional tobacco in the “definitions” part of the policy and then to note that there is nothing in the policy that would prevent the use of traditional tobacco. Here is an example of how one tribe defined traditional tobacco in their policy:

“Traditional tobacco use” means plants for healing the mind, body, and spirit. There are four plants that are used in Lakota ceremonies: tobacco, sage, sweet grass and cedar. Traditional Tobacco is called ‘čanšaša,’ another name is ‘kinnincknick!’ Čanšaša translates to red willow. Tobacco is used in the following ways:

- In our sacred pipe in ceremonies and is not inhaled;
- In its natural form to make tobacco ties for prayer or thanksgiving in times of need;
- Only for special purposes in prayer, offering or rituals;
- As an offering to an elder when we need his or her help, advice or prayer;
- As an offering when we see the sacred eagle in the sky, as the eagle is the intercessor to Țun̄kašila, Great Spirit;





- As an offering to the drum at pow-wows to give special blessing to the heartbeat of the nation and onto the singers at the drum;
- As an offering when a person asks someone to do a ceremony such as naming – hunka-pipe ceremony, singing-sweat lodge or any of the Lakota ceremonies;
- As an offering to a person as a way to ask for forgiveness to heal bad feeling when emotions are hurt;
- As an offering or to an elder to seek knowledge and to show appreciation to that person for sharing.

Traditional tobacco is never abused because it is in its natural form without additives.

As you develop a policy for your tribe, sometimes it is as important to know what should **not** be put into a policy as it is to know what should go in a policy. Americans for Nonsmokers' Rights (ANR) has developed a list of items that should **not** be included in a smoke-free policy and should be treated as “deal-breakers”:

- × **Ventilation** provisions should not be included – this is a deal-breaker. It is better to have no policy at all than to have one that allows ventilation. No ventilation system can completely remove the cancer-causing and toxic chemicals in secondhand smoke. The Surgeon General has stated that ventilation and smoking rooms cannot control exposure to secondhand smoke. In addition, the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), the international standard-setting body for indoor air quality and ventilation, adopted a clear position on devices to control secondhand smoke. Their position statement was very clear – “the only means of effectively eliminating health risk associated with indoor exposure is to ban all [commercial tobacco] smoking activity.”
- × **Smoking rooms** that are separately ventilated are also deal-breakers. They do not protect people from secondhand smoke exposure. Unless a room is completely separated with no ventilation, doors, windows, entryways, or openings of any kind, secondhand smoke from an enclosed, separately ventilated room will go into all smoke-free areas.
- × **“Red Light/Green Light”** provisions where businesses can carry out their legal obligations to the public by simply posting signs stating their smoking policy are deal-breakers. Businesses are not required to prohibit or restrict smoking. The rationale is to give the public fair warning and that those who choose to patronize the businesses know what to expect. “Red Light/Green Light” provisions give the impression that something has been done to address the problem of secondhand smoke without providing nonsmokers with any true health protections. More importantly, even if customers can choose between smoking and nonsmoking establishments, employees cannot. Employees should not have to step outside in order to breathe.
- × **“Minors Only” or Age-Restriction** provisions prohibit smoking only in settings where minors are present are deal-breakers. Smoking is permitted in restaurants, bars, bowling alleys, casinos and/or other hospitality areas as long as these places are off-limits to minors. These provisions are not in line with the purpose of smoke-free laws, which is to protect all people, regardless of age, from secondhand smoke.

- ✗ **Hours Restrictions** allow smoking in restaurants, bars, bowling alleys, casinos and/or other hospitality businesses during certain times while prohibiting smoking at other times and are also deal-breakers. There are at least four problems with this type of restriction. First, they do not provide protection against secondhand smoke. In order to protect nonsmokers' health, indoor settings need to be smoke-free at all times. The chemicals in secondhand smoke linger in a building for days after smoking has occurred. If a restaurant or bowling alley allows smoking at night, employees and customers who are there the following morning will be exposed to these chemicals, even if no smoking is allowed at that time. Second, customers will less likely obey laws if physical cues in a business (for example, ashtrays, cigarette butts and the smell of smoke) suggest that the business permits smoking. Third, checking whether a business is in compliance is harder if a citizen or an enforcement agency needs a watch or a calendar to know whether smoking is allowed. Finally, hours provisions are often intended to prohibit smoking only at times when minors are present. This approach fails to provide even minors with complete protection from secondhand smoke, is confusing, and causes enforcement headaches.
- ✗ **Consent Provisions** allow smoking if all employees in a business agree. This too is a deal-breaker. Workers are asked to give their approval to working in a smoking area or room or to allowing smoking throughout the workplace. The problem with this approach is that employees – especially employees who are new, lack education, or are vulnerable in other ways – can be pressured into “consenting” to work in smoke-filled areas as a condition of employment. Employees may fear that they will be discriminated against or harassed by the business owner, their supervisor, or their fellow employees– or even lose their job – if they refuse. **Workers should not be put in a position where they must choose between harming their health or keeping their jobs.** Employers also sometimes use consent forms to try to get out of legal liability for health conditions that employees develop as a result of being exposed to secondhand smoke on the job.
- ✗ **“Hardship” Exemptions** allow restaurants, bars, casinos or other hospitality businesses to obtain a waiver from obeying a smoke-free law because doing so supposedly causes them economic harm. These exemptions are deal-breakers because they create an unnecessary loophole, establish a favored class of businesses, and can lead to confusion about where the law applies. In addition, these provisions are based on the false belief that smoke-free laws hurt business at restaurants, bars, casinos and other businesses. Applicants should also be required to show that the significant income loss they experienced was actually caused by the smoke-free law and not by other factors, such as poor business practices, seasonal business changes, the state or national economy, or a broad trend in the particular business sector. Finally, hardship exemptions should only be valid for a limited period of time (no more than a year) and should not be renewable. These exemptions should really be avoided.



- ✗ **Special licenses and permits** allows restaurants, bars, casinos and/or other hospitality businesses to allow smoking if they purchase a license or permit or pay some other sort of fee and are deal-breakers. This approach gives a business a license to harm the health of its employees and customers. In other words, these businesses are given a government-issued “license to kill.” Total 100% smoke-free laws are meant to protect all employees and customers, not just those in businesses that can’t afford or don’t choose to pay such a fee.
- ✗ **Tax incentives** motivate businesses to go smoke-free voluntarily and are deal-breakers. Like the previous approach, this approach does not require any business to prohibit smoking but just creates a financial incentive for them to do so. Tax incentives should not reward businesses for doing something that they should be required to do in any case – protecting the health of their employees and customers.
- ✗ **Sunset provisions** provide that a law will expire on a certain date unless it is renewed and should be a deal-breaker. These provisions hint that there is some reason to revisit the law, perhaps in order to make sure that the law is not having a negative economic impact or other effects. Public health measures should be permanent and should not be left up to political pressures to allow these measures to expire.
- ✗ **Trigger provisions** are a strategy to delay implementation of smoke-free laws indefinitely and are deal-breakers. Trigger language prevents a law from taking effect until specified neighboring communities have passed similar laws. Unless all the other communities pass laws, the enacted law is simply words on paper and will not protect anyone’s health. Trigger provisions should always be avoided.

ANR also identified the following provisions that should be avoided whenever possible because they create situations in which people will be unnecessarily exposed to secondhand smoke:

🚫 **Exemptions for membership associations (Private Clubs):**

Membership associations (also referred to as “private clubs”) are rarely private at all. The public may be misled to believe they are “private” spaces, but in practice, they are often open to the public at certain times and may have paid employees. If an organization has employees, it should be treated like any other workplace. Smoke-free laws should apply to all workplaces, regardless of ownership. Keep in mind that membership associations routinely comply with public health and safety laws (building codes, sanitation laws, etc.) so obeying a smoke-free law would not be out of the ordinary.

🚫 **Exemptions for tobacco retail shops, cigar bars, and hookah bars:**

These exemptions, although once common, are no longer acceptable. The tobacco industry and other opposition groups continue to argue that these businesses deserve to be left out of the law. In reality, these businesses are no different than any other workplace or public place. All employees, no matter where they are employed, deserve the right to breathe clean air at work.

🚫 **Grandfather clauses:**

These provisions establish separate rules for restaurants, bars, or other hospitality businesses based on the date that they obtained their operating permit. Grandfathering in establishments that

have a permit as of a particular date locks in a two-tier system of smoking restrictions. It is unfair to employees and customers of older establishments to deny them the health protections that apply in newer establishments. Again, smoke-free laws are only effective and fair when they make all businesses in a category smoke-free. In addition, these provisions may open the door to legal challenges by business owners who claim that their businesses are unfairly disadvantaged and point out that the law is not based on public health principles.

🔥 Long phase-in provisions:

Smoke-free laws typically provide for a phase-in period (30-90 days) to allow employers and businesses time to prepare for the law and for the designated enforcement agency to prepare to implement and enforce it. At the request of restaurant and bar owners, ordinances sometimes provide for a too long phase-in periods of up to two or three years. Such a long phase-in period simply postpones implementation of the law as long as possible to allow opponents time to try to have the law repealed or watered down before it goes into effect. It shouldn't take much time for restaurants and bars to prepare for a smoke-free law: in most cases this involves simply putting up a few signs and removing ashtrays.

More detail on what should be included or should not be included in a policy can be found in the “Fundamentals of Smoke-free Workplace Laws” found in Appendix A. A model ordinance from Americans for Nonsmokers’ Rights can be found in Appendix B.

The next section will discuss what policies actually exist among South Dakota tribes. Sections 6 and 7 will provide guidance on how to bring about a commercial tobacco-free policy to your community.

Ca wana wowasaki iye ya pi kta na okicai wasakia na uji pe kte.

We can stop this.

IT HAS BEEN SAID OF OUR PEOPLE that our spirits are free because we are of the land. That our connection to the earth, and to each other is our power – our promise.

And we have overcome much.
But now, I am sad.
I see my people being targeted by Big Tobacco.
And it's working.
I see my family – almost half are using commercial tobacco.
I see my grandchildren's eyes through a cloudy haze of tobacco smoke – their bodies made weaker from exposure – sisters and brothers and cousins overcome by addiction – passing the “chungle” to one another with no tradition, no ceremony.

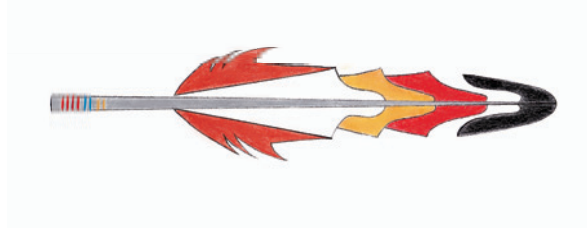
My heart breaks to see Big Tobacco crushing our people – spoiling our tradition.

I ask you now to find your power – to help keep our people strong.
Together we can overcome the addiction and we must encourage one another to remember our promises.
Big Tobacco will not crush our spirit.
*Find your power.
Find a way to stop.*

*If you need help, call toll free:
1.866.SD.QUITS
1.866.73.7847*

Section 4:

LAY OF THE LAND – ASSESSING THE CURRENT STATUS OF COMMERCIAL TOBACCO POLICIES WITHIN TRIBAL COMMUNITIES



Commercial tobacco use on tribal lands in South Dakota is controlled by tribal governments and is not subject to laws passed by the state.



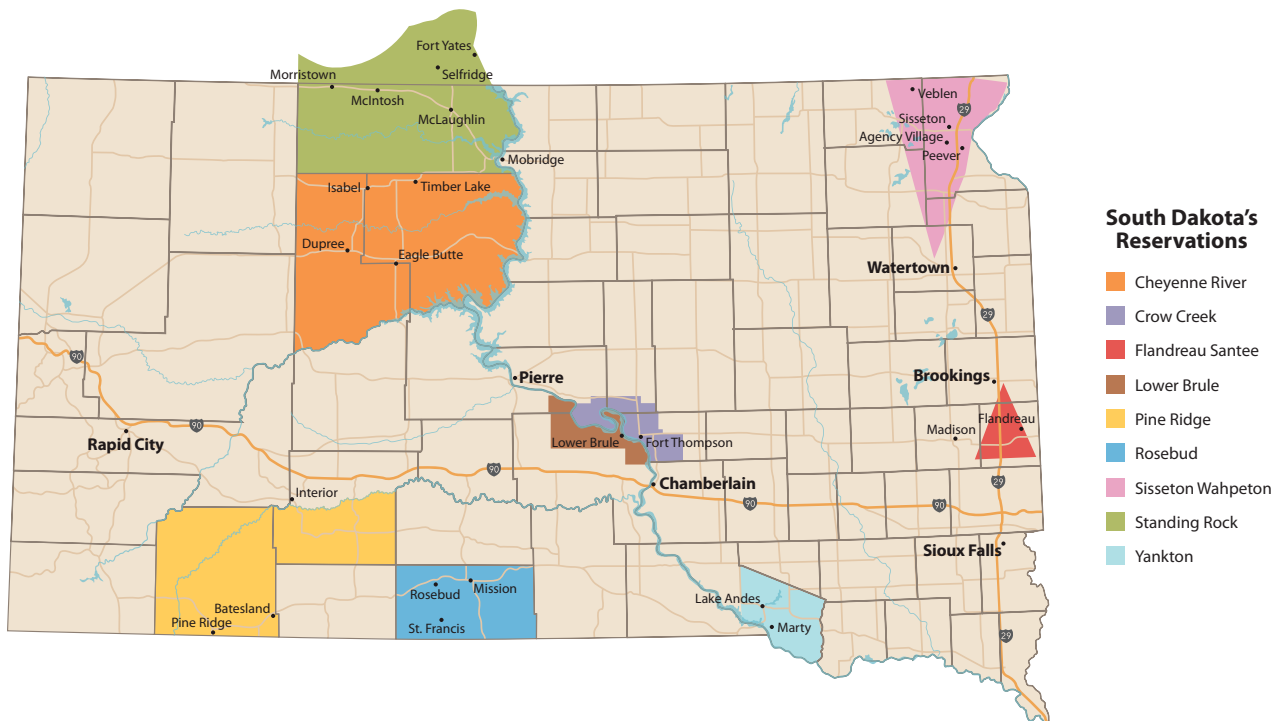
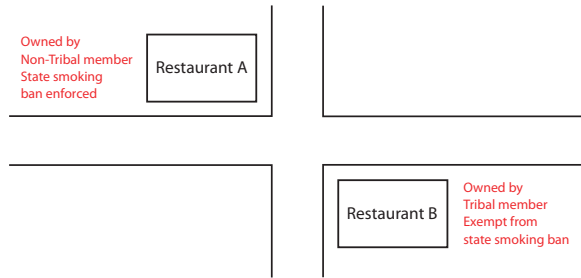
The State's ban on smoking now applies to all restaurants, bars, package liquor stores, Deadwood casinos and video lottery establishments. It requires owners, managers, and operators of places where smoking is prohibited to inform violators of the smoking ban. The ban does not apply to tobacco shops, hotel rooms designated as smoking rooms, and existing cigar bars. The law exempts tribal lands and does not apply to businesses owned by tribal members and businesses with a tribal association.

For example, the South Dakota Smoke-Free law that went into effect on November 10, 2010, requires all businesses to be smoke-free. Businesses owners are required to let customers know about the law and inform violators. The law is enforced by local law enforcement agencies. This law

does not apply to tribal lands and also does not apply to businesses owned by tribal members and businesses with a tribal connection. However if a business on a reservation is owned a by non-tribal member or if it is a business that is not associated with the tribe, the business must comply with the South Dakota smoke-free law.

The fact that the state smoke-free law applies in some places on tribal lands and not in others is very confusing. There

is uncertainty about who is covered by the law and as a result, there is a lack of enforcement. For example, there can be a business that is located on tribal land that is owned by a non-tribal member and that establishment is required to be smoke-free. However, an establishment that is owned by a tribal member is not required to be smoke-free. The above map shows an example of the situation in one tribal community with two similar

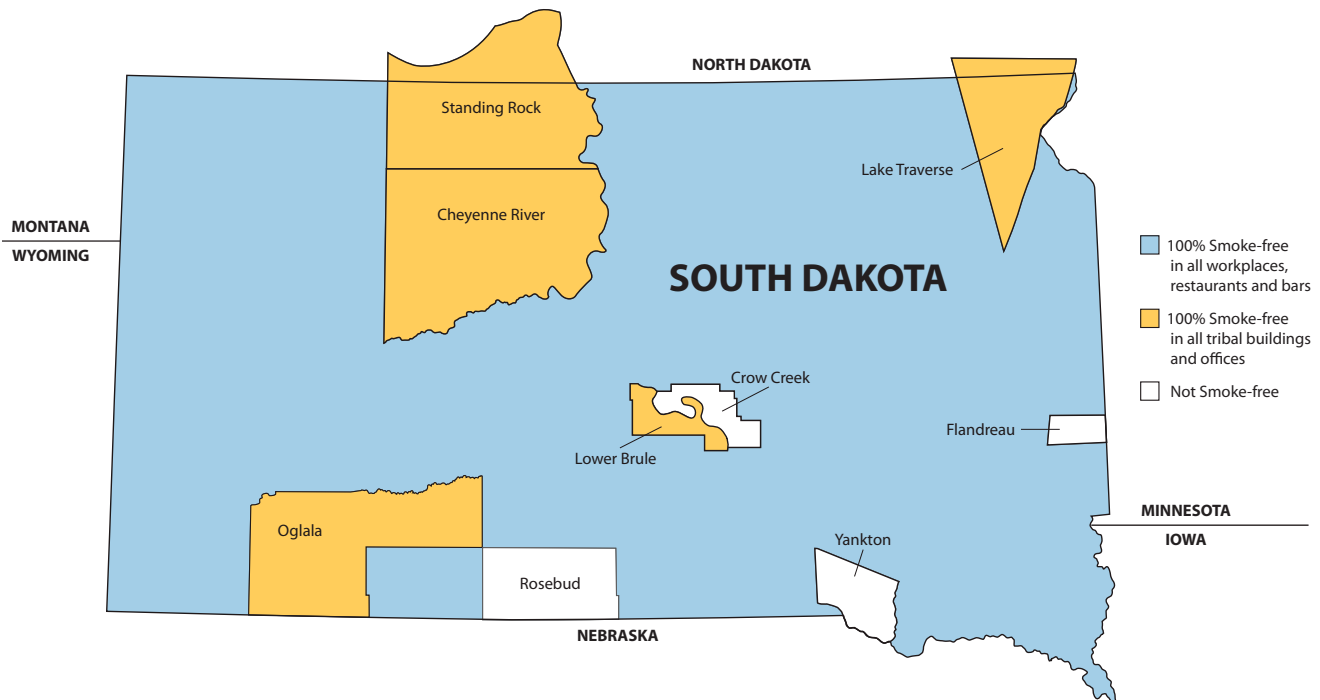


businesses located across the street from each other; one is required to be smoke-free and other is not. This situation creates a lot of confusion for customers of the businesses and for the community overall.

Regardless of the difficulty of determining who is covered by the law and who is not, this situation still results in tribal members' health being compromised by secondhand smoke. When some areas are smoke-free and others are not, many people are put in harm's way. Given what we know about the harm of secondhand smoke, this is a serious health concern for the community. It also raises concerns about inequality and social justice. (See Section 2: The Big Picture for more discussion of social justice.)

What is Being Done in Tribal Communities?

Most of the smoke-free policy activity among South Dakota tribes has focused on getting tribal government buildings smoke-free which is a great first step. The following map indicates where there are policies on tribal lands in the state. Only the five tribes indicated in yellow, currently have smoke-free policies in tribal buildings and offices, but smoking is still allowed in buildings that are not run by the tribe such as stores, apartments, etc. The remaining four tribes do not have any policy on smoking in enclosed public places.



The Standing Rock Sioux Tribe passed its ordinance in March 2006. This ordinance bans all commercial tobacco use in tribal buildings, Tribal Council chambers, tribal grounds/campus, community centers, tribal vehicles and parking lots of tribal buildings. The Oglala Sioux Tribe passed its tribal ordinance in 1998 and it covers the following locations: hospitals, medical or dental clinics, Oglala Sioux Tribal Program offices, nursing facilities, public library, museum, indoor theatres, elementary or secondary school buildings, public transportation, jury rooms, elevators and day care programs. The ordinance exempts bingo halls and casinos. The Cheyenne River Sioux Tribe passed a tribal resolution in 1993 which banned smoking in all tribal offices and buildings. Less is known about the other tribes with smoke-free policies for tribal buildings.



Other communities have been working on commercial tobacco education and may have some partial smoke-free policies but don't currently have any 100% smoke-free or commercial tobacco-free policies in place. While all of the smoke-free policies protecting tribal buildings in South Dakota are a huge success for tribes, it is clear that there is room for improvement to protect tribal members in all areas.

In the Spring of 2011, the Great Plains Tribal Chairmen's Health Board conducted a survey to determine the number and type of tobacco policies for tribes located in South Dakota. All of the state's nine tribes responded to the survey. Tribe specific information is available to tribal partners upon request. The survey requested information on the following topics:

Unfortunately American Indians in South Dakota have the highest rates of death due to things like heart disease and cancer and these are smoking related illnesses. Fortunately for the rest of our state having smoke-free public places reduces the risk of these diseases for the general population; however, on reservations, where we do not have our own smoke-free policies, people who work in public settings are exposed to cigarette smoke and even our children who don't have a voice in the policy-making arena are exposed to disease-causing toxins from other people's cigarette smoke. I respect tribal sovereignty and I understand the need for strong economic development but I do believe that these things that can be pursued and enhanced in terms of sovereignty and economic development but it does not have to be done at the expense of the health of people today and future generations.

– Donald Warne, MD, MPH
Great Plains Tribal Chairmen's Health Board
Member, Oglala Sioux Tribe

- Whether there is a formal policy that prohibits smoking in public areas;
- What areas are covered if there is a formal policy;
- When was the policy enacted and if it has been revised;
- How people are made aware of tobacco policies;
- Successes and challenges with enforcement;
- Whether there is a tribal policy that prohibits tobacco company advertising and if so, where, and
- Whether there is a policy that prohibits accepting tobacco industry funding for community events.

Nearly 90% of all tribes responding to the survey indicated that they did have some type of formal policy that prohibits smoking in public areas:

TABLE 1: DOES YOUR TRIBE HAVE A FORMAL POLICY THAT PROHIBITS SMOKING IN PUBLIC AREAS?		
Answer Options	Response Percent	Response Count
Yes	89%	8
No	11%	1
I don't know	0.0%	0
answered question		9
skipped question		0

Of those tribes that did have a policy, only two banned all commercial tobacco products (cigarettes and spit/chew tobacco) in tribal buildings and in the Tribal Council chambers. One of the two extended the ban to tribal grounds and campuses, parking lots, tribal vehicles and community centers. Most banned cigarette smoking in Tribal Council chambers and half had tribal buildings, community centers, and casino eating establishments that were 100% smoke-free. Here are a few other results of the survey:

Cigarette smoking is allowed in some areas

- Casinos and bingo halls (63%)
- Businesses (including restaurants, grocery stores, gas stations, etc.), tribal grounds/campus, and parking lots of tribal buildings (all 38%).

No limits on smoking

- Tribal housing (63%)
- Tribal apartment complexes (50%)
- Tribal colleges (43%)
- Casinos and bingo halls (38%)

The table below shows all responses by question (Table 2).

For tribes that said that their tribal buildings were smoke-free, half indicated that there were no limits or guidelines establishing how far away from the building a person must go to smoke. Of those that did note a distance, it ranged from 6 feet to 50 feet.

TABLE 2: WHAT ARE THE DETAILS IN YOUR POLICY?						
answered question=8 skipped question=1						
	100% Commercial Tobacco-free (No chew or cigarettes)	100% Smoke-free	Smoking is allowed in some areas	Smoking is allowed in all areas	Not sure	Response Count
Tribal buildings	25% (2)	50% (4)	28% (2)	0% (0)	0% (0)	8
Tribal Council chambers	25% (2)	75% (6)	0% (0)	0% (0)	0% (0)	8
Tribal grounds/campus	13% (1)	38% (3)	38% (3)	13% (1)	0% (0)	8
	100% Commercial Tobacco-free (No chew or cigarettes)	100% Smoke-free	Smoking is allowed in some areas	Smoking is allowed in all areas	Not sure	Response Count

TABLE 2: WHAT ARE THE DETAILS IN YOUR POLICY?

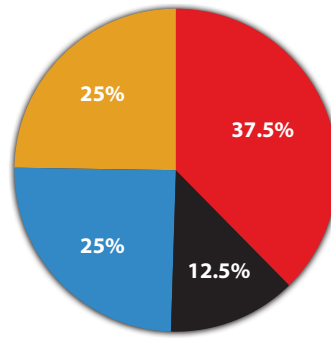
Parking lots of tribal buildings	13% (1)	25% (2)	38% (3)	25% (2)	0% (0)	8
Tribal vehicles	13% (1)	38% (3)	13% (1)	13% (1)	25% (2)	8
Community centers	13% (1)	50% (4)	13% (1)	13% (1)	13% (1)	8
Businesses (restaurants, grocery stores, gas stations, etc)	0% (0)	38% (3)	38% (3)	25% (2)	0% (0)	8
Tribal Apartment Complexes	0% (0)	13% (1)	13% (1)	50% (4)	25% (2)	8
Tribal Housing	0% (0)	0% (0)	25% (2)	63% (5)	13% (1)	8
Tribal Colleges	0% (0)	14% (1)	29% (2)	43% (3)	14% (1)	7
Casinos and bingo halls	0% (0)	0% (0)	63% (5)	38% (3)	0% (0)	8
Casino eating establishments	0% (0)	50% (4)	25% (2)	13% (1)	13% (1)	8

[My role has been] to educate and create awareness of the health hazards of smoking by attending health fairs and doing presentations in the schools and communities on Standing Rock. [Our next steps are to] create a stronger public awareness campaign through the media channels such as radio, TV and newspaper.

– Deanne Bear Catches
Standing Rock Sioux Tribe

When asked if the tribe’s policy was in effect at all times for everyone, 89% of the respondents said yes. However, some respondents seemed to think that there were some problems with people obeying the policy or with enforcement. One respondent said that “tribal leaders [were] not compliant” with the policy and another noted that they “have never seen it enforced.” All eight respondents were also asked specifically if there were any successes or challenges with enforcing their tribal tobacco policy. The majority of the respondents (3) said there had been “no problems”; two tribes indicated that there had been “major or consistent problems with enforcing the policy”; two tribes said there had been “moderate problems” and the remaining tribe said there had been “minor or sporadic problems.” Chart 1 shows the responses.

Tribal leaders were also asked that if they were having problems enforcing the tobacco policy, what were the problems. The respondents noted that majority of problems were with tribal buildings, tribal vehicles and on tribal grounds and campuses. All responses to this question are noted in the table below (Table 3):

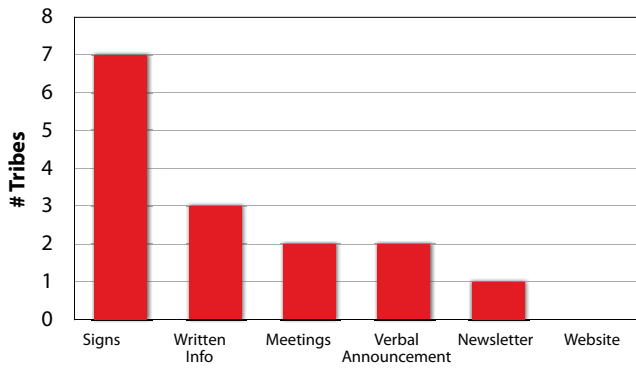


**Chart 1:
PROBLEMS ENFORCING
TOBACCO POLICIES?**

- No problems enforcing
- Minor/sporadic problems
- Moderate problems
- Major/consistent problems

TABLE 3: IF YOU ARE HAVING ENFORCEMENT PROBLEMS, CAN YOU TELL US WHICH AREAS?		
Answer Options	Response Percent	Response Count
Tribal buildings	57%	4
Tribal Council chambers	14%	1
Tribal grounds/campus	43%	3
Parking lots of tribal buildings	29%	2
Tribal vehicles	57%	4
Community centers	0%	0
Businesses (restaurants, grocery stores, gas stations, etc)	0%	0
Tribal Apartment Complexes	0%	0
Tribal Housing	14%	1
Tribal Colleges	0%	0
Casinos and bingo halls	14%	1
Casino eating establishments	14%	1
Other (please specify)		2
answered question		7
skipped question		2

Chart 2: METHOD OF INFORMING COMMUNITY ON POLICY



An additional survey question asked tribal leaders about how people were informed about the tribe’s smoke-free policy. Seven tribes responded to this question and the chart to the left reflects their responses (Chart 2):

Creating Stronger Tobacco Policy

The results of the policy survey indicate that there is a need to strengthen policies on tribal lands in South Dakota. Efforts are needed to better educate tribal leaders and members regarding the dangers of

secondhand smoke and what needs to be done to protect the health of the tribe. There are three tribes in the Northern Plains/Great Lakes area that have passed strong, 100% smoke-free reservation policies including tribal and non-tribal businesses like bars and restaurants: Blackfeet Nation (Browning, MT), Fort Peck Indian Agency (Poplar, MT) and Bois Forte Band of Chippewa (Tower, MN). Implementing policies such as these that truly limit or eliminate commercial tobacco use in tribally-controlled spaces

“ We talk about our work in the tribe as being for the *ohu ki sni*. That literally means ‘those who are unable to help themselves.’ So, the people that we are especially concerned about are the *ohu ki sni*. So it’s our place to speak up for our elders, and it’s our place to speak up for our kids. I don’t think people should smoke indoors where there are any other folks around. Frankly, I think the more we have people go outside to smoke, the better off everyone is. And at some point, my hope is that no one will smoke unless it’s a ceremonial activity associated with prayer. ”

– Steve Emery
Tribal Attorney,
Cheyenne River Sioux Tribe

is an effective way to reduce the health risks caused by secondhand smoke exposure and to increase attempts to quit smoking. Despite common myths about non-smoking sections and expensive ventilation systems, 100% smoke-free policies remain the only proven method of protecting tribal members, employees, and tribal business customers from the dangers of secondhand smoke.

Another tribe to watch closely for smoke-free leadership is the Navajo Nation, which lies in Utah, Arizona and New Mexico. One of the leaders of this effort is Dr. Patricia Nez Henderson. Dr. Nez Henderson is from Rapid City, South Dakota and is one of the founders of the Black Hills Center for American Indian Health.

The group is called “TEAM Navajo” and they have been working to pass a comprehensive commercial tobacco-free policy and came very close in 2009, but their Tribal Council voted to make tribal casinos exempt from the policy. TEAM Navajo leaders chose to not support the bill because of the weakened policy. Dr. Nez Henderson explains that,

“We do not support any bill that would leave casino workers behind. There is so much evidence that links secondhand smoke to chronic diseases including cardiovascular, cancer, heart, and respiratory diseases. As health advocates, we value the life of every human being whether they work in a casino or other Navajo business.”

TEAM Navajo continues to work hard to reach their goal and protect all people on the Navajo Nation. Dr. Nez Henderson said, “We do not have to wait 10-15 years to make a change in our environment. The original legislation with no exemptions would have protected the health of all people. But we will never support a weak law that exempts casinos. TEAM Navajo will not leave any person behind. In the next year we plan to provide more education to the Navajo leaders and communities.

In addition, we work with our communities to assure that we elect tribal leaders that make health a top priority.” The progress TEAM Navajo has made and their plans for the future show how important it is to educate the public and council leaders on the urgent need for comprehensive commercial tobacco-free policies and the dangers of secondhand smoke.

Within South Dakota, the Cheyenne River Sioux Tribe is working on a comprehensive ordinance that will prohibit cigarette smoking in all enclosed public places and workplaces within the Cheyenne River Reservation. This ordinance is currently making its way through the tribal government process. A copy of the draft ordinance can be found in Appendix C.

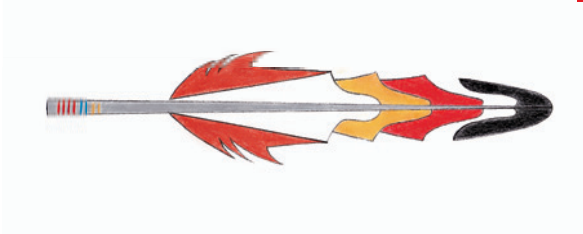
One way that tribes can begin to work towards a stronger smoke-free policy for their community is to find out what people think about secondhand smoke and smoke-free policies as well as what policies already exist in local businesses. There are two surveys (see Appendix D and E) that will help your community determine what opinions tribal leaders and community members have about smoke-free policies. The surveys can be customized with your tribal organization’s information and can be changed to reflect local community needs and concerns. These tools are most helpful in the beginning of your effort to create healthier workplaces for all.

In Section 3, “**Strategies That Work,**” we outlined elements of a comprehensive smoke-free policy and provided a model ordinance from Americans for Nonsmokers’ Rights (see Appendix B). These tools can help you as you plan with your community to create or strengthen your current tribal smoking policy to ensure that everyone’s health is protected. The next section will review tribal governance and how to work with your Tribal Council. Section 6 will cover how to organize your community to achieve a successful policy result. To the right is a real-life success story on how the Cheyenne River Sioux Tribe has been working on making its smoke-free policy more effective.

“*The Canli Coalition of Cheyenne River Sioux Tribe came together in March 2009, after we realized that the state’s smoke-free law would not affect those of us on reservations. We started by identifying people concerned about the level of secondhand smoke exposure on our reservation and ended up with a strong coalition of health care providers, environmental specialists, respected elders, tribal health staff and Community Health Representatives (CHR’s). Our mission was to pass a smoke-free policy in Tribal Council that would protect everyone on the reservation. We are slowly making progress towards reaching our goal. The coalition has learned a lot during this process, like how important it is to educate and get community buy-in before presenting the policy to council and that it takes much patience, perseverance and flexibility to pass such a controversial policy, but it is certainly not impossible.*”

– Rae O’Leary,
Canli Coalition Member

Section 5:
OVERVIEW OF TRIBAL GOVERNANCE SYSTEMS



OVERVIEW OF TRIBAL GOVERNMENTS

Traditional tribal governments existed in the United States long before European contact and have evolved over time.

Today, the 564 federally recognized tribes have governments that are diverse in structure and in decision-making processes. Because some tribal constitutions were patterned after the model constitution developed by the Bureau of Indian Affairs – in response to the Indian Reorganization Act (IRA) of 1934 – some similarities exist among tribal governments.

These standard tribal constitutions include sections that describe tribal territory, specify eligibility for citizenship, and establish tribal governing bodies and their powers. About 60 percent of tribal governments are based on IRA constitutions. Tribes that have chosen other structures and constitutions

“The United States Constitution recognizes that Indian Nations are sovereign governments just like Canada and California...The essence of tribal sovereignty is the ability to govern and to protect the health, safety, and welfare of tribal citizens within tribal territory.”

– National Congress of American Indians

frequently have made the decision to do so in favor of a governance structure that is more traditional to the tribe. Within South Dakota, eight of the nine tribes have an IRA constitution.

Most tribes give legislative or law-making authority to a Tribal Council. In some tribes, the Tribal Council members are elected by district; in others, they are elected at large. The council generally has authority to write tribal laws, and in some tribes the council members have administrative duties. Most tribal constitutions also provide for an executive officer, called a Tribal Chairman, president, governor, or chief. In some tribes, the Tribal Council elects the chief executive, while in others the voting citizens directly elect him or her. In most cases, the

duties and powers of the chief executive are not specified in the constitution, but are set in the bylaws. Consequently, the role of the chief executive varies greatly among tribes. Many tribes also have created their own court systems that administer codes and laws passed by the Tribal Council. In many tribes, judges are elected by popular vote; in others, judges are appointed by the Tribal Council.

Passing policy varies from tribe to tribe just as it varies from state to state. Just like states, legislative bodies have committees that focus on various issues (health, housing, etc.) within a particular committee's jurisdiction. Recommendations that come out of those committees will then go to the full legislative body (Tribal Council) for consideration.

– Ron His Horse Is Thunder
Former Tribal Chairman of the
Standing Rock Sioux Tribe

Tribal Governments in South Dakota

Figuring out how to navigate your tribal government system can be confusing and frustrating, so here are some suggestions to make the process easier. South Dakota tribes are sovereign nations defined by a government-to-government relationship with the United States. Most Tribal Councils or executive committees in South Dakota are made up of 4-20 elected Council members or trustees. There is also a president or chairman, a vice president or vice chairman, and a secretary and/or treasurer. Depending on the tribe, some of these positions are elected at large and some are appointed from within the members of Tribal Council. In addition to the Tribal Council members, there are also support and/or administrative staff to assist the Council. The Council members often choose or are appointed to sit on several committees that focus on specific areas such as health, budget/finance, judiciary, education, land, gaming, etc. In order for any

committee meeting or Tribal Council meeting to be held, they must reach quorum, which usually means about 2/3 of the members must be present. If quorum is not met, the meeting will not be held. Typically

any legislation, budget or major decision must first be passed by the appropriate committee(s), and then has to be reviewed and approved by the entire Council. In order to pass, there must be a majority vote by members present.

Legislative Process

Each tribe has its own process, language, and format for passing legislation or making big decisions. Often times, tribal governments will ask that new legislation be reviewed and approved by the tribe's legal department before they will consider it.

There are two main types of legislation your tribe may use: resolutions and ordinances. Here is a brief description of the differences between the two:

- **Resolution** – this is a written motion that usually begins with standard language from the tribe. Supporting statements on the background of what is being proposed follow this standard introduction with “WHEREAS” and the actual proposed change begins on a new line with “BE IT FURTHER RESOLVED.” It is a good idea to ask for an example of a resolution that has been passed by your tribe and follow the same format. Refer to Appendix F for an example of a tribal resolution. Here is an example of the standard introduction of a Resolution from the Oglala Sioux Tribe:

RESOLUTION OF THE EXECUTIVE COMMITTEE OF THE OGLALA SIOUX TRIBE
(An Unincorporated Tribe)

WHEREAS, the Executive Committee has the authority under Article I, Section 5 of the Tribal By-Laws, to decide on “routine matters” when the Oglala Sioux Tribal Council is not in session, and

WHEREAS, the Oglala Sioux Tribe, in order to establish its Tribal Organization; to conserve its tribal property; to develop its common resources and to promote the general welfare of its people; has ordained and established a Constitution and By-Laws, and...

- **Ordinance** – this is a written document to change tribal law. They usually begin with a title of the proposed law and the statement “BE IT ENACTED.” Then there are standard sections that outline what the law does. These sections typically include the following:
 - Background
 - Intent
 - Definitions of terms
 - Enforcement
 - Violations
 - Effective dates

An example of a tribal ordinance can be found in Appendix G.

Because every tribe is unique, it is important to talk to someone who has successfully worked with your tribal government in the past. If you are unable to make a connection, contact someone within your tribal government administrative office to answer your questions. Tribal governments have immense responsibilities, so they appreciate it if you save them time by coming prepared and showing that you have done research on how to correctly follow their process for passing legislation.

In addition, by using local data that shows what is happening with your tribe, you will likely have more of an impact with Tribal leaders. This data can be found either through the Great Plains Tribal Chairman's Health Board or from the South Dakota Department of Health Tobacco Control Program (see Section 8 for contact information).

Simply said, the Tribal Council identifies the needs of the tribe and its members, selects and approves programs to meet the identified needs, and allocates the required resources to provide needed services to tribal members. The Tribal Council is the policy-making body for the tribe.

Presentation to Tribal Council

All things considered, how does one make a presentation to the Council? Claire Miller, Council Member from the Salt River Pima-Maricopa Indian Community provided these recommendations at a presentation for the Corporation for National and Community Service. She offered the following steps when making a presentation to a Tribal Council. These steps have been useful to South Dakota Tribes and are recommended for communities' use.

- Determine the steps for getting material to the Council. Contact the tribal secretary to ask for information on when to get the materials to her for distribution to the Council. The Council may receive a document one week and act on it in the next week or two depending on whether or not additional information is required. Sometimes action on a request is delayed because the information provided to the Council is incomplete.

What should people expect?

- Presenters should have factual data on why the policy is necessary and/or being considered;
- Presenters should show how the policy will benefit the tribe;
- It is important to remember that protocols vary from tribe to tribe – for example, some tribes will not let women present, a man will have to present on behalf of the group/ organization and some Tribal Councils will require you to speak their language.

– Ron His Horse Is Thunder
Former Tribal Chairman of the
Standing Rock Sioux Tribe

- Remember that the Council receives mountains of documents and information on a weekly basis, so develop a summary of the information packet or a simple fact sheet. This is most helpful to a Council member who would prefer this over reading an entire document or report.
- Is there additional information which would help convey your request? It may help to include a map, previous language if requesting an amendment, a clean copy of a resolution (having used the spell-check function), and a brief background on the issue.
- There is formality in addressing the Council. Usually the protocol is to greet the Council in this manner: “Good evening, [afternoon, morning] President _____, Vice- president _____ and members of the Council. Thank you for this opportunity to come before you today to present...” or words to that effect. Introduce yourself and relax! It can be nerve-racking for some people to be in front of the Council and the audience. A lot of people get nervous but remember there is no need to be concerned that the Council is judging you and your presentation. If your information was complete and included all the points that needed to be covered, they most likely will ask questions or may feel comfortable enough to entertain a motion to approve your request.

- Justify your request briefly. Speaking at a Council meeting is a good opportunity to highlight your program and its successes to the Council and to the community members in the audience. While it is a great opportunity, it is wise to keep your presentation short and conclude long before the members of the Council get that glazed look in their eyes. You want to be remembered for having great ideas and not for being that “long-winded” person. If you have to go before Council again in the future or on a regular basis, this makes a big difference!

Getting any form of legislation passed by your Tribal Council can take a significant amount of time and may take several attempts before you are successful. As you plan your presentation to the Tribal Council, consider who the most effective spokesperson is for your group. This may be someone with experience speaking to this group, someone who is an expert in the field such as a health care provider, or maybe a young person or an elder who has an interest in improving the health of all tribal members by making their reservation smoke-free.

Other expectations you should be prepared for when working with South Dakota tribes include:

- Gather together a planning committee who will provide input and support. It is important the committee support you with their attendance at important presentations and meetings.
- Plan to spend around 1-6 months (or more) to complete the Council approval process.
- Attend several committee and/or Council meetings prior to your presentation to become comfortable with the process.
- Speak in front of an audience. It is important to practice your speech. The more you practice, the more the information is familiar and you feel more comfortable with it. Preparation is the key to success and will help wipe away any nerves.
- Read your entire proposal out loud.
- Present your idea to at least one committee and the entire Council.
- Anticipate concerns the policy makers will have and address those prior to being asked. Answer questions respectfully and provide information requested right away.
- Have a brief summary of your proposal – no more than one sheet – that you can leave with Council members.
- Reply to opposition from Council members or the public in a respectful way.
- Be patient – understand that your tribal government has many issues it must consider.
- Make changes and do the approval process again if your proposal does not pass.
- Be persistent – it may take several attempts before you reach success.

In the CRST Council Chambers I have been asked to read my entire proposal/resolution/ordinance into the microphone. They do this because each meeting is recorded so they have whatever is being proposed on record.

– Rae O’Leary
Cheyenne River Sioux Tribe

All in all, a tribe is grateful that its members are concerned about community issues. Your presence shows your dedication and willingness to assist the tribal members in some way. The members of each Tribal Council are elected from the membership of their own communities and are individuals committed to improving the lives of the people of the tribe. Their efforts to do this are made easier by people like you.

South Dakota Tribes – Information Sheets and Websites

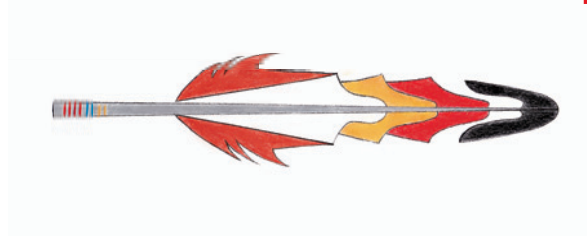
In the Appendix (see Appendix H), you will find profiles of South Dakota's nine tribes which provide a brief summary of the tribe's size (land area and enrolled members), employers, language, government structure (governing body, election and meeting schedule), as well as information about education and media in the area and a brief list of tribal leaders past and present. These profiles are developed by the South Dakota Department of Tribal Relations.

In addition to the profiles, here is a list of the tribes' websites:

- Cheyenne River Sioux Tribe - <http://www.sioux.org/index.php/main/static>
- Crow Creek Sioux Tribe - <http://www.sdtribalrelations.com/crowcreek.aspx>
- Flandreau Santee Sioux Tribe - http://www.fsst.org/fsst_tribalgov.html
- Lower Brule Sioux Tribe - <http://www.lbst.org/newsite/files/tribalgovernment.htm>
- Oglala Sioux Tribe - <http://www.oglalalakotanation.org/OLN/Home.html>
- Rosebud Sioux Tribe - http://www.rosebudsiouxtribe-nsn.gov/index.php?option=com_content&view=article&id=48&Itemid=55
- Sisseton Wahpeton Oyate - <http://www.swo-nsn.gov/Government.aspx>
- Standing Rock Sioux Tribe - <http://www.standingrock.org/government/>
- Yankton Sioux Tribe - <http://www.sdtribalrelations.com/yankton.aspx>

A listing of current Tribal Council members and chairmen for each tribe can be obtained from South Dakota Tribal Relations, 711 E. Wells Ave., Suite 250, Pierre, SD 57501 or by calling (605) 773-3415. The website for the department is www.sdtribalrelations.com.

Section 6:
**ORGANIZING FOR SUCCESS AND
PARTNERSHIP DEVELOPMENT FOR HEALTHY
TRIBAL COMMUNITIES – COMMUNITY TOOLKIT**



BUILDING PARTNERSHIPS TO CREATE CHANGE

Developing a commercial tobacco-free policy for your community cannot effectively be done by just one person.

If a policy is viewed as being just one person's idea, then it is not likely to be supported or followed. In order

to develop a truly effective community policy, it will take the involvement of lots of people. Taking the time to build these partnerships will help you reach your desired goal – a healthier community.

Forming a work group, committee, task force or coalition is a great way to formalize these partnerships and is the best approach to make policy change in your community. A coalition brings together individuals and organizations with a variety of skills and experience in order to address a specific issue. Communities and institutions need to work together to change the way commercial tobacco is perceived, promoted, sold, and used. Through advocacy and education, coalitions can play an important role in exposing the tobacco industry's predatory marketing tactics and in *returning traditional tobacco back to its sacred place*. Coalitions also help communities develop and implement policies and programs. These efforts will help create the view that a tobacco-free community is the norm, making commercial tobacco less desirable, less acceptable, and less accessible in your community.

Developing a Tribal Tobacco Control Policy

Now that you have seen the information about how dangerous secondhand smoke is, you probably want to do something about it for your community. But where should you start? The Northwest Portland Area Indian Health Board developed a very useful guide that outlines the steps for changing policy in your tribal community. This guide has been reviewed by the Great Plains Tribal Chairmen's Health Board which has highly recommended it as a tool for South Dakota tribal communities. A link to this guide can be found in Section 8 under "Policy Resources."

The next section will describe a 12-step plan for developing and passing a tribal tobacco control policy. These steps can serve as a checklist as you work on developing a policy for your community. We'll discuss each of these steps in more detail in this section:

1. Create a Committee and Involve Stakeholders
2. Develop an Action Plan
3. Gather Background Information
4. Analyze Available Data
5. Review Sample Policies
6. Demonstrate Need and Build Community Support
7. Draft a Policy
8. Obtain Feedback
9. Revise as Necessary
10. Pass the Policy
11. Enforce the Policy
12. Evaluate the Policy

Writing and passing a tobacco policy is not a quick process. It can take months or even years to get your new policy enacted. So no matter where you are in the process, do not feel discouraged.

Take comfort in knowing that your effort will save lives! While it may be time consuming, policy change is one of the few ways you can guarantee that your work will have a lasting effect on the health of your community for generations to come.

Step 1: Create a Committee and Involve Stakeholders

Because working on policy change is a large undertaking, it will take the participation of several committed committee members in order to share the work. While all of your committee members may not actively participate in each and every step of the process, committee members ought to be available to meet periodically to help support the forward progress of the group. In selecting committee members, you may also want to recruit individuals who have a variety of skills, talents and influence needed for each task.

Involve other Stakeholders:

Successful policy change and enforcement requires the support and approval of your entire tribal community. This support must be gained among all groups affected by the policy, including smokers and non-smokers, businesses and patrons, students and school staff, elders and youth, employers and employees. For this reason, it is important that a wide variety of stakeholders be included in the policy change planning process. Stakeholders are those who have a personal or professional interest in the issue. Their life or work may be affected by what you are doing. By obtaining input from all perspectives, no group will feel left out by the process, and you will better understand the concerns that need to be addressed before broad community support is achieved.

Depending on the type of policy that you are interested in passing, you may want to invite people from the following groups to participate in specific portions of the planning process:

- Tribal Council Members
- Tribal Business Groups
- Tribal Employees
- Youth Council or Young Adults
- Elders
- Tribal Housing personnel
- School Staff and Administrators
- Youth Recreation/Prevention staff
- Environmental Department personnel
- Tribal Clinic and IHS employees or Physicians
- Head Start personnel
- WIC or First Steps program personnel
- Dental Clinic personnel
- Community Health Representative (CHR) staff
- Media (Tribal Newspaper or newsletter, radio)
- Alcohol/Drug Prevention personnel
- Community Health Director
- Current or former smokers
- Tobacco-related cancer survivors
- Community members
- Culture and Heritage staff
- Parent Organizations
- Faith-Based Groups
- Fire Department personnel
- Tobacco Retail owners or managers
- Tribal Court personnel
- Law Enforcement personnel
- Business owners

If key individuals are not available to participate in the entire planning process, try to keep them informed about your activities. Be sure to obtain feedback along the way from those who will be affected by the policy. To do this, you can either contact individual stakeholders one-on-one,

or host community forums to allow for group discussion. If community-wide events already exist, such as elder's events, youth events, or health service meetings, you may want to inquire about getting on their agenda. As you present your plan to various community members, ask them to sign-up to volunteer their time or resources to activities that they would be interested in supporting. Building a team requires ongoing recruitment and outreach. A small card that they can fill out at the presentation is a great way to get volunteers on the spot. (See Appendix I). This method also helps you see where you have specific talents, skills and interests.

Keep in mind that not all of the steps of the planning process will require input from all of your stakeholders. Most of the steps should be carried out by smaller teams or individuals on your committee. Keep this in mind when deciding whom to invite to what step of the process. Steps 4 (Analyze Data) and 8 (Obtain Feedback) are the phases that will benefit from broad community input.

In addition to using the sign-up card noted above, here are a few hints regarding recruitment:

Try to provide people with:

- A clear reason why they should get involved
 - What's in it for them? Examples could include leadership opportunity, support for tribal traditions, opportunity to keep future generations healthy, etc.
- A timeline
 - How long will you need their involvement? Do you want them to attend one meeting or be involved for a month or a year?
- A clear description of what they can contribute to the process
 - Do you want their skills, experience, or their valuable perspective? Do you need them to be a spokesperson, to share information with a group, to gather information, to bring together a group of people, to arrange a meeting, etc?

People will be much more likely to assist if they are given a specific task. Open-ended or unclear requests make people nervous because things that aren't well-defined frequently end up being more work than a person may be willing to do. If people aren't clear about what they are being asked to do, then they are not likely to get involved.

Involving Youth in the Process:

Young people are an incredible resource for helping promote or initiate policy change –particularly policies that affect their health. Teens and pre-teens are smart, creative, and bring new perspectives and energy to the policy change process. When encouraged, guided, and trained, young people can serve as effective spokespeople and active community advocates. For teens, involvement can also provide them with an enriching leadership experience, helping them to develop skills in public speaking, event planning, and supporting community health. Many schools already have groups dedicated to commercial tobacco use prevention, so check with your local schools or your regional tobacco coordinator to see if they have a Teens Against Tobacco Use (TATU) group or something similar. Information on regional tobacco coordinators will be found in Section 8.

Step 2: Develop an Action Plan

With a little preparation, you can do this! An action plan will help to make sure that your policy is developed, passed, and implemented in an efficient and effective manner. The plan should include input from the stakeholders participating in the planning process, so it might be useful to host a meeting or talking circle to discuss the topics mentioned below. If you cannot meet as a group, these topics should be discussed by the lead coordinating person one-on-one with committee members and stakeholders.

Each of the steps that we are going through in this toolkit should be taken into consideration as you build your action plan. The most important thing about this planning process is that you really need to think about the steps and how they should be ordered. Every step should identify the following:

- What are you doing (the action)
- How are you doing it
- Who is responsible
- When is it to be complete
- What is needed to complete this action (money, time, people, etc.)

A sample action planning form is found in Appendix J.

You might also want to discuss how the committee will communicate about progress with one another. Will you organize weekly or monthly meetings, emails, or phone conversations? Choose a method that will best meet the needs of those who are involved.

Step 3: Gather Background Information

If your tribe has an existing tobacco policy, obtain a copy of it from your tribal administrative headquarters, and, if possible, learn as much as you can about how it was originally developed and who was involved. When passing tobacco policies, some tribes have issued resolutions, ordinances, or other types of law. Tribal employers may have passed tobacco-related memos or personnel policy statements, and tribal schools may have passed their own policies, rules, or codes. To get a clear picture of the situation, each type of policy should be reviewed. If your tribe does not have any tobacco-related policies, try to find out if one has ever been considered and if so, what happened. If your tribe is making a profit from tobacco sales, learn as much as you can about that enterprise as well. (What is the money used for? How much is coming in to the tribe? etc.)

It can also be useful to look at existing tobacco policies to make sure that they are being supported and enforced. If your tribe already has a policy, you may want to evaluate whether or not it is producing the desired result. You may decide that your current policy is not strong enough, so you may decide to change it. It may be easier to change an existing policy than to start from scratch.

In order to learn about existing tobacco policies, you may need to consult with tribal elders, the Tribal Council Secretary, or others who were involved with their passage. If you can't find any information about tobacco-related policies, find out how other policies were developed, such as an alcohol or drug policy. Ask those who were involved with the process what worked well during the development and implementation phase. Ask what difficulties occurred, and how they were overcome.

If you are interested in having your policy passed by the Tribal Council, you will need to consider the membership of your Council. Find out what the members' views are about a tobacco policy. Learn about

the members who are opposed to a tobacco policy and why they are in opposition. Talk to these people throughout the process and answer their concerns. Most leaders are willing to make this issue a priority once they know the facts and have had their concerns addressed. If upcoming elections will change the Council membership, talk to candidates that might be elected and consider offering endorsement for the candidates who support tobacco-related policies.

To develop and implement an effective policy, it is also essential that you understand your own tribe's process for how policies are written and passed. In Section 5 we discussed generally the tribal governance process but each tribe is different. You will need to ask about your own tribe's policy-making process. The Tribal Council Secretary or a member of Tribal Council would be a good source to ask.

Once you have gathered this important background information, you will be ready to involve other people in this process. Make sure that you plan on spending a significant amount of time on this step because it can help you identify any pitfalls or stumbling blocks that may occur.

Step 4: Get a Picture of Your Community

Choosing the right type of policy for your community and its goals will require you to look at some information about your community – in other words, analyze data. While this may sound overwhelming, don't be afraid! You probably already have most of the information needed to make an educated decision about the type of policy you ought to pursue. If you don't already have this data, this toolkit will offer suggestions for obtaining useful information.

By “analyzing” information about the current pattern of tobacco use in your community, your tobacco program's priorities, your community's readiness for change, and your community's knowledge about commercial tobacco, you will be better prepared to draft a policy that will be effective. This will put you well on your way to a policy that can be realistically passed and enforced.

Tribal Tobacco Data:

Data on “tobacco use” usually includes information on:

- Who smokes cigarettes (by gender and age group)
- The quantity of cigarettes smoked per day
- Who uses “spit” (by gender and age group)
- The average age at which commercial tobacco use began
- The percentage of smoke-free homes and worksites
- What kind of smoking cessation services are available
- Number of smoke-free tribal housing units

Some of this information was discussed in Section 2, “The Big Picture.” But to get local information, you will need to contact your health clinic (data may be available through the IHS Resource and Patient Management System or RPMS) or other tribal programs (prevention, family services, alcohol and drug program, environmental department, housing etc). Another useful resource is the Great Plains Tribal Chairmen's Health Board and their Northern Plains Tribal Tobacco Technical Assistance Center (NPTTTAC). Contact information for NPTTTAC can be found in Section 8 of this toolkit. Even though the only data available may be state level data that is not specific to your tribe, it will give you a reasonable ballpark estimate to help your group make informed decisions.

After tapping these resources if you find that you are still missing information that would help in the decision-making process, it might be necessary for your committee to conduct an informal survey. These surveys or assessments can provide you with enough information to make an educated decision about policy change. You can conduct a brief, informal survey at a community event or gathering (such as a pow-wow, feast, health fair, or rodeo) or at a specific destination (workplace, casino, restaurant, or school). Two sample assessments were provided in Section 4 (see Appendix D and E). The Cheyenne River Sioux Tribe has also done an assessment and a copy of this tool is found in Appendix K. Review and change these tools to meet your needs.

By pulling this information together, your policy change committee will be better able to identify areas of particular need, and determine which policy elements would have the most support and would make the greatest impact on the health of your tribe.

Step 5: Review Sample Policies

As was described in Section 3, “Strategies that Work,” there are some key elements to include in any policy to protect tribal members and visitors from exposure to deadly secondhand smoke and commercial tobacco. In addition, there are things to make sure are not included in your policy. That chapter notes that ***the best policy is a comprehensive commercial tobacco-free policy or smoke-free policy***. Comprehensive tobacco-free policies prohibit all commercial tobacco use and smoke-free policies prohibit cigarette smoking in all public buildings at all times. Such policies do not include private vehicles or homes. These policies also do not apply to the use of traditional tobacco for sacred or ceremonial use. Commercial tobacco-free or smoke-free policies are easiest to enforce because they are clear-cut and allow no exceptions. This is the best method for protecting tribal members from secondhand smoke. Comprehensive tobacco-free and smoke-free policies usually cover all indoor and outdoor areas, and can be established for a single building, a group of buildings, or for an entire reservation or community.

Here are some elements that should be part of the policy:

1. Prohibit commercial tobacco use in all enclosed public places.
2. Prohibit commercial tobacco use in and around tribal buildings or workplaces.
3. Prohibit commercial tobacco use in and around tribal vehicles.
4. Prohibit commercial tobacco use in and around tribal schools.
5. Prohibit commercial tobacco use in and around tribal daycares.
6. Prohibit commercial tobacco use in and around tribal parks.
7. Prohibit commercial tobacco use in and around tribal housing.
8. Prohibit commercial tobacco use in and around outdoor tribal events.
(pow-wows, rodeos, fairs, etc.)
9. Include secondhand smoke as an identified public nuisance in existing policies/rules/laws.
10. Prohibit commercial tobacco use in and around tribal casinos.
11. Prohibit commercial tobacco use in and around other tribal businesses.

Step 6: Demonstrate Need and Build Community Support

Once you identify the specifics for the policy that you are interested in implementing, it is very important that you build community awareness about the problem. You need to build support for the solution you've designed. Experience has shown that people support or reject policy change based on their values and beliefs. Because all people are not the same, different "Talking Points" will be needed to gain support from different groups within the community.

As you begin creating a plan, think about each of the stakeholders impacted by your policy, and the values that each group might hold. For example, Council members might be influenced by arguments about the overall health or economic well being of the tribe, while parents may be influenced by stories addressing the health of their children. Businesses may be influenced by arguments addressing their profitability and the productivity of their staff, while health professionals might be influenced by data showing reduced illness and death. Figure out what messages will appeal to a particular audience.

During this planning period, think about the concerns that each of these groups might have with your policy. In order for your policy to gain support, you will need to respond to their concerns. Anticipate their questions and develop talking points to help build approval for your policy. Whenever possible, use your own tribal or local data instead of national numbers.

Endorsements from local leaders, businesses, or health professionals should also be publicized in order to strengthen community buy-in. This can be shown through letters of support or providing quotes for use in local publications on why this person or group believes in commercial tobacco policies. In building support for your policy, consider having one-on-one meetings with decision makers, organizing media events with the local newspaper or radio station, writing articles for the tribal newsletter or newspaper, and providing brief presentations to stakeholder groups. More information about these strategies will be included in Section 7.

All the proposed activities require a lot of time and sometimes money, but fortunately there are many organizations and grants that offer financial support to help tobacco advocacy groups meet their goals. Groups such as Americans Nonsmokers' Rights Foundation, South Dakota Department of Health, American Cancer Society, American Lung Association, Great Plains Tribal Chairmen's Health Board or your own Tribal Council may consider providing funding. Information on federal funding opportunities can be found at www.Grants.gov. Additional information can be found in Section 8.

Step 7: Draft A Policy

Using as a guide the model policies discussed in Section 3 (see Appendix B) or the strong draft ordinance from the Cheyenne River Sioux Tribe (Appendix C), the next step will be to write a draft of your own policy. There are several elements that should be found in nearly every tobacco-related policy. As you begin to write your policy, check to see that the following elements are included:

Checklist for a Tobacco Policy

- Includes a statement regarding the local tobacco problem.
- Provides information regarding the health benefits for adopting the policy.
- Provides information regarding the economic benefits for adopting the policy.
- Provides information regarding the social benefits for adopting the policy.
- Describes the policy, clearly stating how the problem will be addressed and what actions will be taken.

- Gives the date the policy will become active.
 - Choose a realistic date for the policy to begin. Some tribes have used four to six months after the date the policy passed. Other policies have started at the beginning of a new year, similar to a New Year’s resolution. More attention can be drawn to the policy by introducing it during a major tribal event or during the Great American Smokeout (the third Thursday in November of each year).
- Includes all commercial tobacco products (cigarettes, spit or chew tobacco, e-cigarettes, hookahs, cigars, snus and smokeless products etc.)
- Indicates penalties for violations – there should be different consequences for first time offenders and repeated offenses.
- Defines who will manage and/or enforce the policy.
 - A tribal fire or health department or agency are the logical agents to enforce tobacco policies that affect tribal business. They can include compliance with the commercial tobacco policy as part of a routine inspection and can be called in if there are immediate problems. It is best to not have tribal law enforcement serve as the enforcement agency because that plays into an opposition argument that you are creating “the smoking police.” This can cause problems with how the law is perceived. If a law enforcement agency is the only option or the best option for your community, make sure that you have talked with representatives to ensure that they support the law.
- Exempts any use of traditional tobacco for sacred or ceremonial uses.

Writing a tobacco policy draft doesn’t take too long especially since there are good examples to use. If you are new to this process or would like additional support, contact a Council member or tribal lawyer to help guide you through this process. It would be very helpful to have them check the format and content of your policy and provide written approval before distributing it to others. That way you can make sure that any standard language or formatting is already included – it will make your draft look more professional and serious. Sometimes the Tribal Council will require a policy to be reviewed by the tribe’s legal department before they will consider the policy.

Once you have a solid draft, it can take at least three or more months to get your policy ready for passage. This kind of work takes a long time. It has taken some tribes and other communities a couple of years or more to go through this process; so don’t expect an overnight success. Patience and optimism are important qualities to have.

Step 8: Obtain Feedback

Getting feedback on one or more drafts of a policy is important, and often takes longer than expected. After a tobacco policy has been drafted, distribute it to key individuals for their review. Individuals to consider for feedback include the tribe’s general manager, tribal health director, community health representatives or public health nurses, other medical personnel, the Tribal Chair, a tribal lawyer, and those who will be expected to enforce the policy. Also include community members that are likely to have strong opinions about the policy, including smokers, youth, or business owners. Some people may not feel comfortable providing written comments, so it may be best to contact them in person to discuss their thoughts. For those with concerns about the policy, you can also use this opportunity to answer

questions and discuss possible compromises or alternate solutions. If you work together to address their concerns in a positive way, these individuals may turn out to be active supporters of the policy.

In addition to the groups mentioned above, the Great Plains Tribal Chairmen's Health Board's Northern Plains Tribal Tobacco Technical Assistance Center, your regional Tobacco Prevention Coordinator, the South Dakota Department of Health Tobacco Control Program and even the Tobacco Control Legal Consortium at William Mitchell College of Law are also available to help review and provide feedback on your policy.

Step 9: Revise as Necessary

Consider all of the input provided by community members and make any necessary changes to the policy. Not all comments can be used, so consider how you will address any suggestions that are not eventually included in the draft policy.

During these discussions, you may find that only small changes to the policy are needed. It is also possible that you find that a different policy is needed to achieve strong community support. Decide as a group whether it is more beneficial to retain your original policy (and then spend additional time building community support), or whether it is more realistic for you to shift your focus to a different type of policy. These are difficult decisions and they should not be made lightly. You also need to remember what you are trying to do – protect your community from a deadly substance that has no safe level of exposure – secondhand smoke.

“ Well back in about 1990-1991, I was a Tribal Council representative for District #5. And as a retired nurse, I thought a good thing to do would be to try to ban smoking for our reservation, at least in the tribal offices and buildings. So I began by putting out information. I got fliers against smoking and the hazards of smoking and put them in the Tribal Council representative's mail boxes to inform them of the hazards of smoking. Then I tried to get a resolution passed for a ban on smoking and it failed several times before it finally passed. It got to the point where some of the councilmen who smoked themselves supported me and I couldn't have done it without the support of the full Tribal Council. ”

– Marcella LeBeau
Former Cheyenne River Sioux Tribe
Council Member

If you are working with a committee, discuss each revision point with other committee members. After the final revisions are made, the policy should be ready for approval by the Tribal Council (or whoever will be making the decision).

Even if your entire committee agrees on a particular policy, your group is not the decision making body for the tribe. It is possible that additional changes may be required by your tribal leadership or those in legal services. The education process does not stop when the policy goes to Council. Education is a continuous process for both decision makers and the community. You need to continue to tell everyone about the need for and benefits of your policy.

Step 10: Pass the Policy

Depending on the type of policy you have designed, the decision to implement the policy may involve the Tribal Council, a tribal committee, or some other authority figure. You will likely need to get on their agenda in order to make a formal presentation. A request to be placed on the agenda will require advance notice, so be prepared for this step to take a little time.

Consider who will be the most effective spokesperson for your audience. It may be someone with experience presenting to this group, someone with an established relationship with the group, or a youth group that has spent time working on this issue. Healthcare providers are also good to serve as a spokesperson. A physician, physician assistant or nurse have respect in the community and give your effort credibility.

Attend several meetings held by the deciding body prior to your presentation, so that you are familiar with the process and their expectations. This will help you better understand how the meetings work and the personalities of the group members. Practice your speech so that you feel comfortable with the material you plan to cover and the time limit you are given (make sure you find out what your time limit is because there will likely be one). Determine which talking points are most important to the decision makers, and focus on those. Just as you did when building community support, anticipate any concerns they might have and address them in your presentation. Have other influential coalition members be present at the meeting to show their support.

If your tribe is making a profit from tobacco sales, compare the tribe's profits with the economic cost of tobacco-caused death and disease. Suggest that they consider using a portion of the profits to create tobacco prevention or cessation programs. If Tribal Council chooses not to pass the policy they should give reasons why it failed. Use this information to revise the policy or your approach. Try again after you can show that the Council's concerns have been addressed. And importantly, continue to educate the community about the importance of this policy.

Step 11: Implement and Enforce the Policy

Putting your policy into action and informing all tribal members of the changes will also take time. It is strongly recommended that you not to rush through this step. If the policy is not implemented well, you will have problems with it from the beginning. Plan to announce the policy several months before it will take effect – some recommendations say you may need to allow as much as six months. Time will be needed to post no smoking signs, develop new policies, or make other necessary changes. Your policy committee, or a new implementation committee, can play an important role in making this process go more smoothly.

Enforcement:

Your tribe should treat commercial tobacco use just as you would any other health or safety issue. Like the policy itself, enforcement should be designed to fit the needs of your tribe. Penalties vary – they range from strict fines for the smoker or the business owner to friendly reminders. With appropriate signs, education and lead-time, tribes have found that violations are rare. When the majority of the community agreed with the policy, a friendly reminder to those in violation was all that was needed to correct problems – simple social pressure was enough. It is almost like the law becomes self-enforcing.

Tribes commonly include verbal or written warnings followed by fines, if necessary, in the policy. Clearly posted information about the policy change can help reduce confusion and conflict.

It is also important to identify who will be responsible for handling violations, and then train them about their expected response. Offer to provide training or assistance throughout the transition to support their efforts.

When designing the consequences that will be used for those who break the policy, make sure that the penalties are realistic and can be truly be enforced. If you develop an unrealistic penalty, people may not want to enforce the new policy.

Finally, decide how general complaints about the policy will be handled. Widely publicize the policy in newsletter articles, and present it at meetings where the policy is discussed. Most often, complaints about the policy go away after the policy has been in place for a few months.



Increase Awareness about the New Policy:
It is essential to provide lots of information to the tribe about the new policy. The more information you can provide people, the more comfortable they will be with the change. Holding a community meeting in conjunction with a health fair or other community gathering

can get the message out to the tribal community. Each tribe must use its own resources and ideas to identify the methods that work best for its respective culture. Here are a few suggestions:

Signs: Simple signs can be an effective way to educate about the policy change, especially messages or signs that are culturally relevant and that the community can relate to such as:

- Keep Tobacco Sacred
- Use Tobacco in a Sacred Way
- This is a Commercial Tobacco-Free Building
- Thank You for Not Smoking



Signs are a useful and low cost way of informing people about a new or existing policy. Signs warn and remind community members about the tribe's expectations for behavior. You can get signs from the South Dakota Department of Health Tobacco Control Program. You can also choose to create your own, using community artwork or designs. To provide consistent messaging within and between tribal

communities, it may be useful to use a single sign format or message. This would also help stretch limited resources.

Posters/Pamphlets: Many excellent materials are available for free or at very low cost (see the Resource section). You can also consider having a poster contest for tribal youth. This will inform families of the new policy while providing wonderful artwork to decorate community areas.

Tribal Newsletter or Newspaper: This is a very important channel for communicating the tribe's new policy. It could be helpful to place an article or a notice at least twice in the local tribal newsletter or newspaper before the start of the policy and then write a follow-up article after the policy has been in place for a while. A series of articles about tribal members who have successfully stopped smoking or using commercial tobacco can be a good way to draw attention to their accomplishments and inspire others to quit.

Radio Announcements and Shows: Have announcements made about the new policy on the tribal radio station. Having a contest for youth to develop a simple announcement can be a great way to raise visibility and involve young people in the process. Find out if a prepared spokesperson such as a committee member can get on the air to discuss the policy with the station host.

Meetings: Meetings are another great way to announce a new policy. A brief statement can be made that outlines the harms and health risks associated with exposure to commercial tobacco. Additionally, a meeting is an excellent way to gather community input and support. At these meetings, the tribe can announce how the policy will be enforced and the date of the policy will go into effect.

Statement on Tribal Letterhead: Tribal stationary that includes a simple statement supporting the new policy can serve as a constant reminder. For example, “We are proud to be a commercial tobacco-free tribe to protect our health and the health of generations to come.”

Written Copies of the Policy: Copies can be published in newsletters, posted in appropriate places, or even distributed in mailings. Post information about the new policy on the tribe’s website along with information on who to contact if there are questions.

Provide Help to those Wishing to Quit:

Make sure there is a lot of information available for those who want to quit smoking or chewing tobacco. By offering help, you show concern for tobacco users. Helping smokers quit is also called “cessation.”

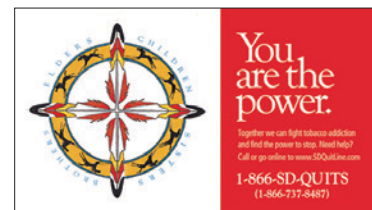
One option is to inform the public and local healthcare providers of telephone help-lines that guide users through the quitting process. Research has shown that the use of a quitline can significantly improve a smoker’s chances of quitting successfully. The South Dakota QuitLine provides free services for residents including coaching and medication. Support to advertise these services may be available through the South Dakota Department of Health.

Remember, nicotine is more addictive than heroin or cocaine. It is very likely that smokers in your community will have to “quit” on more than one occasion. The average smoker quits seven times before successfully quitting for good. Tobacco-free policies are very good at helping people quit – be supportive of this challenging process.

Step 12: Evaluate the Policy

Secondhand smoke policies are usually fairly easy to assess, requiring you to visually check periodically to see how the policy is working. This could involve:

- Visiting smoke-free and tobacco-free areas regularly.
- Checking that appropriate signs are kept in place.



- Free telephone quit coach support
- Free medication is available with the telephone program.
- QuitLine coaches receive cultural competency training so they understand traditional use of tobacco.

Online support is also available. SDQuitLine.com offers South Dakota residents free access to online quit tools, support from other tobacco users who are trying to quit, and other information to make quit attempts easier.

www.SDQuitLine.com

- Tracking complaints to see if they decrease over time.
- Surveying business owners to see what their experience implementing the policy has been.
- Conducting an air quality monitoring study.
 - Resources are available to support this very useful measuring system that give a good picture of actual air quality based on scientific measurements. It is an excellent tool to use before the policy goes into effect and then after it has been implemented.

There are several surveys that can be useful to use to track how behaviors have changed in your community. The American Indian Adult Tobacco Survey (AIATS) and the American Indian Youth Tobacco Survey are two excellent tools. They are conducted by the Northern Plains Tribal Tobacco Technical Assistance Center of the Great Plains Tribal Chairmen’s Health Board. The AIATS provides tribe-specific information and prevalence rates on the following:

- Commercial cigarette smoking use by members of the community.
- Use of other tobacco products.
- Quit efforts.
- Methods used in quit efforts.
- Workplace policies on smoking.
- Secondhand smoke exposure.
- Opinions about harm caused by commercial tobacco smoking.

The American Indian Youth Tobacco Survey assesses youth commercial tobacco use as well as knowledge regarding traditional tobacco.

Another measurement tool to determine the results of the policy is through South Dakota’s Behavioral Risk Factor Surveillance Survey (BRFSS). This survey measures things like who smokes (by age group), who uses other tobacco products, whether people have tried to quit, etc. Information from this survey has been included throughout this report. The survey is done every year. In addition, there are two youth surveys conducted every two years to determine tobacco-related behaviors. The Youth Tobacco Survey (YTS) is done by the SD Department of Health for youth in grades 6-8 and the Youth Risk Behavior Survey (YRBS) is done by the SD Department of Education for grades 9-12. Links to this information can be found in Section 8.

Common Challenges and Barriers to this Policy Advocacy Process

Experience has shown that there are at least two common barriers and obstacles that are faced when developing policy. Often the first challenge is finding the time and people to start the process. Some groups struggle to find the right place to begin. Fortunately, this toolkit was written to reduce these barriers. The 12 steps outlined here can help your community improve its health one step at a time. Start looking for like-minded partners who are willing to help tackle this issue and start to plan. Many communities have health committees or coalitions that can be tapped to work with you. While it may take some time to see your policy enacted, this will be one of the most rewarding things that you will ever do. It is well worth the effort!

The second challenge is the mistaken belief that commercial tobacco use isn’t a priority problem. With limited funds, growing concerns about obesity and diabetes, and a hundred other health issues

competing for our attention, it is sometimes difficult to convince decision makers that tobacco use is an important issue. What makes it even harder is that so many of our people are commercial tobacco users. To overcome this challenge, we must strive to raise our community's level of awareness about commercial tobacco. The data in Section 2 and the "Talking Points" included throughout this toolkit clearly show that it is a huge problem. One of the most important things is to share personal stories and the stories of loved ones hurt by tobacco-related diseases. Continue to remind community members that:

- 2 out of 5 deaths in Indian Country are related to or caused by commercial tobacco. This compares to 1 out of 5 tobacco-related deaths among Whites in South Dakota.
- IHS spends millions of dollars a year to treat tobacco-related death and disease. For example, in California it is estimated that the health care costs are \$2,500 per smoker, per year.
- Those who smoke die 7-14 years earlier than those who do not.
- Commercial tobacco is robbing our community of the culture, wisdom, and relationships shared by our elders.
- And of even greater importance – with action, all of these problems can be prevented!

Tribal Councils have a great deal of responsibility. They must manage economic development, gaming, housing, education, law enforcement and community health with limited time and resources. In light of all this, it is not surprising that commercial tobacco is often overlooked. During meetings with decision makers, it is important to let them know that you understand the importance and urgency of all the other issues faced by tribal leadership. To make health a priority, let tribal leaders know that a tobacco policy is an effective and lasting tool to improve the health of the tribe. A relatively short-term investment by decision makers can result in better health for generations to come.

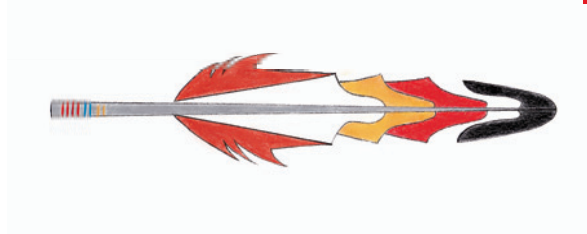
In the next section we'll provide some ideas on how you can get started with activities in your community.

“An Elder's health is important as they give and pass down knowledge, culture and traditional components that would be lost without their willingness to share.”

– Anonymous

Source: Costs of Smoking and Secondhand Smoke Exposure in California American Indian Communities, 2010.

Section 7:
**TAKING ACTION – ADVOCACY &
POLICY PROMOTION – COMMUNITY**



LETTING OUR VOICES BE HEARD

Now that you have a better understanding of what it takes to develop a commercial tobacco free policy for your community, you might be wondering about what kinds of activities can help your efforts be a success.

are a part of a comprehensive approach to commercial tobacco use prevention and control. This section offers a variety of ways to conduct effective activities in your community. These are effective activities that impact long-term tobacco control goals such as commercial tobacco-free or smoke-free policies. When activities are implemented consistently and correctly, they help bring lasting change to your community. Know that by your work, you are helping your tribe achieve real change in its health related to commercial tobacco use.



“ I did not agree with bringing in a smoke shop for the tribe because it was commercial tobacco products and not traditional tobacco. The smoke shop did not succeed. ”

– Clarence Montgomery
Member of the Yankton
Sioux Tribe
Yankton Sioux Tribal
Health Director

You are in luck because there are many activities that will help raise the visibility of your policy efforts! These activities will also help improve the likelihood of your policy being adopted by the Tribal Council.

Well thought-out and planned activities

This section gives you a list of several activities that can be done in your community to raise the profile of what commercial tobacco is doing to your tribe. Use these as a guide and personalize the activities to make them your own. Team up with local schools or your community college to broaden your impact! These activities raise awareness and give both youth and adults a way to positively channel their outrage at what the tobacco industry is doing to addict and kill tens of thousands of American Indians every year.

Action Planning Guide/Checklist

Having trouble getting started?

We understand that there is a lot of work in getting your commercial tobacco policy activities off the ground. It doesn't matter whether you are holding a large or small event, this guide can help you. Just follow these simple steps and you'll be ready to accomplish anything!

Where do I begin?

There are several things to consider as you start planning for your community activity or event. As you sit down with your group, answer these questions and you'll be well on your way to being event planning pros.

What issue/cause are you tackling?

- Commercial Tobacco-Free Policies
- Tobacco Industry Marketing
- Hollywood and the Commercial Tobacco Connection, etc.

Why are you tackling this issue? How do you know it is an issue?

- Smoking is a problem in your community and we see the how our people are suffering as a result of commercial tobacco use.

- You want your community to know that the tobacco industry is targeting them. (\$23.4 million spent each year in South Dakota alone).
- You want to spread awareness about Hollywood's relationship with the tobacco industry.

What do you want to accomplish? What is your ultimate goal?

- Increase awareness.
- Recruit more members to your group.
- Pass and enforce a commercial tobacco-free policy for your community.
- Offer resources to help commercial tobacco users quit.

What are you going to do?

- Find out if there are local people or groups who would be willing to get involved in your efforts. Your local commercial tobacco prevention coalition, health organizations, and American Cancer Society chapter are a few of the groups that can help spread your message.
- Do you think your group can realistically pull it off? If not, modify your plan to ensure success.
- Be aware that different actions and messages influence different audiences.

What's Next?

Now that you've figured out what it is that you want to do, who you want to reach, and what message you want to send, it's time to figure out how you're going to pull it off! With your group, answer these questions and split up the tasks to make sure your event is a huge success.

Who will be doing what? What are the tasks that need to be accomplished in order to succeed?

- Choose a leader for your group.
- Make assignments for specific tasks (get supplies, schedule date, find location, etc.).
- Determine due dates for tasks. Set realistic deadlines that you will be able to accomplish.
- Decide how you will hold the group members accountable for their assigned tasks/responsibilities.

When do you want to hold your event?

- Find out what other activities are taking place on your campus or in your community at that time (homecoming, state tournaments, pow-wows, etc.).
- Decide if the people at these events are part of the target audience that you identified.
- Attach your event/activity to those events, if possible.

What supplies or materials do you need for your activity?

- Make a budget for these supplies/materials and decide who is responsible for making sure you stay within your budget.
- Are there items that could be donated? Make a list of businesses, organizations or individuals you can ask for donations.

If you are seeking donations, here are a few tips:

- Be aware that businesses often would like a letter explaining the event, what their donation will be used for, how it will benefit the group and community and what kind of recognition they will receive.
- Write a letter explaining your activity or event.
- Call and ask for the name of the business manager/owner and ask when would be the best time to reach them. You never want to go to a business or restaurant when they are busiest.
- Dress appropriately! You don't have to wear your Sunday suits or dresses, but make sure you are not wearing anything that might be offensive to some people (clothes that are too revealing or show tattoos, etc.).
- Ask for donations in person and be respectful. This allows the business manager or owner to associate a face with the group.
- Take along two copies of your letter: one for you and one for the manager. This way you can use your copy as a reference when explaining your activity.
- Follow up your meeting with a thank-you note.

Media Advocacy

Getting media coverage for your activity is very important. It helps you reach so many more people than just those who attend the event. When people hear about your efforts on the radio or read about it in the newspaper, it seems to make what you are working on so much more important. Your issue becomes a bigger issue than it would if there were no media coverage at all. This section will give you a few pointers on how to score the best coverage for your commercial tobacco-free activities and to help move your policy efforts forward.

To get your point across to your Tribal Council, you'll use many types of communication. As part of your overall strategy, you may meet with Council members face-to-face, write them letters, call them, and email them. Media advocacy is simply another form of communication—but this time, it's indirect.

Media advocacy means communicating with your target audience through the media. In this case, your Tribal Council is the target. Newspapers, television, radio, and online news services are great ways to get attention for your point of view. Media advocacy also involves gaining public support and gathering more volunteers for your effort.

Media advocacy relies primarily on “earned media” for getting the word out. Simply put, “earned media” is media that you do not have to pay for – it is when a newspaper does a story on your effort or a radio station interviews you. Earned media is what you “earn” as opposed to buying it. Most of the activities listed in this section give you suggestions for a press release to your local radio stations or newspapers, and other ways to promote the activity. Promoting events through earned media instead of simply purchasing advertisements provides an important “3rd party endorsement.” Because the information comes from a news source instead of a paid ad, the public may consider the message more valid.

Effective media advocacy requires that you know your audience. Each time you try to get a local newspaper to cover your event or write a letter to the editor, think about who will read it and what their concerns would be. Your statement to the tribal newsletter about an upcoming parade will be

very different than arguments you would use in a letter to the editor regarding an upcoming Tribal Council vote on a commercial tobacco policy.

Media stories need to grab attention. If you send a press release about secondhand smoke that's just a written lecture on health consequences, it probably won't get printed. If you send a press release that starts out with a story about an asthmatic who works at the Tribal offices and who suffered a severe attack because an office-mate was smoking cigarettes—and then give some quick facts and quotes different people on campus—you've got a much better chance of being printed.

Remember, whether it's CNN or your tribal newsletter, news is the same all over: make it personal, local, fresh, and timely—and people will listen.

Why Is Getting Media Coverage So Important?

Media coverage can:

- **Publicize** your event beforehand, so more people will be there to support it.
- **Educate** lots of people about your issue and your message.
- **Inspire** more people to follow your lead and get involved in taking on tobacco companies.
- **Attract the attention of public officials who determine commercial tobacco-control policies.**

Where To Begin?

The first step is to let the media know about your event.

- Develop your message.
- Choose your media contacts and get in touch with them.
- Grab reporters' attention with tools such as media advisories, press releases, and more.
- Make your activity so eye-catching that you'll be sure to attract crowds and cameras.
- Offer to send photos of your event and to write an article about what you did.

Develop A Strong Message

Before you contact any media, you must have a clear, convincing message. Think about what you will say so that reporters will understand what you are trying to accomplish, and their coverage will help your cause. Here is some advice on how to develop an effective message:

As a group, think about the two or three most important pieces of information you would want people to know. These are usually referred to as key messages. Key messages are important because they are a limited set of standard talking points used in all of your campaign activities. They help all members of your team to stay on message and give you the ability to plan ahead by developing responses to possible negative stories.

Key messages should:

- Be very short and easy to understand.
 - For your three key messages, they should be no more than 27 words (total) and take no more than 9 seconds to say!
- Spread the facts, such as, "2 out of 5 American Indian deaths are related to commercial tobacco use."

- Inspire people to take some action, like, “We are doing this to restore the health of our family and friends by supporting commercial tobacco-free workplaces in our community.”

Your key messages should be specific. Anyone who hears them should understand why your group is taking action.

- A more specific message helps the media give more effective coverage.
 - A specific message would be, “*We want our Tribal Council to protect our right to breathe clean air by adopting a strong commercial tobacco-free policy.*”
 - A less specific (and less effective) message might be, “*We are here because we hate commercial tobacco.*”

Here is an example of some key messages used by the CDC Office of Smoking and Health:

- Damage from tobacco smoke is immediate.
- The chemicals in tobacco smoke pose a danger right away.
- There is no safe level of exposure to tobacco smoke.

Looking at this example, you can see that there are 26 words in these three messages and you can say all three of the messages in less than 9 seconds. It takes work to boil down your thoughts but it can be done – and is important to effective communication!

Once you have developed your key messages, make sure everyone in your group knows what they are and can explain them in their own words. You want to make sure that everyone is speaking from the same page.

Develop Your Media List

After you’ve decided on your key messages, the next thing to do is make a list of media you will contact. Start by making a list of all local TV stations (if any – and don’t forget community access TV), radio stations and newspapers. Each station and newspaper may have reporters who cover different types of news. Think about which ones would want to cover your story. A list of radio stations and newspapers along with their contact information can be found in Section 8. Also, don’t forget to send information to your tribal newsletter editor as well. This is a great way to get the word out in the community.

An important thing to do as you develop your list is to make sure you know as much as you can about these media outlets. Listen to them, watch them, read them, and check out their websites. The more you know about the media and the kind of stories they cover, the more likely you will be to get positive coverage about your event. Don’t call a radio station and ask them to bring a camera to cover your parade – they will think you are not very well-informed and will not take you seriously.

Don’t forget about groups that might be interested in what you are doing, such as environmental groups, health organizations and various youth groups that might be in your community. Some of these may have newsletters that go to their members or their own list of press contacts. Sending these groups a news release or advisory could help you spread the word to a broader group.

Write down all the contact information you can collect for everyone in the media that you have decided to contact, including name, title, complete mailing address, email, website address, phone and fax numbers. Start building your own media list!

Develop The Tools

There are several media tools that are important to use in your efforts to support a commercial tobacco-free community. They are as follows: letters to the editor, op-ed, media advisory, and press release. In some communities, you may be able to write your own article and submit it to the local newspaper. Here are some pointers for each:

1. Letter to the Editor

Letters to the editor are a powerful way to communicate with your Tribal Council and community. Letters to the editor can be found in your local newspaper. Policymakers routinely read these to get a sense of what the community cares about and is thinking about.

- Check the paper's guidelines for writing letters. This should be on the editorial page or on the website.
- Include your name, address, email address and daytime telephone number. The contact information is not published but it gives the newspaper a way to contact you to make sure that you actually wrote the letter.
- Letters should generally be 150 words or less, but check specific newspaper's policy – short and sweet is best. (Letters are usually subject to editing by newspaper so keep it short so they won't have to cut it down. That way you remain in control of your message.)



- Write letters about current issues, and respond promptly to stories and editorials.
- Include all relevant information about the issue—most importantly, why it's important to you personally.
- Make sure you proofread the letter and have a friend read it to make sure it makes sense.
- Papers may print letters to the editor each day or once weekly. Check your paper for its policy.
- Letters to the editor may be published right away, can take weeks, or may never appear in print.

2. Op-Ed

Op-Eds are issue-oriented opinion pieces written by local readers, usually appearing opposite the editorial page (which is where the name came from). Op-Eds are not the same as columns that are written by syndicated columnists or the editorials written by the newspaper itself.

- Read the newspaper to determine if the paper runs Op-Eds and who is writing them.
- Identify the correct person to send your Op-Ed to—it's usually the newspaper editor or the editorial page editor, if there is one.
- Contact that person to make sure that they accept Op-Eds and, if so, what are the guidelines. Here are a few things that are frequently requested for Op-Eds:
 - Include your name, organization, address and daytime telephone number. The contact information is not published but it gives the newspaper a way to contact you in case of questions.
 - Include all relevant information about the issue, including background.

- Op Eds should generally be 600 words or less, but check for your newspaper's policy.
- Op Eds are usually published in a timely manner, as most are related to a current issue.
- The piece is subject to editing by the newspaper.
- Attach a picture of the author to make it more personal. Many newspapers will request this if a picture is not included.

3. Media Advisory

A media advisory is an alert to the media to be aware of an upcoming event. It's an urgent invitation to a press conference or special event. It's sent 3 or 4 days prior to the event and must be newsworthy!

Write up a simple media advisory that lists the basic information about your event: What, Who, When, Where and Why. This should be a very simple one-page description that talks about:

- what your event is
- who is sponsoring it
- who is going to be there
- when it is going to be held
- where it is going to be held
- why it is happening

Some tips:

- Double space your media advisory and leave ample margins.
- Keep to one page.
- Include contact name/position/telephone number in upper right hand corner. List all phone numbers where you can be reached (office, home, cell) as well as an email address if you have one. Make sure they can reach you when they try to follow up!
- Under contact name, put release date.
- Use a short, catchy headline, in bold letters.
- Include who, what, when, where, why.
- Include special photo note at the end for specific photo opportunities (Example: Will you have Kills Many or Mr. Butts there? Children doing things? Parade?, etc.).
- Signal the end with three pound signs (###), centered.

4. Press Release (AKA News Release)

A press release is used to announce new information, new facts or milestone accomplishments of your program/agenda. A press release gives a bit more information about the event or program. It will include background information, quotes from participants, and more detail about what happened at the event. Press releases can be written before the event so they anticipate what will happen. Press releases can also be written after the event and sent to the media to encourage follow-up coverage.

- Double space your press release and leave ample margins.
- Include contact name/position/telephone number in upper right hand corner. List all phone numbers where you can be reached (office, home, cell) as well as an email address if you have one. Make sure they can reach you when they try to follow up!

- Under contact name, put release date: (Example: For Immediate Release: Date)
- Your headline should be short, catchy and in bold letters. If you use a sub-headline, it should be in upper and lower case and underlined. For example:

**“Facing the Faces: Telling Commercial Tobacco’s Toll in Pictures and Stories
Advocates Mourn the Loss of Family and Express Support for Strong Policies”**



- Include all pertinent information. If you’re talking about an event, include specifics.
- Include quotes from relevant parties. Make sure the speaker approves the quote. Note that you can make up a witty quote and then ask someone to accept responsibility for saying it (sort of like speechwriting!).
- Signal the end of the release with three-pound signs. (###)
- After sending/faxing press release, follow up with reporters to see if they will be able to cover the event or if they have questions.
- Some tips for writing a successful press release:
 - Shorter is better. Don’t take 5 pages to write a press release. A press release should be no more than 1-1 ½ pages long. Be picky when choosing what is important and what isn’t.
 - Make it easy to read- aim for a third grade reading level. Write a few short paragraphs rather than one long paragraph.
 - Use punchy sentences. Make them memorable: “Help us kick butts!”
 - Use active voice. Active voice sounds strong and holds interest. Say, “Cigarettes kill people” (active voice) rather than “People are killed by cigarettes” (passive voice).
 - Don’t use jargon. Use phrases that people understand—your goal is to communicate, not to wow them with your big dictionary words!
 - In the first paragraph or two, make sure you state the Five W’s: Who, What, Where, When, and Why. People often don’t read the entire article, so you need to give them all the information quickly.

5. Article for the Newspaper

Some newspapers or newsletters allow community members to submit an article describing their upcoming event or a report of an event that they sponsored. This is particularly true in small communities with newspapers that have very few staff members. This is a great opportunity to get your news out to the community directly! Take advantage of this so that you can spread the word about the great things that are happening.

Many of the tips noted above for writing press releases also apply for writing an article for your local paper. Keep it short and easy to read. Get quotes from people who are part of your effort. Lots of pictures are also important especially if you are reporting on an event that you did. People like

pictures and they especially like to see pictures of themselves in the newspaper! Action shots of kids are always great to have as well.

Paid Media

In addition to the earned media that is so important, you and your coalition might have some dollars available to pay for advertisements. Paid media such as advertisements placed on the radio or newspapers and billboards are most effective when they use messages that have been tested for their effectiveness. Often, ads designed in-house have minor impact and even worse, may have a message that is counterproductive to what you are trying to do. If you are going to spend your hard-earned money to purchase ads (print or radio) or billboards, we strongly encourage you to use ads that have

“ [We want to support our policy by] creating a stronger public awareness campaign through the media channels such as Radio, T.V., and Newspaper. ”

– Deanna Bear Catches
Standing Rock Sioux Tribe

been developed and tested. It is really a good idea to consult with your Regional Tobacco Prevention Coordinator who can work with the South Dakota Tobacco Control Program to help you find the best way to get your message out in your community. The **Tribal Smoke-free Policy Toolkit** sponsored by the National Native Network has several examples of media that have been developed by tribes across the country. Also CDC’s **Media Campaign Resource Center** is another great source of effective paid media.

If your budget is limited, focus on tribal newspapers and radio stations. Many will “match” the number of paid advertising spots (i.e. for every ad you purchase, they will run one – or possibly more – for free). Local newspapers and radio will also frequently run community announcements for free if you explain that it’s for a good cause.

Posters and Flyers

Community bulletin boards are an excellent and low cost way to help get out the word in tribal communities. Develop a colorful poster or flyer and get lots of copies made. Put them up wherever possible – tribal offices, community center, library, stores, gas stations – you name it! If you’ve seen a poster there, then go there and put one up to highlight your event!

Deliver The Goods

Get the information into the hands of the media as many ways as possible. One of the best ways to communicate is in person. Take a copy of the media advisory to the radio station or newspaper. That way they are able to associate your face with the issue and event. Personal contact is essential. Usually folks at newspapers and radio stations are very busy but they are still interested in people and in news! There’s also a good chance that someone on your coalition will know someone there so an even stronger connection can be made. Unlike big city locations, our local tribal media tend to have very few staff and sometimes the staff is volunteer. Be aware of the time you spend with them but be polite and get your message across quickly.

In addition to hand-delivering the information, sending it via fax or email is also an option. Mailing is not the best way to get the advisory or release in their hands.

SUMMARY OF ACTIVITIES *(in this section)*

Type of Activity	Name of Activity	Page Number
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Event	Bag o' Butts for Tobacco-Free Parks	7-14
Event	Earth Day (including Smoke-Free Cars & Homes)	7-16
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Event	Everybody Loves a Parade: Freedom From Addiction	7-20
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Great American Smokeout

Type of Activity:

- Community Education and Organizing
- Opportunity for Earned Media

Description:

For over 35 years, the Great American Smokeout (GASO) has maintained an annual tradition of encouraging people to try to stop smoking for just one day. The Great American Smokeout, and the American Cancer Society continues its legacy of providing free resources to help smokers quit. The Great American Smokeout was inaugurated in 1976 to inspire and encourage smokers to quit for one day. Now, 39.8% of the 43.4 million Americans who smoke have attempted to quit for at least one day in the past year, and the Great American Smokeout remains a great opportunity to encourage people to commit to making a long-term plan to quit for good.

As part of GASO, your community coalition could sponsor an event such as a parade or a Smoke-Free Film Fest to draw attention to the topic of commercial tobacco use.

Target Population:

- Adults
- Youth (all ages)

Cost:

- \$0 and up – depends on types of activities planned

What's Needed:

- A large number of materials are available from the American Cancer Society
<http://www.cancer.org/Healthy/StayAwayfromTobacco/GreatAmericanSmokeout/>

Time of Year or Linkage to Special Event:

Third Thursday in November

2-3 Months before event:

- Contact your local/regional American Cancer Society office to get the most up-to-date information on GASO materials.
- Recruit local businesses, colleges, and other local organizations to participate in GASO.
- Contact Tribal Chairman to issue proclamation for GASO (see CDC information below for sample).

6 weeks before event:

- Order materials from the American Cancer Society.

3 weeks before event:

- Send out emails to participating organizations. These e-mails can be forwarded to employees (see ACS information noted below).
- Send out notice to your local radio station and tribal newsletter and newspaper on the GASO events happening in your community.
- Develop public service announcement for your radio station to let community know about GASO.

1 week before event:

- Get materials out to participating organizations.
- Finalize event preparations.

Resources:

- Centers for Disease Control & Prevention: <http://www.cdc.gov/tobacco/calendar/index.htm>
- American Cancer Society: <http://www.cancer.org/Healthy/StayAwayfromTobacco/GreatAmericanSmokeout/ToolsandResources/resources>



Great American Spit Out (Through with Chew Week)

Type of Activity:

- Community Education and Organizing
- Opportunity for Earned Media

Description:

Through With Chew Week (TWCW) and the Great American Spit Out were designed to raise awareness about the negative effects of spit tobacco use. Through With Chew Week is held the third full week of February each year. The Great American Spit Out (GASpO) is held on the Thursday of Through With Chew Week. It gives spit tobacco users the inspiration to quit for a day or even longer.

Target Population:

- Adults
- Youth (all ages)

Cost:

- \$0 and up – depends on the types of activities planned

What's Needed:

- The Through With Chew Week Toolkit (<http://www.throughwithchew.com/>) has a wealth of information regarding events that can be done in your community.

Time of Year or Linkage to Special Event:

Through With Chew Week is held on the third full week of February each year and the Great American Spit Out is held on the Thursday of that week.

2-3 Months before event:

- Pull together a planning team to determine what activities you will do for TWCW. The TWCW Toolkit has a list of over 20 activities that can be done in your community with complete information for planning.

Resources:

- Through With Chew program website: <http://www.throughwithchew.com/home.aspx>
- “How to Conduct a Through With Chew Week” brochure: http://www.throughwithchew.com/cms_uploaded/pdfs/TWCWbroFINALweb.pdf
- My Last Dip – an interactive website that helps young spit tobacco users quit: www.mylastdip.com (for tobacco users) or <http://info.mylastdip.com/index.jsp> (information about the program)



Kick Butts Day**Type of Activity:**

- Community Education and Organizing
- Opportunity for Earned Media

Description:

Kick Butts Day is a national day of youth activism that helps youth and young adults to speak up and take action against commercial tobacco use at more than 1,000 events from coast to coast. Students from college campuses across the country hold hundreds of different events and activities that call attention to the problems caused by Big Tobacco and its attempts to market to youth and young adults. Thousands of

youth in every state and around the world will let Big Tobacco know that they will not be controlled by the industry.

These events will help mobilize students to raise awareness about the problems of commercial tobacco use on your campus and in the community. The event will help empower young adults to stand out, speak up and seize control against Big Tobacco with fun, educational activities and events

Target Population:

- Adults
- Youth (all ages)

Cost:

- \$0 and up – depends on the types of activities planned

What’s Needed:

- <http://www.kickbuttsday.org/resources/downloads.php> has a wealth of information regarding events that can be done in your community.

Time of Year or Linkage to Special Event:

Kick Butts Day is always held in March.



Bag o’ Butts for Tobacco-Free Parks

Time:

1 hour to 1 day activity; takes about 2 weeks to plan

Goals and Objectives:

- Increase commercial tobacco awareness
- Increase support for commercial tobacco-free parks and community

Cost:

Less than \$30

Materials:

gloves, clear trash bags

Description:

Parks, pow-wow grounds, athletic fields and other types of outdoor recreation areas are supposed to be places where community members can go to experience a healthy environment being in the fresh air. Unfortunately many of these places can be quite unhealthy due to the large number of cigarette butts found all over the ground. This activity will showcase how many cigarette butts there are at a given location and will help publicize the need for parks and other recreation areas to be commercial tobacco-free.

Target Population:

- Adults
- Youth (all ages)

Time of Year or Linkage to Special Event:

Can be done at any time but late spring, summer or fall are best. This event is great to do in conjunction with Earth Day (April) or it can be linked to the Great American Smokeout.

6 weeks before event:

- Locate a park or other outdoor recreation area as your focus. Determine if you need to get any special permits to conduct a clean-up of the park.

3 weeks before event:

- Line up volunteers to help. Many hands make light work!
- Consider challenging a variety of groups like the YMCA, Habitat for Humanity, Boys and Girls Club, 4-H Clubs, etc. to a contest to see who can collect the most cigarette butts.

1 week before event:

- Confirm volunteers.

Day of the event:

- Have some food available for volunteers.
- Pick up all trash at the location. Separate the cigarette butts into a separate clear trash bag. Dispose of other garbage but keep the bag of cigarette butts.

After the event:

- You should probably have a pretty large number of cigarette butts. Depending on how many cigarette butts were collected – if you would like to have more – schedule another clean-up day soon.
- After you have collected a large number of butts, schedule a time to meet with your Tribal Council to show the members what you have collected. Let them know over what period of time these butts were collected. Share with them the facts about the dangers of cigarette litter and the need for smoke-free outdoor recreation facilities. Some suggested talking points:
 - Parks are established to promote healthy activities. The purpose of park areas is to promote community wellness, and tobacco-free policies fit with this idea.
 - Secondhand smoke harms everyone. The Surgeon General has determined that secondhand smoke is a human carcinogen for which there is no safe level of exposure. Exposure to secondhand smoke has immediate health consequences on the cardiovascular and respiratory systems.
 - Secondhand smoke is harmful in outdoor settings. According to Repace Associates, secondhand smoke levels in outdoor public places can reach levels as high as those found in indoor facilities where smoking is permitted.

- Cigarette litter is dangerous. Discarded cigarettes pollute the land and water and may be ingested by toddlers, pets, birds, or fish.
- Commercial tobacco-free policies help change community norms. Tobacco-free policies establish the community norm that commercial tobacco use is not an acceptable behavior for young people or adults within the entire community.
- Commercial tobacco-free environments promote positive community role modeling and protect the health, safety, and welfare of community members.
- Let your local newspaper, tribal newsletter and radio station know that you are going to present your findings (literally) to the administration. At the meeting you should have a fact sheet that outlines what you found and what action you want taken – this can be given to the local media. Take pictures of the “Bag o’ Butts” and send them to your local newspaper and tribal newsletter.

Resources:

- The Billions of Butts (BOB) project of Forget Tobacco (<http://forgettobacco.com/portfolio/butts/>) provides a free butts clean-up kit with gloves and plastic bags.
- The Cherokee Nation developed an excellent guide on tobacco-free parks. The guide, “Tobacco-Free Policy for City Parks: An Implementation Guide” is available at http://www.cherokee.org/Docs/Org2010/2012/1/31664Tobacco_Free_Park_Implementation_Guide.pdf
- TFYR Policy Maker’s Guide to Tobacco Free Parks, Playgrounds and Athletic Facilities: http://www.tobaccofreeparks.org/documents/Policy_Makers_Guide.pdf
- Presentation on Minnesota’s Tobacco-Free Parks effort: www.ttac.org/tcn/materials/ppts/06.07.06/McFadden--TCN%20national%20conference%20call.ppt
- Americans for Non-Smokers’ Rights’ list of municipalities with smoke-free park laws: <http://no-smoke.org> and link to lists of other smoke-free outdoor areas: <http://www.no-smoke.org/goingsmokefree.php?id=519#outdoor>

Source: South Dakota Community Tobacco Use Prevention Toolkit and Kick Butts Day, Campaign for Tobacco Free Kids



Earth Day: Keep It Green, Keep the Air Clean *Including Smoke-Free Homes and Cars*

Type of Activity:

- Community Education and Organizing
- Opportunity for Earned Media

Description:

Since a clean and healthy planet is the focus of Earth Day, this is a great time to focus on clearing the air of secondhand smoke. Environmental organizations and other community groups frequently have Earth Day events and this activity can be an important part of a community event. Give Earth Day Festival

participants a chance to show their creativity and paint a mural on canvas to demonstrate the impact to tobacco use, cigarette litter and secondhand smoke to the planet. This is an activity that can be done in conjunction with a school group or other youth group.

Target Population:

- Adults
- Youth (all ages)

Cost:

- \$0 to \$50 for art supplies

What's Needed:

- A large piece of stretched canvas that can be painted on
- Art supplies (paints, brushes)
- Smoke-free home pledges
- Smoke-free car pledges
- Pledges to not litter with cigarette butts
- Information on secondhand smoke and quitting
(SD QuitLine – free from the DOH resource list at <http://doh.sd.gov/catalog.aspx>
- click on “Tobacco Prevention”)

Time of Year or Linkage to Special Event:

Earth Day is April 22nd

2-3 months before event:

- Contact local environmental organizations to see if they are planning an Earth Day Festival. Community college or college campuses frequently have such events. Register to have a table at the event.

3 weeks before event:

- Confirm arrangements for table. Schedule volunteers to work the event.
- Purchase or locate art supplies and canvas. Canvas will need to be free-standing or stretched between 2 sturdy poles.
- Order materials for the event (QuitLine materials, smoke-free home and car pledges, etc.)

1 week before event:

- Confirm volunteers.
- Check out location to make sure that the canvas will work in the location.

Day of the event:

- Arrive to set up table at least 1 hour early to secure the canvas in a sturdy location.

Resources:

- CDC Earth Day Activities:
http://www.cdc.gov/tobacco/calendar/apr/earth_day/index.htm
- Environmental Protection Agency Smoke-free Homes and Cars Program:
<http://www.epa.gov/smokefree/>
- Smoke-free Homes and Cars Pledge:
http://www.epa.gov/smokefree/pdfs/certificate_en.pdf



Smoke-free Homes and Cars**Type of Activity:**

- Community Education and Organizing

Description:

The home and car are the common sources of exposure to secondhand smoke for children. An estimated 20% of U.S. children 6 years of age or younger are regularly exposed to secondhand smoke in the home. Protecting children from secondhand smoke is especially important because their bodies are growing and developing. Secondhand smoke poses a serious health risk for children resulting in respiratory infections such as bronchitis and pneumonia, middle-ear infections, and more frequent and severe asthma attacks. Secondhand smoke exposure has also been linked to low birth weights and Sudden Infant Death Syndrome (SIDS). In South Dakota an average of 79 babies die each year before their first birthday, many of them being Native babies. American Indians have infant death mortality rates that are twice that of the White population in South Dakota. South Dakota also ranks the fifth highest in the United States for mothers who smoked during pregnancy – 30% of American Indian women smoked during pregnancy vs. 16.6% for White population. Providing parents with information on why they need to make their homes and cars smoke-free will protect children and will improve their health.

Target Population:

- Parents
- Children

Cost:

- \$0 to \$75 depending on materials purchased.

What's Needed:

- The Environmental Protection Agency's (EPA) "Smoke-free Homes and Cars" campaign provides wonderful information targeted at parents as well as adults.

Time of Year or Linkage to Special Event:

This activity could be done at any time of year. Tying an activity to Mother's Day (May), Father's Day (June), Earth Day (April 22) or the Great American Smokeout (November) would also be effective.

Steps to Take to Help Parents Create a Smoke-free Home and Car (ideas from the EPA's Community Action Kit):

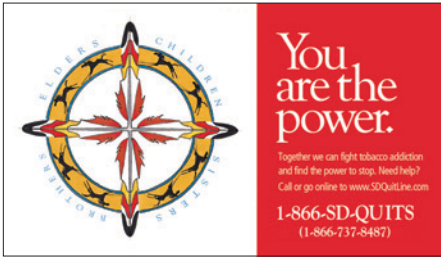
- Host a Community Baby Shower to showcase the need for smoke-free homes and cars. Showers can provide information on a wide range of health topics such as secondhand smoke, child nutrition, asthma, and lead screening.
 - Set up a display area at the community baby shower. Consider using the Smoke-free Homes Display Booth and Smoke-free Homes Banner. You can distribute copies of the Smoke-free Home Pledge Brochure and Smoke-free Home Pledge Poster and a customized fact sheet to educate expectant parents about the dangers of secondhand smoke.
 - Conduct a Smoke-free Home Pledge drive based on EPA's Planning Guide for Pledge Events to collect pledges at the baby shower.
 - Provide giveaways promoting your smoke-free homes program. Consider including Smoke-free Homes magnets, coasters, window stickers, placemats, and posters.
 - Educate baby shower participants about the connections between secondhand smoke and asthma. Dusty the Asthma Goldfish and His Asthma Triggers Funbook is a fun activity for young children accompanying parents to the baby shower to learn about asthma and secondhand smoke. You can educate parents about steps they can take to reduce asthma triggers in the home by distributing Clearing the Air: 10 Steps to Making Your Home Asthma-Friendly and Help Your Child Gain Control Over Asthma.



- Create a powerful visual to use at pledge events. A doll seated in a high chair with its tray covered in cigarette butts (encased in a clear plastic resin) is a very eye-catching and thought provoking image (see photo right). The same type of visual can be created with a car seat and a baby bottle filled with cigarette butts.
- Work with parenting groups (Mothers of Preschoolers, church groups, etc.) to get out information about smoke-free homes and cars. Conduct a pledge event with them.
- Coordinate with your local Women Infants and Children (WIC) program to set up an informational booth and pledge event at a clinic.
- Reach out to Headstart programs to set up a booth during registration or send home information on secondhand smoke or smoke-free home pledges in children's backpacks.
- Talk with your local food bank, food pantry, or commodities distribution center to plan a smoke-free pledge event during a pick-up day.

Resources:

- The Northern Plains Tribal Tobacco Technical Assistance Center has developed a smoke-free homes pledge along with supporting materials such as window clings (see previous page). These are available at <http://www.aatchb.org/nptpp/index.html> (Note: website is being revised and will be available in mid-May 2012).
- EPA Smoke-Free Homes Community Action Kit: http://www.epa.gov/smokefree/pdfs/community_action_kit.pdf
- Clean Air for Healthy Children, a project of the Pennsylvania Chapter of the American Academy of Pediatrics, <http://www.cleanairforhealthychildren.org/index.cfm>



Everybody Loves a Parade: Celebrating Freedom from Addiction

Type of Activity:

- Community Education and Organizing
- Opportunity for Earned Media

Description:

Parades are a terrific way to educate your community – and it’s fun! If your community has a parade celebrating a summer festival or other event, think about how your tobacco prevention coalition can get involved. Here’s an example of how to tie in your issue with a 4th of July parade. This is a great opportunity to celebrate those who have achieved true freedom – freedom from addiction. Celebrate your local quitters with a variety of Independence Day-themed activities including a float in the parade and media related to the success of these quitters. Quit kits, gum and information on the South Dakota QuitLine are great items to pass out during the parade.

Target Population:

- Adults especially those who have quit using tobacco or those who want to quit
- Youth (older)

Cost:

- \$50 and up (depending on parade entry fees, how elaborate of a float you want to build, and distribution items)

What’s Needed:

- Materials for float (trailer, lumber, crepe paper, balloons, poster board, cardboard, bunting, fabric, paint, markers, etc.)
- A vehicle to pull the float in the parade
- Adults and youth who have quit smoking to be on the float.
- T-shirts that say, “I’ve quit smoking. Ask me how!” or “Quit Yet?”
- Materials from the South Dakota QuitLine (<https://apps.sd.gov/applications/PH18Publications/secure/Puborder.asp>, click on “Tobacco Prevention”)

Time of Year or Linkage to Special Event:

4th of July or any other time of year that your community is having an annual celebration or parade.

2-3 Months before event:

- Contact parade organizers to get information on entering parade.
- Identify local community members (adult and youth) who have quit smoking. Contact them to see if they will participate in this event.
- Form a float-building team. Make sure you have someone that is familiar with building floats on the team. Start developing a design for your float.

4 weeks before event:

- Finalize the design for the float and start assembling materials. Contact local merchants to see if they would be willing to donate supplies.
- Contact your local newspaper to see if they would be willing to write a story on the successful quitters who will be part of the float. Typically local papers have lots of photos of the 4th of July parade and this would be a nice tie-in with pictures of the float.
- Order materials from the QuitLine.

2 weeks before event:

- Start building the float.
- Continue to work with local media on the stories of the quitters.

1 week before event:

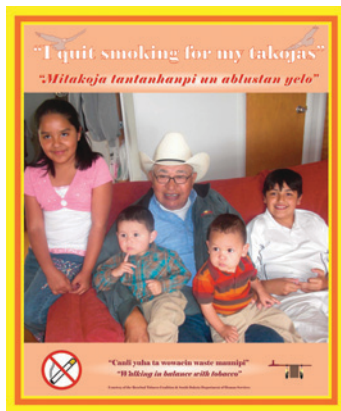
- Confirm adult and youth successful quitters to be on the float.
- Have materials in hand.
- Make sure that your towing vehicle works with the design.

Day of the event:

- Have everyone at the parade start site at least an hour before the parade begins
- Have some adults and youth to ride on the float and toss out gum; some can walk alongside the float and handout QuitLine materials.

Resources:

- CDC Ideas for Independence Day:
http://www.cdc.gov/tobacco/calendar/jul/independence_day/index.htm



New Year, New You! QuitLine promotion

Type of Activity:

- Community Education and Organizing
- Opportunity for Earned Media

Description:

The first of the year is a traditional time for people to resolve to stop smoking. Unlike so many previous efforts to quit, this year can be the year to succeed as a result of the South Dakota QuitLine. Getting lots of information out into communities before the end of the year and during January is critical to help support efforts to quit.

Target Population:

- Adult tobacco users
- Teen tobacco users

Cost:

- \$0 if using South Dakota Department of Health materials

What's Needed:

- SD QuitLine promotional material (magnets, brochures, business cards, posters, etc.) available at: <https://apps.sd.gov/applications/PH18Publications/secure/Puborder.asp> - click on "Tobacco Prevention".

Time of Year or Linkage to Special Event:

New Year's Day

2-3 months before event:

- Identify local community members (adult and youth) who have quit smoking. Contact them to see if they would be willing to be identified to help promote quitting for New Year's.
- Contact your local newspaper to see if they would write a story on a local quitter to highlight a New Year's resolution story. Newspapers are frequently short-staffed around the holidays and they would welcome the opportunity to develop a local story early.

3 weeks before event:

- Make sure that SD QuitLine promotional materials are everywhere in your community. Good places to make sure that have a stock of supplies are physicians' offices, community centers, gym and fitness facilities, grocery stores, gas stations, Laundromats, day care facilities, casinos and bingo halls, etc.
- See if there is going to be a fitness event (run, walk) in your community on New Year's Day. If so, connect with the planners and provide them with materials.

1 week before event:

- Double-check the supply of promotional materials.

1 week to 1 month after event

- Follow-up with anyone who made a resolution to quit in the same form that you originally promoted the New Year's resolution to quit (for example, if you published an article in the newspaper, run another article to let potential quitters know if they've had slip-ups that it's not too late to try again and be successful). This is also a good time to replenish promotional materials throughout your community.

Resources:

- South Dakota Department of Health website to order materials: <https://apps.sd.gov/applications/PH18Publications/secure/Puborder.asp> (select the "tobacco" tab)



Smoke-free Film Fest

Type of Activity:

- Community Education and Organizing
- Opportunity for Earned Media

Description:

As a counter to the hype of tobacco-filled films, host your own film fest with movies that do not have any tobacco images included. This is a great activity to do with youth organizations or a family fun night event. Gather up some of the best youth-rated G, PG and PG-13 films that do not have any tobacco imagery included and fire up the DVD player!

Target Population:

- Adults
- Youth (all ages)

Cost:

- \$50 and up

What's Needed:

- Film DVDs
- Projection equipment and screen
- Refreshments

Time of Year or Linkage to Special Event:

This could be done any time of the year but around the Academy Awards (February) could be a good time to do an event like this. Or take advantage of cool summer evenings to do a home-made drive-in by hanging up a white screen (or sheet) and project the film on it after the sun goes down.

4 weeks before event:

- Find a location that provides comfortable seating as well as has projection equipment for showing DVDs – perhaps a community center or school has an auditorium that could be used for an evening event.
- Select the films that will be shown. The website for Smoke Free Movies (http://www.smokefreemovies.ucsf.edu/problem/now_showing.html) has a list of current films that don't have (as well as those as do have) tobacco imagery. Another list is found in DVD Danger (see resource list).
- Develop a poster to describe the event and distribute around your community.
- Get the word out to youth groups in your area.
- Send a community calendar item to your local radio stations and newspaper.

1 week before event:

- Arrange for refreshments – popcorn, anyone?
- Send a reminder notice to local media about the event.
- Recruit a teenager to talk about the impact of smoking in movies on youth.
A PowerPoint presentation can be found at Screen Out! (see resource below)

Day of the event:

- Set up the screening area
- Pop the popcorn
- Enjoy – it's showtime!

Resources:

- Smoke Free Movies: http://www.smokefreemovies.ucsf.edu/problem/now_showing.html
- DVD Danger Action Kit: http://smokefreemovies.ucsf.edu/pdf/DVDanger_09.pdf
- Screen Out!: A Parent's Guide to Smoking, Movies and Children's Health:
<http://smokefreemovies.ucsf.edu/pdf/Screen%20Out%20Guide%20v2%20ForWeb.pdf>



Tobacco-Free Moms and Dads

Type of Activity:

- Community Education and Organizing
- Opportunity for Earned Media

Description:

Mother's Day and Father's Day offer a great opportunity to remind parents that their health has a huge influence on their children. It is also a good time to remind parents that on these special days that they need to remember the important role they play in influencing their children's choices about smoking and in protecting their own health so they can be there for their children.

According to the Campaign for Tobacco-Free Kids, this Mother's Day 30 kids under 18 in South Dakota will have lost their mother this year due to cigarette smoking. And on Father's Day, 90 kids in the state will be without their dads due to smoking-caused deaths.

Tobacco use hurts families in so many ways. Children from families with smokers are twice as likely to become smokers themselves, suffer the health consequences of secondhand smoke exposure, and are at risk of losing a loved one – even your own mother or father – to smoking. All mothers and dads, smokers and non-smokers alike, can celebrate Mother's Day and Father's Day by talking to their kids about smoking and taking simple precautions to avoid exposing their children to secondhand smoke.

Target Population:

- Parents

Cost:

- \$0

What's Needed:

- Using the data provided by the Campaign for Tobacco-Free Kids, develop a press release to send to local media to highlight the impact that smoking has on families.
- Develop an event to highlight tobacco-free Mother's Day or Father's Day with a local church.

Time of Year or Linkage to Special Event:

Mother's Day (May) and Father's Day (June)

Resources:

- Celebrate a Smoke-free Mothers Day:
<http://www.tobaccofreekids.org/research/factsheets/pdf/0258.pdf>
- Mother's Day Data on Smoking and Related Harms:
<http://www.tobaccofreekids.org/research/factsheets/pdf/0257.pdf>
- Father's Day Data on Smoking and Related Harms:
<http://www.tobaccofreekids.org/research/factsheets/pdf/0236.pdf>
- Celebrate a Smoke-free Father's Day:
<http://www.tobaccofreekids.org/research/factsheets/pdf/0237.pdf>



Tobacco Prevention Walk & Talk**Type of Activity:**

Community Education

Description:

This is a great event to promote health and wellness as well as raise community awareness of the dangers of second-hand smoke. Many tribal communities are accustomed to “walking for a cause” so plan a 1-2 mile walk and invite local, state or national speakers to talk about the benefits of becoming a smoke-free tribal community. It is nice if you can provide water, healthy snacks or a light meal during the talk. Be sure to identify the walkers with a banner or t-shirts so bystanders know the purpose of the walk. A drum group can be a great option to lead the walkers and set the pace.

Target Population:

All ages (be sure to invite Tribal Council members)

Cost:

You can keep the costs down for this event by getting donations or by not providing honoraria for speakers. Here is an example of a budget that one tribal coalition used for its event – this would probably be the upper end of cost for such an event:

- \$200 for speaker honorarium and mileage
- \$50 for each newspaper advertisement
- \$200 for drum group
- \$700 for t-shirts
- \$250 for sack lunches
- \$100 to print banners and posters

What's Needed:

- Banner for walkers to carry
- Beverages for walkers and optional meal
- Drum group and pick-up truck to lead the walk
- Speakers
- Posters to advertise
- Photographer to document the event
- Indoor location for a gathering place
- Support from local law enforcement to block traffic

Time of Year or Linkage to Special Event:

- Spring or Fall is optimal for weather
- Kick Butts Day is at the end of March
- Great American Smoke Out is at the end of November
- May is Asthma Awareness month
- November is Chronic Obstructive Pulmonary Disease (COPD) Awareness month

*Timeline for the Activity:***2 months before event:**

- Set a date
- Establish partner organizations to help
- Split up tasks among helpers
- Book speakers and drum group

4 weeks before event:

- Begin collecting donations for beverages and meal
- Order t-shirts
- Design and print posters and banner
- Invite newspaper staff to attend and take pictures or write a story on the event
- Contact radio stations to advertise
- Contact law enforcement to control traffic at event

1-2 weeks before event:

- Confirm plans with speakers, drum group and law enforcement
- Confirm location is secure
- Submit ads to newspapers
- Hang poster advertisements around town

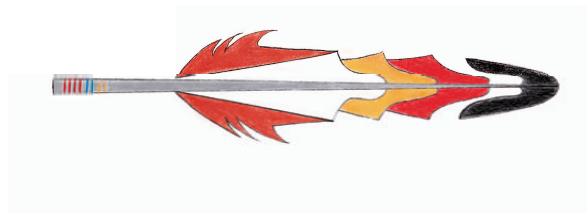
Day of the event:

- Remind radio stations to advertise event
- Have event announced over school and office intercoms
- Set up registration table for walkers
- Set up building for speakers and participants
- Prepare meal
- Handout cold beverages
- Position law enforcement officers at busy intersections to stop traffic
- Walk!

“*Being part of the Tobacco Prevention Walk and Talk event was great. It was an honor to be invited to be part of this community event and to share what I have learned in other communities working to be tobacco free. It was also a great learning experience for me -- I gained far more than I contributed by being part of this event by witnessing firsthand the passion of the community to be tobacco free.*”

– Jennifer Stalley
South Dakota Director
of Government Relations for
the American Cancer Society

Section 8: RESOURCES



RESOURCES

The following list of resources is provided to help continue your work in commercial tobacco control and prevention.

In this list you will find South Dakota resources, national resources, smoking cessation resources, coalition building resources, and activity resources to enhance your coalition and programming efforts.

Many resources located in the National Resources category also include information about activities that can be planned in your community.

South Dakota Resources

South Dakota Department of Health Tobacco Control Program

<http://doh.sd.gov/Tobacco/Default.aspx>

Provides information on the Tobacco Control Program mission, strategic plan, grant and training opportunities, and resources to support local commercial tobacco use prevention work.

Free educational material available at:

<https://apps.sd.gov/applications/PH18Publications/secure/Puborder.asp>

Click on the “Tobacco Prevention” category on the left side of the page to be directed to the Program’s materials page.

South Dakota Department of Health Tobacco Control Program, Regional Tobacco Prevention Coordinators

<http://doh.sd.gov/Tobacco/Contacts.aspx>

Tobacco Prevention Coordinators deliver services in four regions across the state. A map, along with contact information for each region and for the statewide office is provided on this site.

Tobacco Rethink It – South Dakota website for youth

<http://www.rethinktobacco.com>

Provides information on tobacco from a youth perspective and includes a variety of resources to provide teens with the tools they need to understand how the tobacco industry is targeting them and how to fight back. Includes links to a variety of resources including videos, posters and more, all geared toward teens.

Be Free South Dakota

<http://www.befreesd.com>

Be Free South Dakota is a continuously updated resource that state residents and visitors can use to find tobacco-free places to live, work, and play. And if you’re a business owner in South Dakota, this site shows the many benefits of having a tobacco-free workplace!

Great Plains Tribal Chairmen’s Health Board (formerly known as the Aberdeen Area Tribal Chairmen’s Health Board)

<http://gptchb.org/>

The Health Board provides public health technical assistance, supports research needs and provides advocacy for the 17 federally recognized tribes in the Aberdeen Area, representing the Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Flandreau Santee Sioux Nation, Lower Brule Sioux Tribe, Oglala Sioux Tribe, Rosebud Sioux Tribe, the Santee Sioux Nation, Sisseton-Wahpeton Oyate, Spirit Lake Nation, Standing Rock Sioux Tribe, Yankton Sioux Tribe, Three Affiliated Tribes (Mandan, Hidatsa, and Arikara), the Turtle Mountain Band of Chippewa, the Winnebago Tribe of Nebraska, the Omaha Tribe of Nebraska, the Ponca Tribe of Nebraska, the Sac and Fox Tribe of the Mississippi in Iowa, and one Indian Service Area – Trenton Indian Service Area, with an estimated enrolled membership of nearly 170,000 in the four-state region of SD, ND, NE and IA.

Northern Plains Tribal Tobacco Technical Assistance Center (NPTTTAC)

<http://www.sacred-life.org>

This site includes fact sheets, newsletters, Comprehensive Tobacco Educator (CTE) training modules, services, and other downloadable items.

Phone: (605) 721-1922

NPTTTAC is a program under the umbrella of the Northern Plains Health Promotion Programs which is a program of the Great Plains Tribal Chairmen’s Health Board. Services are designed to strengthen commercial tobacco and control efforts with tribal leadership, tribal health professionals, tobacco stakeholders, tribal schools, Indian Health Service leadership and staff, and other tribally-based organizations and organizations that serve American Indian populations. NPTTTAC honors the difference between sacred tobacco and commercial tobacco; provides culturally relevant health education materials; and recognizes the importance of networking and building close relationships to share limited resources. The booklet *Sacred Willow: Keeping Tobacco Sacred* is available through this office.

National Resources

American Cancer Society

<http://www.cancer.org>

In the Stay Healthy/Stay Away from Tobacco section of the American Cancer Society’s website, a variety of information related to smoking and its effects is available. Information for cessation, creating smoke-free communities, and the Great American Smokeout are also provided at this site.

American Heart Association

<http://www.heart.org>

The American Heart Association is a national voluntary health agency whose mission is to build healthier lives, free of cardiovascular diseases and stroke. AHA encourages Americans to adopt healthier lifestyles, and advocates for health issues and research funding to support its mission.

American Lung Association

<http://www.lung.org>

The American Lung Association provides many tobacco control resources and in-depth information that emphasizes the risk of smoking to health especially with regard to developing lung conditions related to smoking or secondhand smoke.

Americans for Nonsmokers' Rights

<http://www.no-smoke.org>

Founded in 1976, this organization works to promote the rights of nonsmokers. Smoke-free facts and information on how to be protected from secondhand smoke exposure in a variety of venues are provided on the website.

California Rural Indian Health Board

<http://www.crihb.org/health-resources/tobacco-control.html>

The California Rural Indian Health Board, Inc. (CRIHB) was formed in 1969 to enable the provision of healthcare to member Tribes in California. CRIHB develops and delivers policies, plans, programs, and services that elevate Indians' health status. CRIHB offers several trainings on tobacco and cultural competency.

Campaign for Tobacco-Free Kids

<http://www.tobaccofreekids.org>

The Campaign for Tobacco-Free Kids provides a variety of resources that include international, national, and state level statistics and reports. The Campaign also has many special reports and other free resources available on its website.

Centers for Disease Control and Prevention, Office on Smoking and Health

<http://www.cdc.gov/tobacco>

The Centers for Disease Control and Prevention (CDC), through its Office on Smoking and Health (OSH), is the lead federal agency for comprehensive tobacco prevention and control. The OSH website provides information on a variety of tobacco control and prevention topics including data, health effects, quit smoking information, youth prevention, program information, disparities, and media communications. Information is available both online and in print form when ordered through the website.

Center for Tobacco Products, US Food and Drug Administration

<http://www.fda.gov/TobaccoProducts/default.htm>

The Center for Tobacco Products (CTP) oversees the implementation of the Family Smoking Prevention and Tobacco Control Act. Some of the Agency's responsibilities under the law include setting performance standards, reviewing premarket applications for new and modified risk tobacco products, requiring new warning labels, and establishing and enforcing advertising and promotion restrictions.

ClearWay Minnesota

<http://www.clearwaymn.org>

ClearWay is an independent, Minnesota-based nonprofit organization that works to improve health by reducing tobacco use and exposure to secondhand smoke through research, action, and collaboration. Provides information on secondhand smoke, smoking cessation, and tobacco-related research.

Indian Health Service Tobacco Control and Prevention Program

http://www.ihs.gov/Epi/index.cfm?module=epi_tobacco_main

The mission of the Indian Health Service Tobacco Control and Prevention Program in partnership with American Indian and Alaska Native (AI/AN) people is to raise their physical, mental, social, and spiritual health to the highest level possible through prevention and reduction of tobacco-related disease.

Keep It Sacred

<http://www.keepitsacred.org>

This site is an online resource for the National Native Network, which is funded by the CDC. This website provides a large collection of culturally tailored, Native-specific resources, including The Tribal Policy Tool Kit which contains information to help plan and carry out efforts to implement an effective smoke-free policy appropriate for your tribal community (including talking points, community readiness assessments, sample resolutions and ordinances); a media center (print, audio, video) with tools that can be adapted for your community; data on the health impact of commercial tobacco in Indian Country; information regarding the traditional use of tobacco; national and local events; links to publications regarding tobacco in American Indian communities.

Keep Tobacco Sacred

<http://www.keeptobaccosacred.org>

This is the website for the Indigenous Cultural Wellness & Native American Tobacco Coalition of Montana. Information on policies as well as articles and photographs are available at this site. The coalition provides training on a variety of topics including youth organizing and mobilizing, community organizing, strategic planning, policy, prevention, coalition building, traditional tobacco, and more.

Kick Butts Day

<http://www.kickbuttsday.org>

Provides detailed planning guides and other information on how to plan a Kick Butts Day event as well as other youth-oriented programming and activities that can be done throughout the year.

Legacy Foundation

<http://www.legacyforhealth.org>

Founded through the 1998 Tobacco Master Settlement Agreement, the Legacy Foundation provides comprehensive information on a variety of tobacco-related topics including current sponsored campaigns, research, and news updates.

National Cancer Institute

<http://cancercontrol.cancer.gov>

<http://cancercontrol.cancer.gov/tcrb>

The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs related to cancer treatment and prevention. NCI's Tobacco Control Research Branch (TCRB) seeks to reduce cancer incidence and mortality caused by tobacco use through a comprehensive research program. To do this, TCRB provides recommendations to the scientific and public health communities by summarizing and publicizing research, and providing information on funding opportunities and other key initiatives.

National Congress of American Indians

<http://www.ncai.org>

Founded in 1944, the National Congress of American Indians is the oldest, largest, and most representative American Indian and Alaska Native organization serving the broad interests of tribal governments and communities.

Northwest Portland Area Indian Health Board

http://www.npaihb.org/health_issues/tobacco_abuse/

Established in 1972, the Northwest Portland Area Indian Health Board (NPAIHB or the Board) is a non-profit tribal advisory organization serving the forty-three federally recognized tribes of Oregon, Washington, and Idaho. The webpage for the Board's Tobacco Prevention Project contains data, reports, publications, and media.

Through With Chew – Wyoming Department of Health

<http://www.throughwithchew.com>

The Wyoming Department of Health created this website to provide information about tobacco prevention, education, activities, and cessation about tobacco chew or spit tobacco. There are activity suggestions, multicultural materials, and other information that will assist you in planning chew-related activities.

Tobacco Technical Assistance Consortium

<http://www.ttac.org>

The Tobacco Technical Assistance Consortium (TTAC) provides training, technical assistance, and products in all areas of tobacco prevention and control. TTAC maintains an excellent resource section on its website which links you to a broad network of resources across the country. The following TTAC tools are free and downloadable so you can easily share them or use them in your own training activities:

- Basics of Tobacco Control (BOTC) – Pathway to Change
<http://www.ttac.org/services/botc/TTACindex.htm>
- Tobacco 101 Version 3 Training Kit: A comprehensive guide to training public health practitioners on the basics of tobacco control
http://www.ttac.org/services/Tobacco_101/index.html

U.S. Department of Health and Human Services, Office of the Surgeon General

<http://www.surgeongeneral.gov/library/reports/tobaccosmoke/titlepage.pdf>

How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. (2010)

This is the 30th tobacco-related Surgeon General's report issued since 1964. It describes in detail the specific pathways by which tobacco smoke damages the human body. The scientific evidence supports the following conclusions:

- There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke – even an occasional cigarette or exposure to secondhand smoke – is harmful.
- Damage from tobacco smoke is immediate.
- Smoking longer means more damage.
- Cigarettes are designed for addiction.
- There is no safe cigarette.
- The only proven strategy for reducing the risk of tobacco-related disease and death is to never smoke, and if you do smoke to quit.

Coalition Building Resources

The Community Toolbox – University of Kansas

<http://ctb.ku.edu>

The Community Toolbox, provided by the University of Kansas, contains more than 7,000 pages of information to help build a healthy community. Example topic areas include developing and maintaining a coalition, creating a strategic plan, recruitment, media relations and leadership.

From the Ground Up! A Workbook on Coalition Building and Community Development, 2002 edition – Gillian Kaye and Tom Wolff, Editors

Order online; perform a book search through an online book retailer.

This book provides information on coalition building and community development. Many worksheets and activities are provided that you can use to help build your coalition and create a healthy community.

Learning Center - TTAC

<http://learningcenter.ttac.org>

The Learning Center, provided by TTAC, consists of six modules that will help build your tobacco control advocacy skills. Modules include: Build a Coalition, Policy Advocacy, Media Advocacy, Tobacco Basics, Program Planning and Evaluation, and Eliminating Disparities.

Organizing for Social Change: Midwest Academy Manual for Activists, 2001 – Kim Bobo, Jackie Kendall, and Steve Max of the Midwest Academy

Order online: <http://www.midwestacademy.com/midwest-academy-manual>

This manual provides in-depth knowledge and how-to knowledge in order to create effective change within the community.

Reaching Higher Ground: A guide for preventing, preparing for, and transforming conflict for tobacco control coalitions – TTAC, E. Franklin Dukes and Madeleine Solomon (editor)

http://ttac.org/services/pdfs/Higher_Ground.pdf

This TTAC guide provides coalition-related information especially with regard to preparing for and dealing with conflict. Packed with information, tools, and resources, this guide is an asset to coalition work.

Volunteering in America – Corporation for National and Community Service

<http://www.volunteeringinamerica.gov>

This national government website provides national, regional, and state level data and statistics about volunteerism. There is also a tools and training section that provides information on recruitment, retention, and other relevant topics when working with volunteers.

CDC Best Practices User Guide for Communities

http://www.cdc.gov/tobacco/stateandcommunity/bp_user_guide/index.htm

Quitting Smoking or Spit Tobacco (Cessation) Resources

South Dakota QuitLine - Phone Service: 1-866-SD-QUITS (1-866-737-8487)

The SD QuitLine provides telephone-based tobacco cessation services to help tobacco users in SD quit. The QuitLine offers:

- Free written materials to assist tobacco users who are ready to quit or trying to stay quit
- Free telephone counseling delivered by culturally competent, trained health coaches
- Access to free cessation medication
- Referrals to other cessation services (if interested)

www.SDQuitLine.com

Offers SD residents free access to the following resources to make your quit attempt easier:

- Latest information & research-based tools
- Tailored motivational messages
- Links to other resources

All Nations Breath of Life

<http://www.anbl.org>

Developed by the University of Kansas Medical Center and the American Lung Association, it is the first culturally tailored internet website site devoted to Native American lung health and smoking cessation.

Second Wind

Smoking cessation program created by Cynthia Coachman of the Muskogee (Creek) Nation. The Second Wind curriculum is a modification of Freedom From Smoking, and was designed especially for American Indian and Alaska Native people. Second Wind incorporates issues relevant to help American Indian people successfully quit tobacco and presents a program that is easily understood. Information on this program and training opportunities can be obtained from the **Northern Plains Tribal Tobacco Technical Assistance Center**.

Smokefree.gov

<http://www.smokefree.gov>

Online materials, including info on state telephone-based programs.
Links with 1-800-QUITNOW (1-800-784-8669).

My Last Dip

<http://mylastdip.com> (for tobacco users)

<http://info.mylastdip.com/index.jsp> (information about the program)

An interactive website that helps young spit tobacco users quit.

Become an EX

<http://www.becomeanex.org>

The **EX** Plan is a free quit smoking program that helps you re-learn your life without cigarettes. Before you actually stop smoking, the program will show you how to deal with the very things that trip up so many people when they try to quit smoking, so you'll be more prepared to quit and stay quit.

Policy Resources

Americans for Nonsmokers' Rights (ANR)

<http://www.no-smoke.org/learnmore.php?id=738>

Located within the "Native Communities" section of the ANR website, there is a link to order the new smoke-free tribal gaming brochure. As countries, states, and municipal governments move toward securing smoke-free workplaces and public spaces for their citizens, smoke-free policies are becoming the norm. Tribal governments also have a unique opportunity to protect those individuals residing, working, or visiting in sovereign tribal lands. In a collaborative project with the National Native Network and the ANR Foundation, a new publication, Smoke-free Tribal Gaming - Breathe Easy, can now assist Native Communities as they advance toward smoke-free gambling.

Indigenous People's Task Force, Creating Healthier Policies in Tribal Casinos (2007)

http://www.indigenouspeoplesf.org/pdfs/CasinoTribalReportfinal_8_2007b.pdf

This report aims at providing tribal leaders background information to the complex issue of smoke-free policies in tribal casinos in order to generate dialogue and action among themselves and the communities they represent.

Northwest Portland Area Indian Health Board, Tribal Tobacco Policy Handbook (2005)

http://www.npaihb.org/images/projects_docs/WTPP//Final%20Policy%20Workbook.pdf

Since 1995, the Tribal Tobacco Policy Workbook has remained among the most comprehensive guides for achieving tobacco policy change in Tribal communities. With step-by-step guidance, this workbook has served as a resource for tribes throughout North America to write, pass, and enforce tobacco-related policies.

Tribal Tobacco Policy Toolkit

<http://www.KeepItSacred.org/toolkit/>

Will assist your efforts to plan and implement an effective smoke-free policy that is appropriate for your tribal community. The toolkit contains the benefits of smoke-free policies, community readiness assessments, and sample resolutions and ordinances that can be adapted to meet your needs.

Smoke-Free Casinos

http://www.KeepItSacred.org/network/index.php?option=com_content&view=article&id=377:list-of-smoke-free-casinos&catid=947:smoke-free-casinos&Itemid=114

Provides an updated list of smoke-free tribal casinos.

Tobacco Control Legal Consortium

<http://www.PublicHealthLawCenter.org/programs/tobacco-control-legal-consortium>

The Tobacco Control Legal Consortium is America's award-winning legal network for tobacco control policy. Drawing on experts in its eight affiliated legal centers, the Consortium works to assist communities with tobacco law-related issues, ranging from smoke-free policies to tobacco control funding laws to regulation of flavored cigarettes. The Consortium's team of legal and policy specialists provides legislative drafting and policy assistance to community leaders and public health organizations. We are experts in designing, enacting and implementing laws that are evidence-based, workable, effective and legally sound.

Tobacco-Free Air

<http://www.TobaccoFreeAir.org/index.php>

Valid air monitoring studies have proven to have a profound effect on educating the public and policy makers on the dangers of secondhand smoke exposure and informing the debate around smoke-free policy initiatives. This project can provide information on how to conduct these studies as well as how to obtain air monitors through the Roswell Park Cancer Institute to conduct air monitoring research in their community.

Tobacco-Free Parks

<http://www.Cherokee.org/Docs/Org2010/2012/1/31664>

[Tobacco_Free_Park_Implementation_Guide.pdf](#)

The Cherokee Nation in Oklahoma developed a comprehensive guide to developing a tobacco-free policy for their city parks. Useful step-by-step approach to assist communities in creating their own policies.

Tobacco-Free Public Housing

<http://healthysaulttribe.com/tobacco/smoke-free-housing>

This implementation guide, developed by the Sault Saint Marie Tribe of Chippewa Indians Strategic Alliance for Health Program, provides information on the resources and key steps in working with a Tribal Housing Authority to develop, adopt, and implement a policy for smoke-free housing. The guide focuses on a specific approach for implementation of a smoke-free housing policy with a Tribal Housing Authority, but it is intended to be useful for public and affordable housing in all communities. It may even be useful when implementing a smoke-free policy with market-rate housing.

Post-Secondary & Young Adult Resources

ATTACK Tobacco

<http://attacktobacco.net/index.html>

The ATTACK website serves as a resource for organizations, agencies, college campuses, etc. wanting to create an ATTACK plan to counter tobacco industry targeting tactics aimed at young adults. The ATTACK toolkit focuses on adult only venues (bars, nightclubs, etc.); fraternities/Greek organizations; Internet marketing; and any other emerging tobacco industry promotional tactics.

BACCHUS Network

<http://www.bacchusnetwork.org/tobacco.html>

The BACCHUS Network™ is a university and community based network focusing on comprehensive health and safety initiatives. It is the mission of this 501(C)(3) non-profit organization to promote student and young adult based, campus and community-wide leadership on health and safety issues. The BACCHUS Network™ has supported tobacco control with campuses and young adults throughout its history by providing campuses with best practices, materials, and trainings to address this crucial health topic.

California Youth Advocacy Network

<http://cyanonline.org/>

The California Youth Advocacy Network (CYAN) is dedicated to supporting youth and young adults by advocating for a tobacco-free California. We provide tobacco control professionals and young people with the tangible tools for action to mobilize a powerful statewide movement. Our staff is committed to changing the tobacco use culture in California's high schools, colleges and universities, military bases, and all levels of the young adult community.

Journey of a Lifetime: One Step at a Time to a Tobacco-Free Campus

<http://www.tobaccofreeu.org/pdf/Collegiate/journey.pdf>

This guide was developed by the BACCHUS and GAMMA Peer Education network to help campuses address tobacco issues ranging from policy development, to awareness campaigns, to encouraging students who smoke to quit.

U.S. Department of Health and Human Services, Office of the Surgeon General

<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf>

Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General

This is the 31st tobacco-related Surgeon General's report issued since 1964. It describes the epidemic of tobacco use among youth ages 12 through 17 and young adults ages 18 through 25, including the epidemiology, causes, and health effects of this tobacco use and interventions proven to prevent it.

Scientific evidence contained in this report supports the following facts:

- We have made progress in reducing tobacco use among youth; however, far too many young people are still using tobacco. Today, more than 600,000 middle school students and 3 million high school students smoke cigarettes. Rates of decline for cigarette smoking have slowed in the last decade and rates of decline for smokeless tobacco use have stalled completely.
- Tobacco use by youth and young adults causes both immediate and long-term damage. One of the most serious health effects is nicotine addiction, which prolongs tobacco use and can lead to severe health consequences. The younger youth are when they start using tobacco, the more likely they'll be addicted.
- Youth are vulnerable to social and environmental influences to use tobacco; messages and images that make tobacco use appealing to them are everywhere.
- Tobacco companies spend more than a million dollars an hour in this country alone to market their products. This report concludes that tobacco product advertising and promotions still entice far too many young people to start using tobacco.
- Comprehensive, sustained, multi-component programs can cut youth tobacco use in half in 6 years.

Tobacco-Free Oregon: Making Your College Campus Tobacco-Free

http://www.smokefreeoregon.com/wp-content/uploads/2010/11/ComColl_bro2011.pdf

An excellent guide developed for community colleges. It walks you through the rationale for a tobacco-free policy as well as how to implement one on your campus.

Tobacco-Free U

<http://www.tobaccofreeu.org/index.asp>

Provides information focused on efforts that colleges and universities can take to create tobacco-free environments on their campuses. An updated version of the Journey of a Lifetime guide is S.T.E.P. (Student Tobacco Education Program) by STEP: Building a Comprehensive Campus Tobacco Prevention Program. This guide is available for order on www.tobaccofreeu.org. It provides resources for programming, stakeholder identification, creating your campus resource sheet, and training and educating your campus about the importance of tobacco control.

University of California Smoke-Free Policy Report

http://www.ucop.edu/riskmgmt/documents/smoke-free_policy.pdf

Extensively researched guide which summarizes the rationale for considering a change to a smoke-free policy for all UC locations, a proposed timeline, implementation plan, and proposed policy language.

Youth (K-12) Resources

Buck Tobacco

<http://www.bmsg.org/about/projects/buck-tobacco-sponsorship>

- **Media advocacy planning and training.**

The project developed a media advocacy plan to counter the aggressive marketing by the tobacco industry at family sporting events, and to shift the focus from arguments that frame tobacco marketing as a children's issue back to an issue of irresponsible industry marketing: Bucking Tobacco Sponsorship at Rodeos: Strategies for Media Advocacy and Public Engagement.

http://bmsg.org/sites/default/files/bmsg_report_buck_tobacco_sponsorship.pdf

CDC Best Practices User Guide: Youth Engagement—State and Community Interventions

http://www.cdc.gov/tobacco/stateandcommunity/bp_userguide_youth/index.htm

This guide focuses on the role youth play in advancing policy as part of a comprehensive tobacco control program. The youth perspective and voice is important, because the initiation of tobacco use most often occurs before age 18. In addition, the tobacco industry spends millions of dollars every day targeting youth to develop its next generation of smokers. Youth have the passion and creativity to fight back and to protect themselves from this formidable opponent.

CDC Guidelines for school health programs to prevent tobacco use and addiction (1994).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>

This report provides the basis for how tobacco use prevention policies and programs should be established in school settings.

Fit, Healthy, and Ready to Learn: A school health policy guide.

Chapter F: Policies to Prevent Tobacco Use. (2007)

<http://doh.sd.gov/Tobacco/PDF/NASBE.pdf>

This chapter from a publication of the National Association of State Boards of Education provides guidance on developing policies and programs aimed at preventing young people from taking up tobacco use and helping current tobacco users to quit.

Oklahoma State Department of Health, Tobacco Use Prevention Service.

24/7 Tobacco-Free School Policy Guide

<http://www.ok.gov/strongandhealthy/documents/247tobaccofreeschoolspolicyguidefinaldraft.pdf>

The purpose of this guide is to assist schools in establishing a 24/7 tobacco-free environment for students, staff and visitors. The guide is a resource for concerned boards of education, superintendents, safe and drug free school coordinators, safe school committees, healthy and fit school advisory committees, students, parents, community, and coalition members – anyone willing and interested in collaborating together in creating an environment that supports health.

Preventing Tobacco Use Among Young People: A Report of the Surgeon General. (1994)

http://profiles.nlm.nih.gov/NN/B/C/F/T/_/nnbcft.pdf

This significant report laid the groundwork for the importance of keeping youth away from tobacco products.

South Dakota Department of Education – Youth Risk Behavior Survey

http://doe.sd.gov/schoolhealth/documents/YRBS_tobaccoUse.pdf

The YRBS is a questionnaire consisting of items that assess the six priority health-risk behaviors that result in the greatest amount of morbidity, mortality, and social problems among youth. These behaviors fall into six categories: behaviors that result in unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that result in HIV infection, other sexually transmitted diseases and unintended pregnancies; dietary behavior; and physical activity. The link above takes you to the tobacco use report for 2009.

South Dakota Department of Health – Youth Tobacco Survey

<http://doh.sd.gov/Tobacco/PDF/2009YouthReport.pdf>

In 2009, the South Dakota Tobacco Control Program conducted a youth tobacco survey among middle school students in the state. This survey has been conducted in odd numbered years since 1999 and can track changes in tobacco related behavior, priorities and policy over time. The South Dakota Youth Tobacco Survey (SDYTS) is a comprehensive survey of tobacco use, access to tobacco, cessation, knowledge and attitudes about tobacco, and exposure to secondhand tobacco smoke among South Dakota youth. The SDYTS provides useful information to guide youth tobacco prevention, cessation, and control efforts in the state. It also provides valuable data that can be used to track trends in South Dakota over time.

truth

<http://www.thetruth.com>

truth is the largest youth smoking prevention campaign in the country – and the only national campaign not directed by the tobacco industry. The campaign exposes the tactics of the tobacco industry, the truth about addiction, and the health effects and social consequences of smoking. It doesn't preach. It doesn't judge. Instead it works by allowing teens to make their own informed choices about tobacco use.

The campaign includes:

- Educational advertising on television, social networking sites and increasing grassroots outreach through a summer tour.
- Facts and information about tobacco and the industry, giving teens tools to take control and make informed decisions.
- A highly interactive Web site offers important information about tobacco use.

U.S. Department of Health and Human Services, Office of the Surgeon General

<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf>

Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General (2012).

This is the 31st tobacco-related Surgeon General's report issued since 1964. It describes the epidemic of tobacco use among youth ages 12 through 17 and young adults ages 18 through 25, including the epidemiology, causes, and health effects of this tobacco use and interventions proven to prevent it.

Scientific evidence contained in this report supports the following facts:

- We have made progress in reducing tobacco use among youth; however, far too many young people are still using tobacco. Today, more than 600,000 middle school students and 3 million high school students smoke cigarettes. Rates of decline for cigarette smoking have slowed in the last decade and rates of decline for smokeless tobacco use have stalled completely.
- Tobacco use by youth and young adults causes both immediate and long-term damage. One of the most serious health effects is nicotine addiction, which prolongs tobacco use and can lead to severe health consequences. The younger youth are when they start using tobacco, the more likely they'll be addicted.
- Youth are vulnerable to social and environmental influences to use tobacco; messages and images that make tobacco use appealing to them are everywhere.
- Tobacco companies spend more than a million dollars an hour in this country alone to market their products. This report concludes that tobacco product advertising and promotions still entice far too many young people to start using tobacco.
- Comprehensive, sustained, multi-component programs can cut youth tobacco use in half in 6 years.

Youth Tobacco Cessation: A Guide for Making Informed Decisions

http://www.cdc.gov/tobacco/quit_smoking/cessation/youth_tobacco_cessation/index.htm

This document from the Centers for Disease Control and Prevention is intended to help organizations decide whether to undertake youth tobacco-use cessation as a specific tobacco control activity. The publication covers topics such as the quality of the evidence base for youth intervention, the importance of conducting a needs assessment for the population your organization serves, and the need to evaluate your chosen intervention.

Media Resources

The Health Communicator's Social Media Toolkit

http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/SocialMediaToolkit_BM.pdf

A guide developed by the CDC to assist in using social media to improve reach of health messages, increase access to your content, further participation with audiences and advance transparency to improve health communication efforts. Useful tools and information but is focused more on state-level communications.

South Dakota Newspapers/Magazines

Aberdeen American News

124 S 2nd St - PO Box 4430
Aberdeen, SD 57402
605-225-4100 or 800-925-4100
Newsroom: 605-622-2318
Circulation Type: Daily

(Bowdle) The Pride of the Prairie

1096 4th Ave - PO Box 514
Bowdle, South Dakota 57428
Telephone: 605-285-6161 or 605-281-0421
Circulation Type: Weekly

(Eagle Butte) West River Eagle

P.O. Box 210
Eagle Butte, SD 57625-0210
Telephone: 605-964-2100
Fax: 605-964-2110
Circulation Type: Weekly
www.westrivereagle.com

Faith Independent

106 Main Street - P.O. Box 38
Faith, SD 57626-0038
Telephone: 605-967-2161
Fax: 605-967-2160
Circulation Type: Weekly

(Flandreau) Moody Co. Enterprise

107 W 2nd Ave. - P.O. Box 71
Flandreau, SD 57028-0071
Telephone: 605-997-3725
Fax: 605-997-3194
Circulation Type: Weekly
www.moodycountyenterprise.com

(Gettysburg) Potter Co. News

110 S. Exene St.
Gettysburg, SD 57442-1520
Telephone: 605-765-2464
Fax: 605-765-2465
Circulation Type: Weekly
www.pottercountynews.com

Highmore Herald

211 Iowa Ave. S. - P.O. Box 435
Highmore, SD 57345-0435
Telephone: 605-852-2927
Fax: 605-852-2927
Circulation Type: Weekly

Hoven Review

P.O. Box 37 - 69 2nd Ave. E.
Hoven, SD 57450
Telephone: 605-948-2110
Fax: 605-948-2578
Circulation Type: Weekly

Isabel Dakotan

403 N. Main Street - P.O. Box 207
Isabel, SD 57633-0207
Telephone: 605-466-2258
Fax: 605-446-2258
Circulation Type: Weekly

(Martin) Lakota Country Times

316 Main Street - P.O. Box 386
Martin, SD 57551
Telephone: 605-685-1868
Fax: 605-685-1870
Circulation Type: Weekly
www.lakotacountrytimes.com

Mobridge Teton Times

411 3rd Ave E
Mobridge, South Dakota 57601
(605) 823-4806

Mobridge Tribune

1413 E. Grand Crossing - P.O. Box 250
Mobridge, SD 57601-0250
Telephone: 605-845-3646 or 800-
Fax: 605-845-7659
Circulation Type: Weekly
www.mobridgetribune.com

(Pierre) Capital Journal

333 W. Dakota - P.O. Box 878
Pierre, SD 57501-0878
Telephone: 605-224-7301
Fax: 605-224-9210
Email: news@capjournal.com
Circulation Type: Daily
www.capjournal.com

(Rapid City) Native Sun News

Mr. Jesse Abernathy Filcaske, BSW
Editor
4447 S. Canyon Rd., Suite 5
Rapid City, SD 57702
Telephone: 605-721-1266
Fax: 605-721-1387
Circulation Type: Weekly
www.nsweekly.com

Selby Record

4411 Main Street - P.O. Box 421
Selby, SD 57472-0421
Telephone: 605-649-7866
Fax: 605-649-1126
Circulation Type: Weekly

Sicangu Sun Times

Gregg-Bear, Chief Editor/Publisher
BIA Route 1 - Box 750
Rosebud, South Dakota 57570
<http://www.sicangusuntimes.com/contact>

Sisseton Courier

117 East Oak - P.O. Box 169
Sisseton, SD 57262-0169
Telephone: 605-698-7642
Fax: 605-698-3641
Circulation Type: Weekly
www.sissetoncourier.com

Timber Lake Topic

806 Main Street - P.O. Box 10
Timber Lake, SD 57656-0010
Telephone: 605-865-3546
Fax: 605-865-3787
Circulation Type: Weekly
www.timberlakesouthdakota.com

(Webster) Reporter & Farmer

516 Main Ave.
Webster, SD 57274-0030
Telephone: 605-345-3356
Fax: 605-345-3739
Circulation Type: Weekly
www.reporterandfarmer.com

Wilmot Sota Iya Ye Yapi

P.O. Box 5
Wilmot, SD 57279
Telephone: 605-938-4452
Fax: 605-938-4676

South Dakota Radio Stations

Aberdeen (KBFO-FM; KSDN-FM; KGIM-FM)

Hub City Radio

3304 South Highway 281
PO Box 1930
Aberdeen, SD 57401
Telephone: 605-229-3632

Watertown (KSDR-FM; KIXX-FM)

92.9 KSDR-FM and KIXX 96, The Best Mix

921 9th Avenue SE - PO Box 950
Watertown, SD 57201
Telephone: 605-886-8444

KLXS-FM (Jack-FM)

106 West Capitol Avenue
Pierre, SD 57501-2018
Telephone: 605-224-0095
Fax: 605-945-4270

KRCS-FM

New Rushmore Radio, Inc.

660 Flormann Street, Suite 100
PO Box 2480
Rapid City, SD 57709-2480
Telephone: 605-343-6161
Fax: 605-343-9012

KFXS-FM

New Rushmore Radio, Inc.

660 Flormann Street, Suite 100
PO Box 2480
Rapid City, SD 57709-2480
Telephone: 605-343-6161
Fax: 605-343-9012

KDDX-FM

Duhamel Broadcasting Enterprises

2827 East Colorado Boulevard
Spearfish, SD 57783-9759
Telephone: 605-642-5747
Fax: 605-642-7849

Or

Box 1760
Rapid City, SD 57709
Telephone: 605-342-2000
Fax: 605-721-5732

KILI-FM

PO Box 150
Porcupine SD 57772
Telephone: 605-867-5002
Fax: 605-867-5634

KKLS-FM

Hot 104.7

Results Radio - Cumulus
5100 S. Tennis Lane
Sioux Falls, SD 57108
Telephone: 605-361-0300

KINI-FM

St. Francis Mission
350 South Oak Street
P.O. Box 499
St. Francis, SD 57572-0499
Telephone: 605-747-2361
Fax: 605-747-5057

KLND-FM

11420 SD Hwy 63
McLaughlin, South Dakota, 57642
Telephone: 605-823-4661
Fax: 605-823-4660

KWYR-FM

346 Main Street
PO Box 491
Winner, SD 57580
Telephone: 605-842-3333
Fax: 605-842-3875

KKYA-FM

202 West 2nd Street
P.O. Box 628
Yankton, SD 57078-4317
Telephone: 605-665-7892
Fax: 605-665-7892

WNAX-FM

1609 East Hwy. 50
Yankton, SD 57078
Telephone: 605-665-7442
Fax: 605-665-8788

KVHT-FM

210 West 3rd Street
Yankton, SD 57078
Telephone: 605-665-2600

KZMX-AM/FM

Hot Springs, SD

Dakota Radio Group

**KGFX, KMLO, KPLO (94 Country),
KOLY, 100.1 The Eagle, River 92.7, STAR 99**

Pierre Office

214 W. Pleasant Dr.
or PO Box 1197
Pierre, SD 57501
Telephone: 800-658-5439 or 605-224-8686
Fax: 605-224-8984

Chamberlain Office

115 W. Lawler
or PO Box 317
Chamberlain, SD 57325
Telephone: 800-866-0094 or 605-734-4000
Fax: 605-734-6634

Mobridge Office

118 3rd St. East
or PO Box 400
Mobridge, SD 57601
Telephone: 800- 658-3451 or 605-845-3654
Fax: 605-845-5094



DIVISION OF HEALTH AND MEDICAL SERVICES

Community Health Services
Disease Prevention
Family Health
Health Promotion
State Epidemiologist

SOUTH DAKOTA DEPARTMENT OF HEALTH
FOR IMMEDIATE RELEASE: Monday, April 09, 2012
CONTACT: Dr. Gail Gray (605) 773-3737

Celebrate a Smoke-Free Mothers Day

PIERRE, S.D. – For many kids, Mother’s Day means taking mom out to breakfast, giving her a gift or just saying thanks. On this special day, the South Dakota Department of Health would like to remind mothers of the free support available through the South Dakota QuitLine to help them be tobacco-free by Mother’s Day 2009. Moms can enroll in the program by calling 1-866 SD-QUITS (1-866-737-8487).

“Lung cancer is the leading cancer killer among women, and smoking is attributable to 90 percent of those deaths,” said Gail Gray, Director of Health and Medical Services. “Women in South Dakota need to know that support is available to help them quit smoking.”

When women quit smoking, they improve their own health as well as the health of the people around them. Secondhand smoke contains 69 known or probable cancer-causing substances. Babies exposed to secondhand smoke face a higher risk of sudden infant death syndrome (SIDS) and a range of other serious health and developmental problems, and exposed older children have increased rates of lower respiratory infections, ear infections, and asthma.

In addition to the numerous health benefits for women and children, mothers who give up smoking improve the likelihood that their children will grow-up to be tobacco-free and lead much longer and much healthier lives. A recent British study also concluded that women who quit smoking during pregnancy may be more likely to have an “easygoing” child.

The Department of Health’s Tobacco Control Program coordinates state efforts to reduce death and disease caused by tobacco use, South Dakota’s leading cause of preventable death. The program works to prevent people from starting to use tobacco products, help current tobacco users quit, and reduce nonsmokers’ exposure to secondhand smoke. The programs efforts include: providing technical assistance and support to individuals, businesses, healthcare providers, and educational institutions; offering funding and support to local entities; conducting statewide public education campaigns; operating the state’s tobacco QuitLine; and conducting surveillance and program evaluation.

Reducing tobacco use and improving birth outcomes and improving the health of infants, children, and adolescents are a key objectives of the department’s Health 2010 Initiative.

###



**OFFICE OF THE
SECRETARY**

600 East Capitol Avenue
Pierre, South Dakota 57501-2536
605/773-3361 FAX: 605/773-5683
www.state.sd.us/doh

NEWS ADVISORY: Sept. 6, 2007

CONTACT: Barb Buhler, (605) 773-3361 or barb.buhler@state.sd.us

Sec. Hollingsworth Unveils QuitLine

PIERRE, S.D. – Doneen Hollingsworth, secretary of the Department of Health, will unveil the expansion of South Dakota’s QuitLine during a media briefing Tuesday, Sept. 11 at 11 a.m. (CDT) in Sioux Falls. The press conference will be held in the Schulte Room of the Washington Pavilion at 301 S. Main Ave.

Joining the secretary will be Dr. Gail Gray, director of Health and Medical Services for the Department of Health.

###

Important Dates with Opportunities to Support Tobacco-Related Activities

Be sure and check with sponsoring organizations, South Dakota Tobacco Control Program, or other tobacco programs for exact dates from year to year. Dates are listed in parentheses after the event.

January

- National Birth Defects Prevention Month
- Tobacco-Free Awareness Month
- New Years Day (1st)

February

- American Heart Month
- National Cancer Prevention Month
- National Wear Red Day (1st Friday)
- National Burn Awareness Week (1st full week)
- Valentines Day (14th)
- Through With Chew Week (3rd full week)
- Great American Spit Out (Thursday of Through With Chew Week)
- Academy Awards

March

- Lesbian, Gay, Bisexual & Transgender Health Awareness Month
- Brain Awareness Week (2nd full week)
- National Poison Prevention Week (3rd full week)
- Kick Butts Day

April

- National Cancer Control Month
- World Health Day
- Earth Day (22nd)

May

- Clean Air Month
- Asthma Awareness Month
- World Asthma Day (1st Tuesday)
- Mother's Day (2nd Sunday)
- World No Tobacco Day (31st)

June

- National Cancer Survivors Day
- National Men's Health Week (week before Father's Day)
- Father's Day (3rd Sunday)

July

- Independence Day (4th)

August

- Friendship Day
- Equality Day (Women's Right to Vote)

September

- World Heart Day

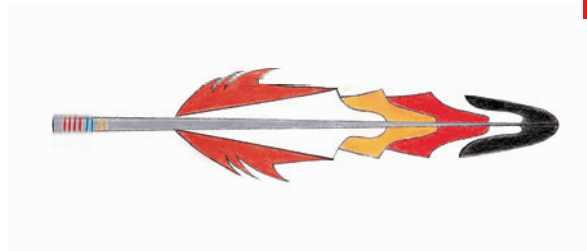
October

- Healthy Lung Month
- Youth Against Tobacco Month
- Native American Day (2nd Monday)
- National Red Ribbon Week
- Lung Health Day

November

- Lung Cancer Awareness Month
- Chronic Obstructive Lung Disease (COPD) Awareness Month
- Great American Smokeout (3rd Thursday)

Appendix A



FUNDAMENTALS OF SMOKEFREE WORKPLACE LAWS

The following national partners have agreed to these fundamental principles, in hopes that this document will help guide and maximize the impact of efforts to increase the number of workers and residents in the United States who are protected from secondhand smoke in workplaces and public places:



National African American Tobacco Prevention Network



November 2009

FUNDAMENTALS OF SMOKEFREE WORKPLACE LAWS

Executive Summary & Index

2009

This summary includes an outline of guiding principles described within the full document. These recommendations for developing and implementing effective smokefree policies are based on experiences and lessons learned from tobacco control advocates throughout the country over the past several decades.

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II. DRAFTING PRINCIPLES (language)

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- Exemptions for casinos and gaming establishments *page 16*
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VI. ADDITIONAL CAMPAIGN TIPS

page 18

As you work for smokefree air, we hope you will read this document in full and take advantage of technical assistance and resources from national partners listed within this document. Contact Americans for Nonsmokers’ Rights for a complete list of resources at 510-841-3032 or visit www.no-smoke.org.

FUNDAMENTALS OF SMOKEFREE WORKPLACE LAWS

2009

OVERVIEW

The following document contains recommended guiding principles for developing, enacting, and implementing effective smokefree air laws that protect people from the disease and death caused by secondhand smoke. These guidelines are based on the experiences and lessons learned from tobacco control advocates throughout the country over several decades.

Smokefree laws are tools intended to protect public health based on clear scientific evidence about the hazards of exposure to secondhand tobacco smoke. Our ultimate goals are to protect everyone from exposure to secondhand smoke, to create healthier communities, and to create a social norm where the public expects smokefree environments. Our objective is *not* simply to “get a law passed.” It is important to remember that meeting these goals within your community takes time – sometimes years – and persistence.

The good news about the smokefree air movement is that we are making extraordinary progress! In the 1980s laws to create *smokefree sections* were viewed as a significant step forward. In the 1990s ordinances with *ventilated smoking rooms* were accepted. Today we know that there is no way to ensure real health protection without making entire indoor areas *100% smokefree*. Thanks to evidence from decades of scientific research, including the 2006 Surgeon General’s Report, a new generation of smokefree laws has emerged stronger than ever. Today’s advocates are less likely to settle for ineffective laws containing unnecessary exemptions and loopholes.

Ineffective laws violate the principles outlined in this document and can even prevent us from reaching our smokefree goal. **It is best to agree at the outset to walk away with nothing rather than to support a perceived “step in the right direction” approach.** Remember, the goal is to pass and implement smokefree laws that both effectively protect people from the health hazards of secondhand smoke and make smokefree air a social norm.

If you are considering the pursuit of a law at the **state level**, the same rules within this document apply. For reasons outlined below, passing **local** laws first, where we have stronger grassroots power and influence, is still the most effective strategy for guaranteeing strong smokefree protections. In states where stronger laws can’t be passed due to preemption, repeal of preemption should be a primary goal.

I. GUIDING PRINCIPLES

Begin at the Local Level

While smokefree air advocates seek to protect as many people as possible from the dangers of secondhand smoke exposure, it is recommended that efforts begin at the local level rather than the statewide level if possible. There are several considerations that favor local smokefree laws versus state laws.

First, local grassroots ordinance campaigns educate and mobilize local advocates, empower concerned citizens, and help change community attitudes regarding smoking in enclosed workplaces and public places. More intensive public education is likely to occur at the community level during a local campaign than would occur in a state campaign. Win or lose, a local smokefree ordinance campaign is a powerful public health intervention that increases the community's awareness of secondhand smoke and other tobacco issues and energizes the community's readiness to support policy change.

Second, the tobacco industry concentrates most of its lobbying efforts and political campaign contributions at the federal and state levels; it cannot maintain a presence in every city council and county commission across the country. The tobacco companies' own internal documents describe their concern about being vulnerable to campaigns for local smokefree laws. The documents show that the tobacco industry recognizes that, while it has more clout in state legislatures, smokefree advocates typically wield more influence at the local level. The industry has addressed this vulnerability by lobbying for the passage of state laws preempting local smokefree laws. Keep in mind at every level the industry uses online strategies to recruit their customers to protest smokefree initiatives.

Even when beginning at the local level, it's important not to put the cart ahead of the horse. It is a good idea to complete a community readiness assessment before launching a campaign. For an assessment form, go to <http://www.no-smoke.org/pdf/Getstart.pdf> or call Americans for Nonsmokers' Rights (ANR) at 510-841-3032.

Consider sequencing the communities selected for smokefree ordinance campaigns within a state so that the state smokefree movement experiences some early victories and avoids demoralizing defeats. This will help build momentum and will enable advocates to share successful strategies, learn from mistakes, and exchange lessons learned. Again, it is important to recognize that smokefree campaigns do not end when a law is passed. The campaign includes working with local government bodies to implement and defend the law against opposition efforts to have it repealed or watered down.

Capital cities often pose interesting challenges and have a special importance to the smokefree movement in your state. If the campaign in a capital city is effectively planned and successfully carried out, the resulting ordinance will have high visibility and will carry symbolic weight. Government officials and reporters at the state level who live in

the capital will gain a direct appreciation of the issues and what is at stake. If such a campaign is unsuccessful due to inadequate planning and lack of community readiness, it can be a major setback for the state movement. Smokefree campaigns in state capitals are likely to be especially hard-fought because the tobacco industry recognizes the symbolic importance of the capital enacting a smokefree law. The industry's state lobbyists are typically based in the capital city and are well connected to both local and state power brokers there. In addition, the local policymaking process in a large capital city can be more similar to an effort to secure passage of state legislation than to a typical local ordinance campaign, giving the industry a further advantage.

In states where a large percentage of the state population already has experience living under strong local smokefree laws, a state smokefree air law may be the next logical step. To assess whether you are ready to pursue a statewide smokefree law, complete this statewide readiness assessment www.no-smoke.org/pdf/readiness.pdf or call ANR at 510-841-3032.

Some states have preemptive state laws, prohibiting cities, towns, and counties from passing strong local smokefree laws. If this is the case in your state, you can still work locally to overturn your preemptive state law. Start by generating support at the local level, in every corner of your state, and encourage local advocates and city councils to speak out against preemption. Then you can get down to the business of passing strong local laws. *(See Section III for information on preemption or visit www.protectlocalcontrol.org for additional resources).*

Plan before you act

A written campaign plan is an absolute must. The readiness assessment documents mentioned above can serve as useful tools to help begin the planning process. Completing an assessment allows advocates to strategically coordinate the campaign by systematically identifying policy goals and objectives, legislative targets, policymakers' pressure points, allies and opponents, available resources, relevant tactics, and roles and responsibilities within a realistic timeframe. A campaign action plan serves as the advocates' roadmap, helping them navigate issues that become more challenging with every opposition tactic encountered. The plan should include a clear and concise message, and coalition members should agree to stay on message at all times throughout the campaign. For information on getting started, visit www.no-smoke.org/goingsmokefree.php?id=110 or call ANR at 510-841-3032.

Agree on your "deal breakers"

Advocates and organizations need to discuss and reach consensus on the coalition's bottom line and determine what principles and provisions are non-negotiable. In other words, advocates need to decide at what point a proposed ordinance becomes too weak and counterproductive to merit support – requiring the coalition to move to have the legislation killed. This discussion should happen early in the planning process. It is a good idea to put the resulting agreement in writing to ensure that backtracking does not occur in the "heat of the campaign." Often there is very little time to react to an unacceptable bill. Having a written agreement spelling out "deal breakers" can save

valuable time and avoid dissension that can jeopardize both your coalition's internal cohesion and its policy objectives. (See Dealbreakers section for a full discussion of "deal breakers.")

If unacceptable legislation is proposed, your coalition must speak out forcefully against the objectionable provisions. If elected officials are unwilling to strengthen the language despite your best efforts, you must mobilize your forces to actively oppose the ordinance. It is best to walk away with nothing than to be left with an ineffective ordinance that may haunt you and undermine your efforts for years to come.

The ultimate goal is to fully protect everyone from the health hazards of secondhand smoke at all times. In order to reach that goal, you might need to take incremental steps (starting with smokefree non-hospitality workplaces and restaurants, then bars and gaming facilities). **But along the way, never accept a compromise that will prevent you from reaching that ultimate goal.** Preemption, ventilation, smoking areas and accommodation compromises, for example, create roadblocks to achieving 100% smokefree laws in the future.

Ask yourself what will happen if you accept these weaker provisions today. Often, a community will pass a law even though the legislators weren't happy with the details, only to find themselves stalled when they try to strengthen the law in coming years. The evidence is clear on this point. **Again, it is better to walk away from a bad deal than to accept a law that will prevent future progress.**

Be realistic about necessary resources

Organizing, educating, and empowering a community to undertake an effective policy campaign is a major endeavor. While running an inexpensive campaign is possible, coalitions should plan to acquire and use the appropriate resources – time, money, people, and expertise. If at all possible, coalitions should hire or obtain an in-kind commitment for a full-time, trained organizer to coordinate the campaign.

Ideally, an organizer should have extensive political experience in the community where the campaign is being waged, have a personal commitment to the issue, and be able to work well with others on the coalition. In addition, funds or in-kind resources should be committed in advance by coalition members for the following: developing and disseminating educational materials, coalition meetings, community events (forums, rallies, etc.), telephones, computers, website development and support, action alerts, local travel costs, food and refreshments, meet-ups, online social networking sites, strategic paid media, etc. A key tactic in waging successful smokefree air campaigns is the judicious use of technical assistance from national tobacco control organizations and experts who have managed winning campaigns. These outside experts can provide a larger context and share insights gained from the experiences of other communities.

To make the smokefree issue relevant to non-tobacco control organizations and ordinary people who can serve as volunteers, the coalition has to be able to answer the question “what’s in it for me?” As you discuss the issue with potential allies, look at the issue from their perspective. A local parent may be most concerned about secondhand smoke exposure and children, musicians about smokefree bars, unions about workplace safety, and your Chamber of Commerce may respond well to healthcare cost or economic data.

Take it to the roots: Start with a strong grassroots base

A significant and active grassroots base of support is your most potent weapon to counter the relentless, sometimes intimidating, opposition you can expect to encounter. As you reach out to new partners and individual advocates, keep track of their contact information in a database of supporters. You will need a critical mass of well-organized community support to get the job done. Without a database, you merely have public opinion, rather than the ability to mobilize that opinion to bring pressure to bear on policymakers and convince them to do the right thing in the face of an organized opposition.

Reach out to all sectors of your community

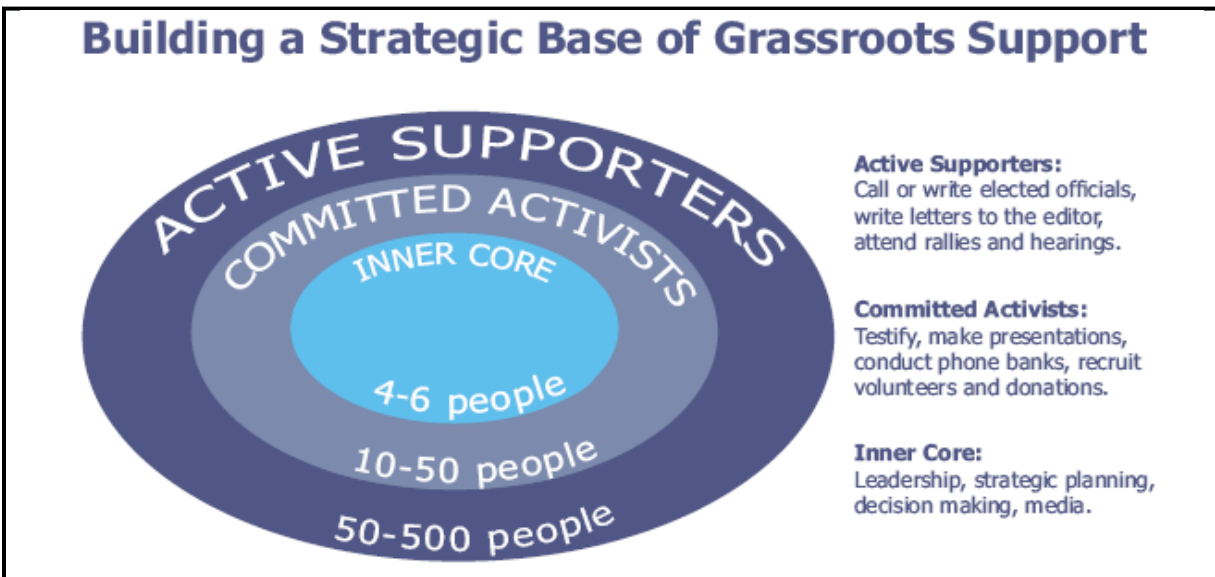
Reaching out to new allies prior to the campaign planning process is critical. A variety of demographic segments of the community should be invited to participate in the campaign from the start. For example, smokefree advocates across the country have engaged the following groups in their smokefree campaigns:

- **medical professionals**
- **faith communities**
- **young adults**
- **musicians and entertainers**
- **restaurant, bar, and casino employees**
- **civic organizations**
- **hospitality business owners**
- **organized labor**
- **racial and ethnic coalitions**
- **environmental organizations**
- **health organizations**
- **business owners**
- **LGBT (*lesbian, gay, bisexual, transgendered*) groups**

The goal is to build a coalition reflective of your community as a whole, including those most heavily impacted by secondhand smoke exposure.

It is important to note that the bulk of your supporters will not attend your coalition meetings. These meetings will involve a core group of coalition members who are playing leading roles in the smokefree campaign. Successful campaigns use a “concentric circles” organizational approach, with an *Inner Core* group that is able to draw on a larger circle of *Committed Activists*, who act as strong hands-on workers in the campaign. You should also have a still larger circle of *Active Supporters* whose time and involvement are limited but who are willing to turn out for a key public hearing or to respond to action alerts and contact their local council member. Coalitions are

encouraged to recruit a large number of Active Supporters, equal to 10% of your community's total population. *See diagram below:*



Don't worry if your coalition meetings are relatively small. In fact, in some ways this can be advantageous, since smaller meetings are typically more productive. The important thing is that you have larger circles of supporters to call on when necessary. It is also important that you have systems in place (email list or group, campaign website or blog) to communicate the latest developments to supporters and to solicit their input and keep them engaged.

Grassroots volunteers can make a key contribution to your campaign. The best way to keep volunteers involved is to assign tasks based on their skills, available time, and comfort levels. Volunteers can perform a wide range of tasks, including recruiting new coalition members, keeping the pressure on policymakers, writing letters to the editor, maintaining your website and database, conducting door-to-door canvasses, giving presentations to community groups, hosting meetings, or even preparing food for other volunteers. Some volunteers with special skill sets can head up certain segments of your campaign such as website development, fundraising, media advocacy, community outreach, coordination of council contact, volunteer recruitment, etc.

The *quality* of your base is as important as the quantity. Strong campaigns include **grasstops** supporters as well as **grassroots** ones. These grasstops contacts should include political, business, and civic leaders from all segments of the community. Health advocates and medical experts provide powerful voices in this fight, but you will typically need support from a wide variety of groups in order to sway local policymakers. The broader your base of grassroots and grasstops support, the better your chances of successfully enacting, defending, and implementing a strong smokefree law.

During your community coalition meetings, it is always a good idea to spend part of the time getting some real campaign work done. Consider taking 30 minutes during every

meeting to stuff envelopes, stamp action alerts, or write letters to the editor. Most advocates like to feel productive and useful, so take advantage of that enthusiasm.

***NOTE:** Ordinance sponsors play a key role in terms of introducing the proposed ordinance, acting as its champion, and communicating information about developments on the local government policymaking body to the coalition leadership, but **ordinance sponsors should not call the shots in a smokefree campaign. Your coalition should.** Similarly, lobbyists and political consultants should take direction from the coalition, rather than setting strategy or negotiating compromises in its name.*

Move in step with your community

Educate before you legislate. The coalition’s policy goals should reflect the community’s beliefs, values, and attitudes regarding smokefree environments. Coalitions that choose policy goals that are out of step with the community often cannot garner the support necessary to successfully enact, implement, and defend smokefree laws in the face of coordinated opposition from the tobacco industry and its allies. Coalitions should use surveys or polls to carefully assess public opinion on secondhand smoke and smokefree policy in their community. If a significant gap exists between the coalition’s preliminary policy goal and public opinion, the coalition should allow more time to educate the community and build public support for this objective. **A coalition should only launch an effort to pass an ordinance after it has laid the necessary groundwork by educating the community about the dangers of secondhand smoke and the benefits of smokefree environments.**

Tobacco control advocates should work “from the inside out.” Prior to addressing outdoor restrictions, communities should first have effective smokefree laws for indoor environments. Because people are exposed to higher levels of secondhand smoke in indoor settings than in outdoor ones, it makes sense from a public health perspective to protect nonsmokers indoors before seeking outdoor air laws.

There is emerging science on the health hazards of outdoor exposure to secondhand smoke, and as more scientific evidence becomes available, we may see increased support for outdoor smoking restrictions on the basis that they are necessary to protect public health.

Start with model ordinance language

Start with a time-tested model, such as the **ANR model ordinance** that has provided the basis for many strong local smokefree air ordinances across the country or the models that have been tailored to several states by state-based tobacco control legal centers. Avoid using another community’s ordinance as the source for the language of your smokefree ordinance. **Most ordinances incorporate specific local conventions and circumstances and reflect compromises and concessions negotiated in the course of a particular campaign.** Therefore, the use of another community’s law could result in your unnecessarily including provisions in your ordinance that could weaken its public health protections. Don’t sell yourself short: concessions that were needed to secure passage of an ordinance in another community may not be needed in yours. For **ANR’s**

model ordinance see www.no-smoke.org/document.php?id=229 or call ANR at 510-841-3032.

Include expert advisors

From the earliest stages, the drafting group must combine tobacco control expertise with legal expertise and familiarity with local law and procedures. Consider consulting with national tobacco control legal organizations (such as the Tobacco Law Center at tobaccolaw@wmitchell.edu). Local legal counsel should be brought in to assist with drafting language and ensure that your proposal does not conflict with laws already on the books. Engage personnel from the local enforcement agency and the city or county attorney's office in the policy development process from the start. These personnel can identify potential problems based on their experiences with interpreting and enforcing other local laws. Engaging these stakeholders and asking for their advice before the ordinance is enacted also gives them buy-in and may lead them to be more supportive of the ordinance during the implementation phase (including in the event of opposition legal challenges). **You should always have outside tobacco control policy and legal experts review the proposed ordinance.**

Avoid ballot measures

Advocates new to the smokefree indoor air movement often wonder why they should bother trying to convince local elected officials to enact a strong smokefree indoor air ordinance when they could put the matter on the municipal ballot and let voters decide. The answer to this question is found in the experiences of smokefree advocates around the country, which indicate that ballot initiatives are NOT the preferred method to enact local and state smokefree laws. It is important to note that public opinion data showing public support for smokefree laws does not automatically translate into victory at the polls. The winner is determined, not by poll results but by money and voter turnout. **Ballot measures are NOT a short cut that enables you to avoid going through the arduous, time-consuming process of conducting a traditional city council-centered smokefree campaign. Rather, ballot measures are a last-ditch option to turn to when all other approaches have failed. Losing at the ballot is not an option.**

The perceived benefits of using the ballot as a public health tool come at a significant cost because the election process provides the tobacco industry with two key advantages:

- Political Experience.** While a smokefree ballot issue is in most cases a new activity for a local coalition, tobacco companies and their consultants have extensive experience with political campaigns. During a ballot initiative campaign, the tobacco industry employs professional campaign tactics that are difficult for novices to counter: hiring savvy political operatives, sending out direct mail pieces, conducting massive phone banking, airing extensive paid television and radio ads, etc.

- Money.** Big Tobacco has deep pockets. Keep in mind that the tobacco industry can significantly outspend a smokefree coalition when it comes to funding expensive ballot initiative campaigns. As taxable entities, tobacco companies and

their front groups and allies have fewer restrictions on how they use their money than do many non-profit agencies.

City councils, county commissions, and local boards of health have enacted the vast majority of smokefree ordinances in the United States. Ballot initiatives have been used successfully in those rare instances when local elected officials refused to take action despite significant community education and mobilization of public support by a local smokefree coalition.

Sometimes a measure is placed on the ballot by the opposition in an attempt to overturn a newly enacted smokefree ordinance. In that case smokefree advocates have no choice but to fight to preserve the ordinance. It is becoming increasingly difficult for opponents to overturn strong laws that have already been enacted due to increased public awareness about the dangers of secondhand smoke. However, local coalitions will still need to invest substantial time and money in a campaign to ensure that they successfully defend the ordinance at the polls.

Also keep in mind that opposition groups may place a weaker, deceptive version on the same ballot to offer a measure that appears “more reasonable” to the public. This could trigger serious challenges for any ballot campaign, which must then work at defeating the bad measure at the same time that it is campaigning to enact its own measure.

In addition to local ballot battles, some smokefree laws have been put to a statewide vote. Statewide ballot initiatives are exponentially more costly and hold greater risk than local campaigns. Statewide ballot measures for smokefree air have been successful in several states, thanks to good planning and sufficient resources. However, before you decide on a state ballot campaign, consider this. Starting with strong poll numbers and a solid strategic plan, even the smallest state requires over a million dollars to get the job done. Where possible, it is still cheaper, easier, and less risky, to take the local approach and work with city and county governments to achieve smokefree air.

II. DRAFTING PRINCIPLES

Develop clear definitions

When it comes to smokefree ordinances, the “devil is in the details.” Clear, consistent definitions of terms are critical for ensuring that the ordinance is interpreted, implemented, and enforced in ways that effectively protect nonsmokers from secondhand smoke. Define critical terms like “enclosed” carefully to avoid unintended loopholes. Clear definitions for the places that are exempt from the law are particularly vital in order to limit the scope of the exemptions. When in doubt, spell it out.

Definitions for restaurants, bars and gaming establishments: The definitions of “restaurants”, “bars”, and “gaming establishments “or” casinos typically raise the most issues since these venues tend to be the major focus of debate and opposition. For

example, a restaurant should be defined as an establishment whose primary function is the consumption of food, with the consumption of alcoholic beverages being incidental. Conversely, a bar is an establishment whose primary function is the consumption of alcoholic beverages, with the consumption of food being incidental. A “restaurant” should be defined as including any bar area within it. An establishment is either a bar or a restaurant, not both. All of these establishments must be 100% smokefree in order to effectively protect nonsmoking workers and patrons from secondhand smoke. Smoking rooms and ventilation systems do not provide meaningful health protections. In these definitions, as with all others, however, you will need to take into account any existing terminology in your state and local laws to avoid unintended conflicts.

Do not include unnecessary definitions: Do not define a term without using it in the substantive section of the ordinance. Defining terms without actually using them creates confusion as to what venues the ordinance covers. For example, if you define “bar” and the ordinance states that public places are smokefree without mentioning bars, there will be uncertainty as to whether the ordinance applies to bars.

Use Clear, Concise, and Consistent Language

Ambiguous or contradictory language leads to interpretation and enforcement problems, and makes it more likely that the ordinance will be challenged in court. Examples of this include making restaurants smokefree but exempting bars without clearly indicating whether the exemption includes bar areas within restaurants, and both including a place under the smoking restrictions and exempting it from those restrictions.

For the recommended definitions from Americans for Nonsmokers’ Rights “Model Ordinance”, see www.no-smoke.org/pdf/modelordinance.pdf or call 510-841-3032.

Cover All Workplaces

All workplaces should be smokefree in their entirety. Do not exempt small workplaces, private offices, factories, warehouses, clubs, bars or casinos, for example. All workers, no matter where they are employed, should be given a work environment completely free from secondhand smoke. Allowing smoking in certain workplaces or in certain areas of workplaces will not provide adequate health protection to employees or visitors.

- **Small workplaces:** Exemptions for small workplaces (with 3 or fewer employees for example) present a serious problem for people working in small offices with bosses or coworkers who smoke. The provisions are unnecessary and discriminatory and are rarely strengthened down the line.
- **Private offices:** Because most buildings have shared ventilation systems, smoke from a private office can travel throughout the building, exposing everyone in the building to the health hazards of secondhand smoke. In addition, nonsmoking employees and custodians who must enter the offices as part of their jobs, as well as members of the public who must enter them for business purposes, will be exposed to secondhand smoke.

- **Hospitality workplaces:** Workers and patrons at restaurants, bars, casinos and other hospitality businesses should be fully protected. In the past, some workplaces were considered separately and exempted fully or partially from a smokefree law. Those days are over. **With the abundant science about the dangers of secondhand smoke and public education surrounding the issue, exemptions for certain workplaces are no longer acceptable.**

III. NEVER AGREE TO PREEMPTION

If you are working on a law at the state or county level, the opposition may try to add a preemption provision to your language. Preemption is unacceptable and should be avoided at all costs.

Preemption is a provision at one level of government (usually federal or state) that prevents a lower level from enacting stronger laws on an issue than exist at the higher government level. Since the 1980's, one of the tobacco industry's favorite tactics has been to lobby state legislatures to preempt local smokefree laws. Where successful, as it has been in a number of states, this tactic shifts the struggle for smokefree air from local jurisdictions, where grassroots smokefree advocates have the upper hand, to the state legislature, where the tobacco industry wields substantial influence. Local municipalities that have passed the first strong smokefree ordinances in a state, have passed a flurry of smokefree ordinances in a short period of time, or have passed a smokefree law in the capital city should be on special guard for attempts to preempt local smokefree activity.

Preemption is usually added to a weak bill regulating smoking, which is then used as a cover to give the impression that the state is actually doing something to protect nonsmokers when, in fact, it isn't. Attempts to add preemption may be stealthy, employing technical, unclear language to bills that are placed on the fast track with little or no public notice. Preemptive amendments or riders can also be tacked on to unrelated bills. The tobacco industry's push for preemption is a tribute to our success at the local level.

Local control is at the heart of our broader goal of educating the public about the health effects of secondhand smoke and changing social norms. Debates over proposed local smokefree ordinances typically generate extensive media coverage, letters to the editor, town hall meetings, and city council hearings, all of which increase public awareness of secondhand smoke and public support for smokefree laws.

For further information on preemption, visit the Protect Local Control website supported by Americans for Nonsmokers' Rights and the American Cancer Society Cancer Action Network, at www.protectlocalcontrol.org.

IV. DEAL BREAKERS

If any of the following provisions are inserted in your ordinance at any time during the legislative process, it is vital that you walk away. You can still claim a victory for defeating a bad ordinance that would have compromised the health of workers and the public, offered false reassurance, and stood in the way of future efforts. Remember, having no law is better than having a weak or ineffective law.

Ventilation Provisions:

No ventilation system can completely remove the cancer-causing and toxic chemicals in secondhand smoke. Going 100% smokefree not only protects employees and patrons, but also protects business owners' bottom line for both the short and long terms.

The 2006 U.S. Surgeon General's Report, "*The Health Consequences of Involuntary Exposure to Secondhand Smoke*," concluded that ventilation and smoking rooms cannot control exposure to secondhand smoke. Since the landmark report's release, the Institute of Medicine and the U.S. President's Cancer Panel have both endorsed 100% smokefree indoor policies, free of loopholes, to protect workers and patrons from developing adverse health effects due to exposure.

In 2005, the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), the international standard-setting body for indoor air quality and ventilation, adopted a position document on approaches to controlling secondhand smoke, which states unequivocally, that "the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity." *The full document* can be accessed at www.ashrae.org.

In some cities, opposition groups have advocated for a loophole under which smoking will be allowed indoors if "*future ventilation technology*" can remove secondhand smoke to "*an acceptable level*." Do not agree to these types of amendments. The U.S. Surgeon General concludes that there is "no risk-free level of exposure" to secondhand smoke, meaning no acceptable level exists. These claims are deal breakers and provide an opening for future holes in your law.

In addition, separately ventilated smoking rooms do not effectively protect people from secondhand smoke exposure. Unless a room is completely separated with no ventilation, doors, windows, entryways, or openings of any kind, secondhand smoke from an enclosed, separately ventilated room will infiltrate into smokefree areas.

Including an exemption for smoking rooms or any type of ventilation provision makes it more difficult to strengthen the law in the future. Once business owners have invested money in expensive ventilation systems, smoking rooms, or other structural modifications in order to allow smoking while complying with the law, they and the local lawmakers will strongly resist revisiting the law. Furthermore, smaller restaurants and bars that cannot afford or lack the space to take advantage of these exemptions often feel

that the law is placing them at a competitive disadvantage relative to their larger counterparts. **In contrast, going 100% smokefree costs nothing.**

“Red Light/Green Light” Provisions:

Under “Red Light/Green Light” provisions, restaurants, bars, and other businesses can fulfill their legal obligations to the public by simply posting signs stating their smoking policy. Businesses are not required to prohibit or restrict smoking. The rationale is that the signs give the public fair warning and that those who choose to patronize the businesses know what to expect. “Red Light/Green Light” provisions give the impression that something has been done to address the problem of secondhand smoke without providing nonsmokers with any actual health protections. Most importantly, even if customers can choose between smoking and nonsmoking establishments, employees cannot. The “Red Light/Green Light” approach is in line with the tobacco industry’s broader mantra that smoking and secondhand smoke exposure are “adult choices.” This claim runs counter to a basic premise of the nonsmokers’ rights movement which holds that nonsmokers generally do not have a choice about breathing other people’s smoke, especially in the workplace. Service workers and customers should not have to step outside in order to breathe.

“Minors Only” or Age-Restriction Provisions:

“Minors only” provisions prohibit smoking only in settings where minors are present. Smoking is permitted in restaurants, bars, bowling alleys, and/or other hospitality businesses as long as these venues are off-limits to minors. These provisions are inconsistent with the purpose of smokefree laws, which is to protect all people, regardless of age, from secondhand smoke. After all, secondhand smoke is harmful to adults as well as minors and to employees as well as patrons. Like Red Light/Green Light provisions, this approach fits into a larger tobacco industry strategy of framing tobacco use and secondhand smoke as youth issues, instead of health issues that affect everyone.

An additional problem with “minors only” provisions is that they sometimes allow businesses to be adults only and smoker-friendly at certain times while being open to customers of all ages and non-smoking at other times. This approach fails to provide even minors with complete protection from secondhand smoke, is confusing, and causes enforcement headaches. (See the next section for further information.)

Hours Provisions:

Hours provisions allow smoking in restaurants, bars, bowling alleys, and/or other hospitality businesses during certain times while prohibiting smoking at other times. **There are at least four problems with provisions of this type.** First, they do not provide meaningful protection against secondhand smoke. In order to protect nonsmokers’ health, indoor settings need to be smokefree at all times. The chemicals in secondhand smoke linger in a building for days after smoking has occurred. If a restaurant or bowling alley allows smoking at night, employees and customers who are in the venue the following morning will be exposed to these chemicals, even if no smoking is allowed at that time. Secondly, patron compliance is likely to be lower if physical cues in a business (for example, the presence of ashtrays and discarded cigarette butts and the smell of smoke) suggest that the business permits smoking. Thirdly, checking whether a venue is in compliance becomes more difficult if a citizen or an enforcement agency

needs a watch or a calendar to know whether smoking is allowed. Finally, hours provisions are often intended to prohibit smoking only at times when minors are present. As described in the previous paragraphs, this approach brings with it an additional set of problems.

Consent Provisions:

Consent provisions allow smoking if all employees in a business consent. Workers are asked to give their consent to working in a smoking area or room or to allowing smoking throughout the workplace. The problem with this approach is that employees – especially employees, who are new, lack education, are undocumented immigrants, or are vulnerable in other ways – can be pressured into “consenting” to work in smoke-filled areas as a condition of employment. Employees may fear that they will be discriminated against or harassed by the business proprietor, their supervisor, or their fellow employees – or even lose their job – if they refuse. **Workers should not be put in a position where they must choose between jeopardizing their health or their jobs.** Employers also sometimes use consent forms to try to evade legal liability for health conditions that employees develop as a result of being exposed to secondhand smoke on the job.

“Hardship” Exemptions:

Hardship exemptions allow restaurants, bars, or other hospitality businesses to obtain a waiver from complying with a smokefree law because doing so supposedly causes them economic harm. **These exemptions should be avoided because they create an unwarranted loophole, establish a favored class of businesses, and can lead to inconsistent application of the law.** In addition, these provisions are based on the false premise that smokefree laws have a negative economic impact on restaurants, bars, and other businesses. Peer-reviewed studies that examine objective measures such as sales tax receipts and employment levels have consistently found that this is not the case. If policymakers insist on a hardship exemption, you can limit the resulting damage by requiring applicants for this exemption to demonstrate that they actually experienced economic hardship. They should document this by providing sales tax receipts. Applicants should also be required to demonstrate that the significant economic hardship they experienced was caused by the smokefree law and not by other factors, such as poor business practices, seasonal business fluctuations, or a broad trend in the particular business sector. Finally, hardship exemptions should only be valid for a limited period of time (no more than a year) and should not be renewable.

For more information regarding hardship clauses, see “Hardship Exceptions to Smoking Ordinances” from the Tobacco Law Center (Call ANR at 510-841-3032 for a copy).

Opt-out Exemptions:

Opt-out provisions, which can appear in either county or state laws, allow local jurisdictions within the county or state either to choose not to follow the law altogether or to adopt weaker laws. Opt-out provisions are unacceptable. They undermine public health and cause implementation challenges.

Allowing local jurisdictions to ignore county or state smokefree laws denies health protections to a portion of the county’s or state’s population. It also violates a fundamental principle. County and state smokefree laws should provide the floor for

local smokefree laws, not the ceiling. Local laws should be used to strengthen these important public health measures but not to weaken them. Municipalities aren't allowed to ignore other county or state public health measures such as laws and regulations on sanitary food preparation practices and drunk driving.

Special licenses and permits:

This approach allows restaurants, bars, and/or other hospitality businesses to allow smoking if they purchase a license or permit or pay some other sort of fee. In effect, this gives a business a license to harm the health of its employees and customers. In other words, a city issued "license to kill". 100% smokefree laws are meant to protect all employees and customers, not merely those in businesses that can't afford or don't choose to pay such a fee.

Tax incentives:

Instead of imposing fees on businesses that allow smoking, this approach **provides tax incentives to businesses that voluntarily go smokefree**. Like the previous approach, this approach does not require any business to prohibit smoking but merely creates a financial incentive for them to do so. Tax incentives reward businesses for doing something that they should be required to do in any case, namely protecting the health of their employees and customers. Like the various accommodation provisions discussed above, these provisions offer false reassurance, giving the impression that the problem of secondhand smoke has been solved when it has not. Again, to be effective smokefree laws should protect ALL employees and customers in ALL businesses.

Sunset provisions:

A "sunset provision" stipulates that a law will expire on a certain date unless it is renewed, and it carries with it the inference that there is some reason to revisit the law, perhaps in order to ensure that the law is not having an adverse economic impact or other negative effects. Sunset provisions unfairly place the burden on the public health community to prove that the law is working successfully and to advocate for its renewal. Public health measures should be permanent and should not be left vulnerable to political pressures to allow these measures to expire. Advocates should not be forced to fight the same battle over and over again.

Trigger provisions:

Opposition groups have promoted "trigger" language as a strategy to delay implementation of smokefree laws indefinitely. Trigger language prevents a law from taking effect until specified neighboring communities, usually all communities in a metropolitan area, have passed similar laws. Unless all the other communities pass laws, the enacted law is simply words on paper and will not protect anyone's health. Trigger provisions should always be avoided.

V. ADDITIONAL PROVISIONS TO AVOID

The following provisions should be avoided whenever possible because they create situations in which people will be unnecessarily exposed to secondhand smoke

Exemptions for membership associations (Private Clubs):

Membership associations (also referred to as “private clubs”) are rarely private at all. The public may be misled to believe they are “private” spaces, but in practice, they are often open to the public at certain times and may have paid employees. If an organization has employees, it should be treated like any other workplace. Smokefree laws should apply to all workplaces, regardless of ownership. The only exception to this rule may be if the membership organization is entirely closed to the public at all times and has no paid or volunteer employees. Keep in mind that membership associations routinely comply with public health and safety laws (building codes, sanitation laws, etc.) so complying with a smokefree law would not be out of the ordinary.

Exemptions for tobacco retail shops, cigar bars, and hookah bars*:

These exemptions, although once common, are no longer the norm. The tobacco industry and other opposition groups continue to assert that these establishments warrant exemption. In reality, these businesses are no different than any other workplace or public place. All employees, no matter where they are employed, deserve the right to breathe clean air at work. Opposition groups have taken full advantage of these exemptions, stretching and testing the definitions in an effort to allow smoking in everyday bars. Chicago’s smokefree law contained an exemption for tobacco retail shops. So tobacco giant RJ Reynolds opened up a bar that fell under the definition of *tobacco retail shop*. The creation of this tobacco shop and bar was simply a deceptive tactic to circumvent the new smokefree law. In order to prevent loopholes like this in your area, it is best to avoid all exemptions for tobacco retail shops, cigar bars, and hookah bars*. Again, these are workplaces too.

**A “hookah bar” is a place where patrons can purchase flavored tobacco and rent a water pipe with which to smoke it. Many hookah bars also sell food and drinks. Hookah bars appealing to young adults may sell alcohol as well, although more traditional hookah bars do not.*

Exemptions for (non-tribal) casinos and gaming establishments:

Casino workers, like other workers, deserve complete protection from secondhand smoke. The gaming industry has extremely deep pockets and is willing to spend countless dollars joining the tobacco industry and fighting smokefree laws. Joining forces, the tobacco and gaming industries can push hard to entirely exempt casinos or call for a so-called “compromise”. These “compromises” can include ineffective ventilation requirements or exemptions for gaming floors within casinos. Ventilation will not protect health. Limiting smoking to gaming floors will be equally ineffective in protecting workers from exposure. The only way to ensure a safe workplace is to make these establishments 100% smokefree.

Keep in mind that many casinos and gaming venues exist on tribal lands. Tribal land is sovereign. Smokefree policies for casinos on tribal land must be considered separately by tribal governments or via gaming compacts.

THINK OF YOUR IMPACT:

Strengths or weaknesses in your law influence other campaigns. While compromises you make during your campaign may seem like the best choices for your community or state, the impact of your decisions reaches far beyond your borders. Word travels fast. If your law exempts certain areas of casinos, for example, it becomes more difficult for other communities to pass a strong law including casinos. Over the years the smokefree movement has moved away from laws with loopholes and exemptions, and today more and more smokefree laws provide 100% workplace protection.

Grandfather clauses:

These provisions **establish separate rules for restaurants, bars, or other hospitality businesses based on the date that they obtained their operating permit.** Grandfathering in establishments that have a permit as of a particular date locks in a two-tier system of smoking restrictions. It is unfair to employees and customers of older establishments to deny them the health protections that apply in newer establishments. Again, smokefree laws are only effective and fair when they make all businesses in a given category smokefree. In addition, these provisions may open the door to legal challenges by business proprietors who claim that their businesses are being placed at a competitive disadvantage and point out that the provisions are not based on legitimate public health grounds.

Long phase-in provisions:

Smokefree laws typically provide for a phase-in period (30-90 days) to allow employers and businesses time to prepare for the law and for the designated enforcement agency to prepare to implement and enforce it. At the behest of restaurant and bar owners, ordinances sometimes provide for overly long phase-in periods of up to two or three years. Such a long phase-in period simply postpones implementation of the law as long as possible to allow opponents time to try to have the law repealed or watered down before it goes into effect. It shouldn't take much time for restaurants and bars to prepare for a smokefree law: in most cases this involves simply putting up a few signs and removing ashtrays.

CHOOSE YOUR IMPLEMENTATION DATE WISELY:

Avoid implementing a smokefree law on January 1st. This would make your new law effective at midnight on New Year's Eve, just as patrons are ringing in the New Year at local bars. Also avoid dates like **Superbowl Sunday** and **St. Patrick's Day**. In colder climates, try to avoid implementation dates during the coldest winter months. Consider implementing the law at 6:00am instead of midnight. That way, businesses will have the opportunity to remove ashtrays, post signs and have a fresh start by opening as a smokefree establishment in the morning.

VI. ADDITIONAL IMPORTANT CAMPAIGN TIPS

Organizing, educating, and empowering a community to plan and execute a successful smokefree air campaign is *not* a short-term project. **There are no shortcuts.** If you are serious about conducting a smokefree campaign, you need to do it right, and that takes time. Running an effective campaign, from education through ordinance passage, typically takes a minimum of one year. It may well take longer. You will not be able to predict in advance how long it will take to succeed. The general rule of thumb is to take as much time as necessary to ensure that you have mobilized sufficient organized public support for the smokefree ordinance. And during the campaign, it will be a full-time commitment for the local coalition, especially for its leadership. The coalition should not plan to take on any other projects during this period; you will need to focus all your energy on the smokefree campaign if you want to be victorious. **An effective smokefree campaign is really two campaigns in one: a public education campaign and a sophisticated political campaign. Both components require careful planning, hard work, and the discipline to stay on task and on message.**

You also need to recognize from the beginning that your work will not end when the law passes. At that point you will need to shift gears to focus on implementing the ordinance and defending it against opposition efforts to have it repealed or weakened. These are also full-time tasks that will require your attention for an extended period. A sustained commitment will be needed to ensure that the ordinance successfully weathers opposition attacks and the many weapons in the tobacco industry's arsenal.

The experiences of countless campaigns show that no matter how small or isolated a community, the tobacco industry, its allies, and other organized opposition groups will go to great lengths to prevent, overturn, or undermine the enactment and implementation of a strong smokefree law. When entering into the crucial enactment phase of a smokefree campaign, inexperienced advocates often note that they have not seen any signs of the tobacco industry or of organized opposition. Hopeful that the industry has somehow overlooked their efforts and that the ordinance can be quickly and quietly enacted without resistance, these advocates are caught by surprise when major opposition surfaces at the eleventh hour, prompting the city council to back away from the ordinance or when it

turns out that opponents have been active behind the scenes, resulting in ordinance language that is fatally compromised.

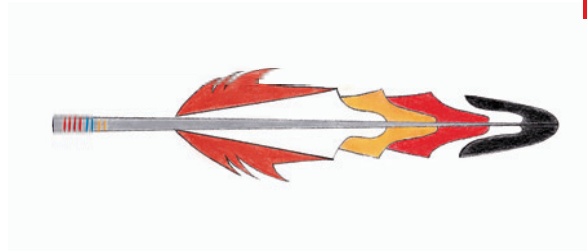
Newer advocates often swear that they have never heard from the opposition. But the industry often operates beneath the radar, since it has essentially no credibility at the community level. The fact that it is not visible does not necessarily mean that it is absent. It is important not to underestimate the industry's awareness of local smokefree law efforts or its determination to oppose them. It is also important not to underestimate the influence and tenacity of local opponents of a proposed smokefree ordinance who may not be directly connected to the tobacco industry. **The bottom line is that there are NO shortcuts to enacting smokefree ordinances.** There is invariably resistance, there is invariably a fight, and victory invariably takes time. It is precisely because smokefree ordinances have such a significant, lasting impact on a community's culture and norms that they don't come easy.

Coalitions should develop relationships with city council "insiders," local business contacts, and other allies who can inform them about "outsiders" who have suddenly surfaced following the introduction of a smokefree ordinance and who are lobbying, holding meetings with restaurant owners or political organizations, helping create new restaurant or hospitality associations, phone banking, conducting "push polls," or petition gathering in opposition to an ordinance. It also is important to become aware of the many tactics that the tobacco industry uses to fight smokefree ordinances and to learn how others have successfully countered these tactics. Opposition is likely to be especially fierce in the first community in a state to consider a strong smokefree ordinance and in a state's capital city.

When it comes to smokefree campaigns, sure and steady wins the race. Diligence and perseverance are keys to success, whereas impatience can lead to premature action that ends in defeat. It may be tempting to accept a concession that will fatally undermine your ordinance as the necessary price to bring a lengthy, frustrating process to a close. However, this is a shortsighted approach. **Remember: your goal is not to pass a law, but to effectively protect the public from the health effects of secondhand smoke and to change social norms.** It can be very difficult after investing so much time and so many resources into a smokefree campaign to walk away with nothing, but often that is the best strategy. **Don't be afraid to walk away with nothing** rather than accepting something that is bad for public health and detrimental to future efforts.

Smokefree laws are one of the most powerful weapons in the public health arsenal. If you pursue them strategically, drawing on the principles and lessons outlined above, you can reap major benefits for your community. In addition to protecting all people from secondhand smoke exposure, smokefree laws also help smokers quit and change norms about the social acceptability of smoking.

Appendix B



**MODEL ORDINANCE PROHIBITING SMOKING
IN ALL WORKPLACES AND PUBLIC PLACES
(100% SMOKEFREE)**

Revised March 2011

Sec. 1000. Title

This Article shall be known as the _____ [*name of City or County*] Smokefree Air Ordinance of _____ [*year*].

Sec. 1001. Findings and Intent

The _____ [*City or County Governing Body*] does hereby find that:

The 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, has concluded that (1) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke; (2) children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory problems, ear infections, and asthma attacks, and that smoking by parents causes respiratory symptoms and slows lung growth in their children; (3) exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer; (4) there is no risk-free level of exposure to secondhand smoke; (5) establishing smokefree workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace, because ventilation and other air cleaning technologies cannot completely control for exposure of nonsmokers to secondhand smoke; and (6) evidence from peer-reviewed studies shows that smokefree policies and laws do not have an adverse economic impact on the hospitality industry. (U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.) According to the 2010 U.S. Surgeon General's Report, *How Tobacco Smoke Causes Disease*, even occasional exposure to secondhand smoke is harmful and low levels of exposure to secondhand tobacco smoke lead to a rapid and sharp increase in dysfunction and inflammation of the lining of the blood vessels, which are implicated in heart attacks and stroke. (U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.)

Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer. The National Cancer Institute determined in 1999 that secondhand smoke is responsible

for the early deaths of approximately 53,000 Americans annually. (National Cancer Institute (NCI), "Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph 10," Bethesda, MD: National Institutes of Health, National Cancer Institute (NCI), August 1999.)

The Public Health Service's National Toxicology Program (NTP) has listed secondhand smoke as a known carcinogen. (Environmental Health Information Service (EHIS), "Environmental tobacco smoke: first listed in the Ninth Report on Carcinogens," U.S. Department of Health and Human Services (DHHS), Public Health Service, NTP, 2000; reaffirmed by the NTP in subsequent reports on carcinogens, 2003, 2005.)

Based on a finding by the California Environmental Protection Agency in 2005, the California Air Resources Board has determined that secondhand smoke is a toxic air contaminant, finding that exposure to secondhand smoke has serious health effects, including low birth-weight babies; sudden infant death syndrome (SIDS); increased respiratory infections in children; asthma in children and adults; lung cancer, sinus cancer, and breast cancer in younger, premenopausal women; heart disease; and death. (California Air Resources Board (ARB), "Appendix II Findings of the Scientific Review Panel: Findings of the Scientific Review Panel on Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant as adopted at the Panel's June 24, 2005 Meeting," California Air Resources Board (ARB), September 12, 2005.)

There is indisputable evidence that implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to secondhand smoke. (World Health Organization (WHO), "Protection from exposure to secondhand smoke: policy recommendations," World Health Organization (WHO), 2007.)

In reviewing 11 studies concluding that communities see an immediate reduction in heart attack admissions after the implementation of comprehensive smokefree laws, the Institute of Medicine of the National Academies concluded that data consistently demonstrate that secondhand smoke exposure increases the risk of coronary heart disease and heart attacks and that smokefree laws reduce heart attacks. (Institute of Medicine (IOM) of the National Academies, Board on Population Health and Public Health Practice, Committee on Secondhand Smoke Exposure and Acute Coronary Events, "Secondhand smoke exposure and cardiovascular effects: making sense of the evidence," Washington, DC: National Academies Press, October 2009.)

A significant amount of secondhand smoke exposure occurs in the workplace. Employees who work in smoke-filled businesses suffer a 25-50% higher risk of heart attack and higher rates of death from cardiovascular disease and cancer, as well as increased acute respiratory disease and measurable decrease in lung function. (Pitsavos, C.; Panagiotakos, D.B.; Chrysohoou, C.; Skoumas, J.; Tzioumis, K.; Stefanadis, C.; Toutouzas, P., "Association between exposure to environmental tobacco smoke and the development of acute coronary syndromes: the CARDIO2000 case-control study," *Tobacco Control* 11(3): 220-225, September 2002.)

Studies measuring cotinine (metabolized nicotine) and NNAL (metabolized nitrosamine NNK, a tobacco-specific carcinogen linked to lung cancer) in hospitality workers find dramatic reductions in the levels of these biomarkers after a smokefree law takes effect. Average cotinine levels of New York City restaurant and bar workers decreased by 85% after the city's smokefree law went into effect. ([n.a.], "The State of Smoke-Free New York City: A One Year Review," New York City Department of Finance, New York City Department of Health & Mental Hygiene, New York City Department of Small Business Services, New York City Economic Development Corporation, March 2004). After the

implementation of Ontario, Canada's Smokefree Indoor Air Law, levels of NNAL were reduced by 52% in nonsmoking casino employees and cotinine levels fell by 98%. (Geoffrey T. Fong, et. al., "The Impact of the Smoke-Free Ontario Act on Air Quality and Biomarkers of Exposure in Casinos: A Quasi-Experimental Study," *Ontario Tobacco Control Conference, Niagara Falls, Ontario, December 2, 2006.*)

Following a Health Hazard Evaluation of Las Vegas casino employees' secondhand smoke exposure in the workplace, which included indoor air quality tests and biomarker assessments, the National Institute of Occupational Safety & Health (NIOSH) concluded that the casino employees are exposed to dangerous levels of secondhand smoke at work and that their bodies absorb high levels of tobacco-specific chemicals NNK and cotinine during work shifts. NIOSH also concluded that the "best means of eliminating workplace exposure to [secondhand smoke] is to ban all smoking in the casinos." (*Health hazard evaluation report: environmental and biological assessment of environmental tobacco smoke exposure among casino dealers, Las Vegas, NV.* By Achutan C, West C, Mueller C, Boudreau Y, Mead K. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, NIOSH HETA No. 2005-0076 and 2005-0201-3080, May 2009.)

Secondhand smoke is particularly hazardous to elderly people, individuals with cardiovascular disease, and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease. (California Environmental Protection Agency (Cal EPA), "Health effects of exposure to environmental tobacco smoke", *Tobacco Control 6(4): 346-353, Winter, 1997.*) The Americans With Disabilities Act, which requires that disabled persons have access to public places and workplaces, deems impaired respiratory function to be a disability. (Daynard, R.A., "Environmental tobacco smoke and the Americans with Disabilities Act," *Nonsmokers' Voice 15(1): 8-9.*)

The U.S. Centers for Disease Control and Prevention has determined that the risk of acute myocardial infarction and coronary heart disease associated with exposure to tobacco smoke is non-linear at low doses, increasing rapidly with relatively small doses such as those received from secondhand smoke or actively smoking one or two cigarettes a day, and has warned that all patients at increased risk of coronary heart disease or with known coronary artery disease should avoid all indoor environments that permit smoking. (Pechacek, Terry F.; Babb, Stephen, "Commentary: How acute and reversible are the cardiovascular risks of secondhand smoke?" *British Medical Journal 328: 980-983, April 24, 2004.*)

Given the fact that there is no safe level of exposure to secondhand smoke, the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) bases its ventilation standards on totally smokefree environments. ASHRAE has determined that there is currently no air filtration or other ventilation technology that can completely eliminate all the carcinogenic components in secondhand smoke and the health risks caused by secondhand smoke exposure, and recommends that indoor environments be smokefree in their entirety. (Samet, J.; Bohanon, Jr., H.R.; Coultas, D.B.; Houston, T.P.; Persily, A.K.; Schoen, L.J.; Spengler, J.; Callaway, C.A., "ASHRAE position document on environmental tobacco smoke," *American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), 2005.*)

During periods of active smoking, peak and average outdoor tobacco smoke (OTS) levels measured in outdoor cafes and restaurant and bar patios near smokers rival indoor tobacco smoke concentrations. (Klepeis, N.; Ott, W.R.; Switzer, P., "Real-time measurement of outdoor tobacco smoke particles," *Journal of the Air & Waste Management Association 57: 522-534, 2007.*) Nonsmokers who spend

six-hour periods in outdoor smoking sections of bars and restaurants experience a significant increase in levels of cotinine when compared to the cotinine levels in a smokefree outdoor area. (Hall, J.C.; Bernert, J.T.; Hall, D.B.; St Helen, G.; Kudon, L.H.; Naeher, L.P., "Assessment of exposure to secondhand smoke at outdoor bars and family restaurants in Athens, Georgia, using salivary cotinine," *Journal of Occupational and Environmental Hygiene* 6(11): 698-704, November 2009.)

Residual tobacco contamination, or "thirdhand smoke," from cigarettes, cigars, and other tobacco products is left behind after smoking occurs and builds up on surfaces and furnishings. This residue can linger in spaces long after smoking has ceased and continue to expose people to tobacco toxins. Sticky, highly toxic particulate matter, including nicotine, can cling to walls and ceilings. Gases can be absorbed into carpets, draperies, and other upholsteries, and then be reemitted (off-gassed) back into the air and recombine to form harmful compounds. (Singer, B.C.; Hodgson, A.T.; Nazaroff, W.W., "Effect of sorption on exposures to organic gases from environmental tobacco smoke (ETS)," *Proceedings: Indoor Air 2002*, 2002.) Tobacco residue is noticeably present in dust throughout places where smoking has occurred. (Matt, G.E.; Quintana, P.J.E.; Hovell, M.F.; Bernert, J.T.; Song, S.; Novianti, N.; Juarez, T.; Floro, J.; Gehrman, C.; Garcia, M.; Larson, S., "Households contaminated by environmental tobacco smoke: sources of infant exposures," *Tobacco Control* 13(1): 29-37, March 2004.) Given the rapid sorption and persistence of high levels of residual nicotine from tobacco smoke on indoor surfaces, including clothing and human skin, this recently identified process represents an unappreciated health hazard through dermal exposure, dust inhalation, and ingestion. (Sleiman, M.; Gundel, L.A.; Pankow, J.F.; Jacob III, P.; Singer, B.C.; Destailats, H., "Formation of carcinogens indoors by surface-mediated reactions of nicotine with nitrous acid, leading to potential thirdhand smoke hazards," *Proceedings of the National Academy of Sciences of the United States of America (PNAS)* 107(15): 6576-6581, February 8, 2010.)

Unregulated high-tech smoking devices, commonly referred to as electronic cigarettes, or "e-cigarettes," closely resemble and purposefully mimic the act of smoking by having users inhale vaporized liquid nicotine created by heat through an electronic ignition system. After testing a number of e-cigarettes from two leading manufacturers, the Food and Drug Administration (FDA) determined that various samples tested contained not only nicotine but also detectable levels of known carcinogens and toxic chemicals, including tobacco-specific nitrosamines and diethylene glycol, a toxic chemical used in antifreeze. The FDA's testing also suggested that "quality control processes used to manufacture these products are inconsistent or non-existent." ([n.a.], "Summary of results: laboratory analysis of electronic cigarettes conducted by FDA," *Food and Drug Administration (FDA)*, July 22, 2009; <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm> Accessed on: October 22, 2009.) E-cigarettes produce a vapor of undetermined and potentially harmful substances, which may appear similar to the smoke emitted by traditional tobacco products. Their use in workplaces and public places where smoking of traditional tobacco products is prohibited creates concern and confusion and leads to difficulties in enforcing the smoking prohibitions.

The Society of Actuaries has determined that secondhand smoke costs the U.S. economy roughly \$10 billion a year: \$5 billion in estimated medical costs associated with secondhand smoke exposure and \$4.6 billion in lost productivity. (Behan, D.F.; Eriksen, M.P.; Lin, Y., "Economic Effects of Environmental Tobacco Smoke," *Society of Actuaries*, March 31, 2005.)

Numerous economic analyses examining restaurant and hotel receipts and controlling for economic variables have shown either no difference or a positive economic impact after

enactment of laws requiring workplaces to be smokefree. Creation of smokefree workplaces is sound economic policy and provides the maximum level of employee health and safety. (Glantz, S.A. & Smith, L., "The effect of ordinances requiring smokefree restaurants on restaurant sales in the United States." *American Journal of Public Health*, 87:1687-1693, 1997; Colman, R.; Urbonas, C.M., "The economic impact of smoke-free workplaces: an assessment for Nova Scotia, prepared for Tobacco Control Unit, Nova Scotia Department of Health," *GPI Atlantic*, September 2001.)

There is no legal or constitutional "right to smoke." (Graff, S.K., "*There is No Constitutional Right to Smoke: 2008*," Tobacco Control Legal Consortium, 2d edition, 2008.) Business owners have no legal or constitutional right to expose their employees and customers to the toxic chemicals in secondhand smoke. On the contrary, employers have a common law duty to provide their workers with a workplace that is not unreasonably dangerous. (Graff, S.K.; Zellers, L., "*Workplace Smoking: Options for Employees and Legal Risks for Employers*," Tobacco Control Legal Consortium, 2008.)

Smoking is a potential cause of fires; cigarette and cigar burns and ash stains on merchandise and fixtures causes economic damage to businesses. ("The high price of cigarette smoking," *Business & Health* 15(8), Supplement A: 6-9, August 1997.)

The smoking of tobacco is a form of air pollution, a positive danger to health, and a material public nuisance.

Accordingly, the _____ [City or County Governing Body] finds and declares that the purposes of this ordinance are (1) to protect the public health and welfare by prohibiting smoking in public places and places of employment; and (2) to guarantee the right of nonsmokers to breathe smokefree air, and to recognize that the need to breathe smokefree air shall have priority over the desire to smoke.

Sec. 1002. Definitions

The following words and phrases, whenever used in this Article, shall be construed as defined in this Section:

- A. "Bar" means an establishment that is devoted to the serving of alcoholic beverages for consumption by guests on the premises and in which the serving of food is only incidental to the consumption of those beverages, including but not limited to, taverns, nightclubs, cocktail lounges, and cabarets.
- B. "Business" means a sole proprietorship, partnership, joint venture, corporation, or other business entity, either for-profit or not-for-profit, including retail establishments where goods or services are sold; professional corporations and other entities where legal, medical, dental, engineering, architectural, or other professional services are delivered; and private clubs.
- C. "E-cigarette" means any electronic oral device, such as one composed of a heating element, battery, and/or electronic circuit, which provides a vapor of nicotine or any other substances, and the use or inhalation of which simulates smoking. The term shall include

any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, or under any other product name or descriptor.

- D. “Employee” means a person who is employed by an employer in consideration for direct or indirect monetary wages or profit, and a person who volunteers his or her services for a non-profit entity.
- E. “Employer” means a person, business, partnership, association, corporation, including a municipal corporation, trust, or non-profit entity that employs the services of one or more individual persons.
- F. “Enclosed Area” means all space between a floor and a ceiling that is bounded on at least two sides by walls, doorways, or windows, whether open or closed. A wall includes any retractable divider, garage door, or other physical barrier, whether temporary or permanent and whether or not containing openings of any kind.
- G. “Health Care Facility” means an office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including but not limited to, hospitals, rehabilitation hospitals or other clinics, including weight control clinics, nursing homes, long-term care facilities, homes for the aging or chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, psychiatrists, dentists, and all specialists within these professions. This definition shall include all waiting rooms, hallways, private rooms, semiprivate rooms, and wards within health care facilities.
- H. “Place of Employment” means an area under the control of a public or private employer, including, but not limited to, work areas, private offices, employee lounges, restrooms, conference rooms, meeting rooms, classrooms, employee cafeterias, hallways, construction sites, temporary offices, and vehicles. A private residence is not a “place of employment” unless it is used as a child care, adult day care, or health care facility.
- I. “Playground” means any park or recreational area designed in part to be used by children that has play or sports equipment installed or that has been designated or landscaped for play or sports activities, or any similar facility located on public or private school grounds or on [City *or* County] grounds.
- J. “Private Club” means an organization, whether incorporated or not, which is the owner, lessee, or occupant of a building or portion thereof used exclusively for club purposes at all times, which is operated solely for a recreational, fraternal, social, patriotic, political, benevolent, or athletic purpose, but not for pecuniary gain, and which only sells alcoholic beverages incidental to its operation. The affairs and management of the organization are conducted by a board of directors, executive committee, or similar body chosen by the members at an annual meeting. The organization has established bylaws and/or a constitution to govern its activities. The organization has been granted an exemption from the payment of federal income tax as a club under 26 U.S.C. Section 501.

- K. “Public Place” means an area to which the public is invited or in which the public is permitted, including but not limited to, banks, bars, educational facilities, gaming facilities, health care facilities, hotels and motels, laundromats, public transportation vehicles and facilities, reception areas, restaurants, retail food production and marketing establishments, retail service establishments, retail stores, shopping malls, sports arenas, theaters, and waiting rooms. A private residence is not a “public place” unless it is used as a child care, adult day care, or health care facility.
- L. “Restaurant” means an eating establishment, including but not limited to, coffee shops, cafeterias, sandwich stands, and private and public school cafeterias, which gives or offers for sale food to the public, guests, or employees, as well as kitchens and catering facilities in which food is prepared on the premises for serving elsewhere. The term “restaurant” shall include a bar area within the restaurant.
- M. “Service Line” means an indoor or outdoor line in which one (1) or more persons are waiting for or receiving service of any kind, whether or not the service involves the exchange of money, including but not limited to, ATM lines, concert lines, food vendor lines, movie ticket lines, and sporting event lines.
- N. “Shopping Mall” means an enclosed public walkway or hall area that serves to connect retail or professional establishments.
- O. “Smoking” means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, in any manner or in any form. “Smoking” also includes the use of an e-cigarette which creates a vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking in this Article.
- P. “Sports Arena” means a place where people assemble to engage in physical exercise, participate in athletic competition, or witness sports or other events, including sports pavilions, stadiums, gymnasiums, health spas, boxing arenas, swimming pools, roller and ice rinks, and bowling alleys.

Sec. 1003. Application of Article to [City-Owned *or* County-Owned] Facilities and Property

All enclosed areas, including buildings and vehicles owned, leased, or operated by the _____ [City *or* County] of _____, as well as all outdoor property adjacent to such buildings and under the control of the _____ [City *or* County], shall be subject to the provisions of this Article.

Sec. 1004. Prohibition of Smoking in Enclosed Public Places

Smoking shall be prohibited in all enclosed public places within the _____ [City *or* County] of _____, including but not limited to, the following places:

- A. Aquariums, galleries, libraries, and museums.
- B. Areas available to the general public in businesses and non-profit entities patronized by the public, including but not limited to, banks, laundromats, professional offices, and retail service establishments.
- C. Bars.
- D. Bingo facilities.
- E. Child care and adult day care facilities.
- F. Convention facilities.
- G. Educational facilities, both public and private.
- H. Elevators.
- I. Gaming facilities.
- J. Health care facilities.
- K. Hotels and motels.
- L. Lobbies, hallways, and other common areas in apartment buildings, condominiums, trailer parks, retirement facilities, nursing homes, and other multiple-unit residential facilities.
- M. Polling places.
- N. Public transportation vehicles, including buses and taxicabs, under the authority of the _____ [City *or* County], and ticket, boarding, and waiting areas of public transportation facilities, including bus, train, and airport facilities.
- O. Restaurants.
- P. Restrooms, lobbies, reception areas, hallways, and other common-use areas.
- Q. Retail stores.

- R. Rooms, chambers, places of meeting or public assembly, including school buildings, under the control of an agency, board, commission, committee or council of the _____ [City or County] or a political subdivision of the State, to the extent the place is subject to the jurisdiction of the _____ [City or County].
- S. Service lines.
- T. Shopping malls.
- U. Sports arenas, including enclosed places in outdoor arenas.
- V. Theaters and other facilities primarily used for exhibiting motion pictures, stage dramas, lectures, musical recitals, or other similar performances.

Sec. 1005. Prohibition of Smoking in Enclosed Places of Employment

- A. Smoking shall be prohibited in all enclosed areas of places of employment without exception. This includes, without limitation, common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, vehicles, and all other enclosed facilities.
- B. This prohibition on smoking shall be communicated to all existing employees by the effective date of this Article and to all prospective employees upon their application for employment.

Sec. 1006. Prohibition of Smoking in Private Clubs

Smoking shall be prohibited in all private clubs.

Sec. 1007. Prohibition of Smoking in Enclosed Residential Facilities

Smoking shall be prohibited in the following enclosed residential facilities:

- A. All private and semi-private rooms in nursing homes.
- B. All hotel and motel rooms that are rented to guests.

Sec. 1008. Prohibition of Smoking in Outdoor Public Places

Smoking shall be prohibited in the following outdoor places:

- A. Within a reasonable distance of _____ [*recommended 15-20*] feet outside entrances, operable windows, and ventilation systems of enclosed areas where smoking is prohibited, so as to prevent tobacco smoke from entering those areas.
- B. On all outdoor property that is adjacent to buildings owned, leased, or operated by the _____ [City or County] of _____ and that is under the control of the _____ [City or County].
- C. In, and within _____ [*recommended 15-20*] feet of, outdoor seating or serving areas of restaurants and bars.
- D. In all outdoor arenas, stadiums, and amphitheaters. Smoking shall also be prohibited in, and within _____ [*recommended 15-20*] feet of, bleachers and grandstands for use by spectators at sporting and other public events.
- E. In, and within _____ [*recommended 15-20*] feet of, all outdoor playgrounds.
- F. In, and within _____ [*recommended 15-20*] feet of, all outdoor public transportation stations, platforms, and shelters under the authority of the _____ [City or County].
- G. In all outdoor service lines, including lines in which service is obtained by persons in vehicles, such as service that is provided by bank tellers, parking lot attendants, and toll takers. In lines in which service is obtained by persons in vehicles, smoking is prohibited by both pedestrians and persons in vehicles, but only within _____ [*recommended 15-20*] feet of the point of service.
- H. In outdoor common areas of apartment buildings, condominiums, trailer parks, retirement facilities, nursing homes, and other multiple-unit residential facilities, except in designated smoking areas, not to exceed twenty-five percent (25%) of the total outdoor common area, which must be located at least _____ [*recommended 15-20*] feet outside entrances, operable windows, and ventilation systems of enclosed areas where smoking is prohibited.

Sec. 1009. Prohibition of Smoking in Outdoor Places of Employment

- A. Smoking shall be prohibited in all outdoor places of employment where two or more employees are required to be in the course of their employment. This includes, without limitation, work areas, construction sites, temporary offices such as trailers, restroom facilities, and vehicles.
- B. This prohibition on smoking shall be communicated to all existing employees by the effective date of this Article and to all prospective employees upon their application for employment.

Sec. 1010. Where Smoking Not Regulated

Notwithstanding any other provision of this Article to the contrary, smoking shall not be prohibited in private residences, unless used as a childcare, adult day care, or health care facility.

Sec. 1011. Declaration of Establishment or Outdoor Area as Nonsmoking

Notwithstanding any other provision of this Article, an owner, operator, manager, or other person in control of an establishment, facility, or outdoor area may declare that entire establishment, facility, or outdoor area as a nonsmoking place. Smoking shall be prohibited in any place in which a sign conforming to the requirements of Section 1012(A) is posted.

Sec. 1012. Posting of Signs and Removal of Ashtrays

The owner, operator, manager, or other person in control of a public place or place of employment where smoking is prohibited by this Article shall:

- A. Clearly and conspicuously post “No Smoking” signs or the international “No Smoking” symbol (consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it) in that place.
- B. Clearly and conspicuously post at every entrance to that place a sign stating that smoking is prohibited.
- C. Clearly and conspicuously post on every vehicle that constitutes a place of employment under this Article at least one sign, visible from the exterior of the vehicle, stating that smoking is prohibited.
- D. Remove all ashtrays from any area where smoking is prohibited by this Article, except for ashtrays displayed for sale and not for use on the premises.

Sec. 1013. Nonretaliation; Nonwaiver of Rights

- A. No person or employer shall discharge, refuse to hire, or in any manner retaliate against an employee, applicant for employment, customer, or resident of a multiple-unit residential facility because that employee, applicant, customer, or resident exercises any rights afforded by this Article or reports or attempts to prosecute a violation of this Article. Notwithstanding Section 1015, violation of this Subsection shall be a misdemeanor, punishable by a fine not to exceed \$1000 for each violation.
- B. An employee who works in a setting where an employer allows smoking does not waive or otherwise surrender any legal rights the employee may have against the employer or any other party.

Sec. 1014. Enforcement

- A. This Article shall be enforced by the _____ [Department of Health *or* City Manager *or* County Administrator] or an authorized designee.
- B. Notice of the provisions of this Article shall be given to all applicants for a business license in the _____ [City *or* County] of _____.
- C. Any citizen who desires to register a complaint under this Article may initiate enforcement with the _____ [Department of Health *or* City Manager *or* County Administrator].
- D. The Health Department, Fire Department, or their designees shall, while an establishment is undergoing otherwise mandated inspections, inspect for compliance with this Article.
- E. An owner, manager, operator, or employee of an area regulated by this Article shall direct a person who is smoking in violation of this Article to extinguish the product being smoked. If the person does not stop smoking, the owner, manager, operator, or employee shall refuse service and shall immediately ask the person to leave the premises. If the person in violation refuses to leave the premises, the owner, manager, operator, or employee shall contact a law enforcement agency.
- F. Notwithstanding any other provision of this Article, an employee or private citizen may bring legal action to enforce this Article.
- G. In addition to the remedies provided by the provisions of this Section, the _____ [Department of Health *or* City Manager *or* County Administrator] or any person aggrieved by the failure of the owner, operator, manager, or other person in control of a public place or a place of employment to comply with the provisions of this Article may apply for injunctive relief to enforce those provisions in any court of competent jurisdiction.

Sec. 1015. Violations and Penalties

- A. A person who smokes in an area where smoking is prohibited by the provisions of this Article shall be guilty of an infraction, punishable by a fine not exceeding fifty dollars (\$50).
- B. Except as otherwise provided in Section 1013(A), a person who owns, manages, operates, or otherwise controls a public place or place of employment and who fails to comply with the provisions of this Article shall be guilty of an infraction, punishable by:
 - 1. A fine not exceeding one hundred dollars (\$100) for a first violation.

2. A fine not exceeding two hundred dollars (\$200) for a second violation within one (1) year.
 3. A fine not exceeding five hundred dollars (\$500) for each additional violation within one (1) year.
- C. In addition to the fines established by this Section, violation of this Article by a person who owns, manages, operates, or otherwise controls a public place or place of employment may result in the suspension or revocation of any permit or license issued to the person for the premises on which the violation occurred.
- D. Violation of this Article is hereby declared to be a public nuisance, which may be abated by the _____ [Department of Health *or* City Manager *or* County Administrator] by restraining order, preliminary and permanent injunction, or other means provided for by law, and the _____ [City *or* County] may take action to recover the costs of the nuisance abatement.
- E. Each day on which a violation of this Article occurs shall be considered a separate and distinct violation.

Sec. 1016. Public Education

The _____ [Department of Health *or* City Manager *or* County Administrator] shall engage in a continuing program to explain and clarify the purposes and requirements of this Article to citizens affected by it, and to guide owners, operators, and managers in their compliance with it. The program may include publication of a brochure for affected businesses and individuals explaining the provisions of this ordinance.

Sec. 1017. Governmental Agency Cooperation

The _____ [City Manager *or* County Administrator] shall annually request other governmental and educational agencies having facilities within the _____ [City *or* County] to establish local operating procedures in cooperation and compliance with this Article. This includes urging all Federal, State, _____ [County *or* City], and School District agencies to update their existing smoking control regulations to be consistent with the current health findings regarding secondhand smoke.

Sec. 1018. Other Applicable Laws

This Article shall not be interpreted or construed to permit smoking where it is otherwise restricted by other applicable laws.

Sec. 1019. Liberal Construction

This Article shall be liberally construed so as to further its purposes.

Sec. 1020. Severability

If any provision, clause, sentence, or paragraph of this Article or the application thereof to any person or circumstances shall be held invalid, that invalidity shall not affect the other provisions of this Article which can be given effect without the invalid provision or application, and to this end the provisions of this Article are declared to be severable.

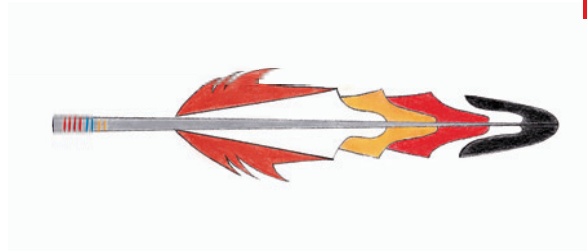
Sec. 1021. Effective Date

This Article shall be effective thirty (30) days from and after the date of its adoption.

[MO-04]

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Appendix C



TRIBAL ORDINANCE NO. XXXXXXXX
Cheyenne River Sioux Tribe

BE IT ENACTED:

Section One. Title

This article shall be known as “The Cheyenne River Sioux Tribe Smoke-free Air Act of 2010” and is dedicated to all the Cheyenne River Sioux tribal members who have died and suffer from commercial tobacco related illnesses.

Section Two. Findings and Intent

- A. The Cheyenne River Sioux Tribe is committed to improving the Health and Welfare of all tribal members, to promote a healthy environment, and has an obligation to enact policies that protect members from harm.
- B. The Cheyenne River Sioux Tribe finds that the United States Surgeon General has found that massive and conclusive scientific evidence documents adverse effects of involuntary smoking on children and adults, including cancer and cardiovascular diseases in adults, and adverse respiratory effects in both children and adults.
- C. The Cheyenne River Sioux Tribe finds that there are no safe levels of exposure to secondhand smoke and there is no available adequate ventilation technology based upon scientific studies that can ensure the protection and prevention of secondhand commercial tobacco smoke health-related illnesses.
- D. The Cheyenne River Sioux Tribe recognizes that everyone has the right to breathe clean air and be free from the pollution of commercial tobacco products.
- E. The Cheyenne River Sioux Tribe finds use of commercial tobacco products including commercial smoking are a leading cause of preventable death on the Cheyenne River Reservation.
- F. The Cheyenne River Sioux Tribe finds exposure to environmental tobacco smoke (ETS) places non-smoking adults at significantly increased risk for heart disease, hypertension, stroke, and respiratory diseases, all of which lead to the disproportionately higher death rates among American Indians as compared to the general population.
- G. The Cheyenne River Sioux Tribe finds children who breathe ETS are more likely to suffer from ear infections, decreased lung function, decreased cognitive function, experience more frequent trips to the hospital, and are at a significantly increased risk for sudden infant death syndrome (SIDS), which is disproportionately high among the Northern Plains tribes.
- H. The Cheyenne River Sioux Tribe finds children are sacred and therefore steps should be taken to ensure the quality of the air they breathe and that they are sufficiently protected from ETS, which is a health hazard that is beyond their control.
- I. The Cheyenne River Sioux Tribe finds that smoking prevalence, and therefore the incidence of ETS, is disproportionately higher amongst Northern Plains Indians at 33.4% of the adult population, as compared to a U.S. national average of 20.9%, putting American Indian non-smokers and children at great risk for the health consequences caused by ETS exposure.

- J. The Cheyenne River Sioux Tribe finds ETS causes diseases of the respiratory system, which is the leading cause of hospitalization for American Indians throughout the Northern Plains tribes.
- K. The Cheyenne River Sioux Tribe finds heart disease, of which ETS is a major risk factor, is the leading cause of death for American Indians throughout the Northern Plains Tribes.
- L. The Cheyenne River Sioux Tribe finds over the entire Indian Health Service (IHS) service population, the Northern Plains region experiences the highest rate of lung cancer, of which ETS exposure is a significant risk factor.
- M. The Cheyenne River Sioux Tribe finds the financial burden imposed upon the Cheyenne River Sioux Tribe health care and IHS systems for direct medical expenditures due to ETS exposure can be significantly reduced by the provisions of this resolution.
- N. The Cheyenne River Sioux Tribe finds commercial tobacco disrespects the fundamental cultural traditions of the Sioux. Commercial tobacco abuses our people and harms the interconnectedness of our environment resulting in disharmony with the body, mother earth, and father sky.
- O. The quality of commercial tobacco products has been compromised due to the chemical engineering by the tobacco industry. This engineering has contaminated commercial tobacco with thousands of chemical additives and purposefully increased the addictive properties of the products. As a result, commercial tobacco, whether smoked or chewed, is a highly toxic substance linked to disease and death of American Indian people.
- P. The Cheyenne River Sioux Tribe finds that the fundamental use of traditional tobacco shall not be restricted.
- Q. The Cheyenne River Sioux Tribe finds and declares that the purposes of this ordinance are (1) to protect the public health and welfare by prohibiting smoking in public places and places of employment; and (2) to guarantee the right of nonsmokers to breathe smokefree air, and to recognize that the need to breathe smokefree air shall have priority over the desire to smoke.

Section Three. Definitions

The following words and phrases, whenever used in this Article, shall be construed as defined in this Section:

- A. “Commercial tobacco” means all forms of commercial tobacco use including but not limited to cigarettes, cigars, or any other commercial tobacco products.
- B. “Traditional tobacco use” as defined by the CRST Cultural Preservation Office means plants for healing the mind, body, and spirit. There are four plants that are used in Lakota ceremonies: tobacco, sage, sweet grass and cedar. Traditional Tobacco is called “cansasa,” another name is „kinikinik”. Cansasa translates to red willow. Tobacco is used: 1) in our sacred pipe in ceremonies and is not inhaled; 2) in its natural form to make tobacco ties for prayer or thanksgiving in times of need; 3) only for special purposes in prayer, offering or rituals; 4) as an offering to an elderly when we need his or her help, advice or prayer; 5) as an offering when we see the sacred eagle in the sky, as the eagle is the intercessor to Tunkasila, Great Spirit; 6) as an offering to the drum at pow-wows to give special blessing to the heartbeat of the nation and onto the singers at the drum; 7) as an offering when a person asks someone to do a ceremony such as naming – hunka-pipe ceremony, singing-sweat lodge or any of the Lakota ceremonies; 8) as an offering to a person as a way to ask for forgiveness to heal bad feeling when emotions are hurt; 9) as an offering or to

an elderly to seek knowledge and to show appreciation to that person for sharing. Traditional tobacco is never abused because it is in its natural form without additives.

- C. "Indoor area" means all space between a floor and a ceiling that is bounded by walls, doorways, or windows, whether open or closed, covering more than 50 percent of the combined surface area of the vertical planes constituting the perimeter of the area. A wall includes any retractable divider, garage door, or other physical barrier, whether temporary or permanent.
- D. "Place of Employment" means an area under the control of a public or private employer including, but not limited to auditoriums; cafeterias; classrooms; conference and meeting rooms; elevators; employee lounges; hallways; medical facilities; private offices; restrooms; stairways; and work areas. A private residence is not a "workplace" unless it is used as a child care, adult day care, or health care facility. Vehicles used in whole or in part for work purposes are places of employment during hours of operation if more than one person is present, and: (1) the vehicle is located within "Indian Country," as defined in 18 U.S.C. § 1151, and (2) a tribal member, or a minor who is eligible for tribal enrollment but not yet enrolled, is present in the car.
- E. "Public place" means any enclosed area to which the public is permitted or invited, including but not limited to, aquariums; banks; bars; bingo facilities; child and adult care facilities; common use areas in apartment buildings, condominiums, trailer parks, retirement facilities, nursing homes and other multiple unit residential facilities; convention facilities; educational facilities (both public and private); elevators; galleries; gaming facilities; health care facilities; hotels and motels excluding designated sleeping rooms rented to guests; laundromats; libraries; museums; offices; places of public meeting or assembly including school buildings, service lines, shopping malls, and enclosed sports arenas; polling places; public restrooms; public transportation vehicles and facilities including buses, taxi cabs, and ticket, boarding, and waiting areas of public transit depots; reception areas; restaurants and other facilities which provide food and/or beverage service; retail food production and marketing establishments; retail service establishments; retail stores; shopping malls; sports arenas; theaters and other facilities used primarily for exhibiting motion pictures, stage dramas, lectures, musical recitals, or other similar performances; veteran, fraternal, and similar clubs; and waiting rooms.
- F. "Smoking" of commercial tobacco means inhaling, exhaling, burning, carrying or possessing any lighted or heated commercial tobacco product, including but not limited to cigars, cigarettes, pipe tobacco, hookah pipes, or using any battery operated "Electronic cigarettes" or other gadget oral smoking devices promoted with the purpose of circumventing public anti-smoking laws.
- G. "Secondhand smoke" means the particulate matter, gases, and other by-products of combustion emitted from a lighted pipe, the lit end of a cigarette or cigar, or an other form of commercial tobacco and also the exhaled by-products of tobacco combustion previously inhaled during the smoking of a pipe, cigarette, or cigar, or any other form of commercial tobacco.

Section Four. Prohibition of Smoking in Enclosed Public Places

The smoking of commercial tobacco products shall be prohibited in all enclosed public places within the Cheyenne River Reservation.

Section Five. Prohibition of Smoking in Places of Employment

- A. The smoking of commercial tobacco products shall be prohibited in all enclosed places of employment within the Cheyenne River Reservation.

- B. This prohibition on the smoking of commercial tobacco products shall be communicated to all existing employees both orally and in writing by the effective date of the Article and to all prospective employees upon their application for employment.

Section Six. Reasonable Distance

The smoking of commercial tobacco products is prohibited within 50 feet of outside entrances, operable windows, and ventilation intakes of enclosed areas where smoking is prohibited, so as to ensure that secondhand smoke does not enter those areas.

Section Seven. Public Awareness

- A. “No Smoking” signs or the international “No Smoking” symbol shall be clearly and conspicuously posted in every public place and place of employment where smoking is prohibited by this Article, by the owner, operator, manager, or other person in control of that place.
- B. All ashtrays, matchbooks, or similar smoking equipment intended for use on the premises shall be removed from any area where smoking is prohibited by this Article by the owner, operator, manager or other person having control of the area.

Section Eight. Where Commercial Tobacco Use is Not Regulated

Notwithstanding any other provision of this Article to the contrary, the following areas shall not be subject to the restrictions of this Act.

- A. Private residences unless made available to the general public for commercial uses, including but not limited to child, adult or health care facilities.
- B. Outdoors, except as described in Section Six.
- C. Hotel or motel sleeping rooms rented to guests, provided the rooms are designated as smoking areas.
- D. The Cheyenne River Sioux Tribe hereby continues to recognize the fundamental use of traditional tobacco.

Section Nine. Enforcement

- A. This Article shall be enforced by Law Enforcement or an authorized designee.
- B. Notice of the provisions of this Article shall be given to all applicants for a business license in the Cheyenne River Sioux Tribe of South Dakota.
- C. Any citizen who desires to register a complaint under this Article may initiate enforcement with the appropriate Law Enforcement.
- D. An owner, manager, operator, or employee of an establishment regulated by this Article shall inform any person violating this Article of the appropriate provisions thereof, and shall ask the person to refrain from smoking. If the person does not refrain from smoking after being asked to do so, the owner, manager, operator, or employee shall ask the person to leave. If the person refuses to leave, the owner, manager, operator, or employee shall handle the situation consistent with lawful methods for handling other persons acting in a disorderly manner or as a trespasser.

- E. Notwithstanding any other provision of this Article, an employee or private citizen may bring legal action to enforce this Article.
- F. In addition to the remedies provided by the provisions of this Section, Law Enforcement or any person aggrieved by the failure of the owner, operator, manager or other person in control of a public place or a place of employment to comply with the provisions of this Article may apply for injunctive relief to enforce those provisions in any court of competent jurisdiction.

Section Ten. Civil Violations

- A. A person who smokes in an area where smoking is prohibited by the provisions of this Article shall pay a civil penalty not exceeding fifty dollars (\$50) for each violation.
- B. A person who owns, manages, operates, or otherwise controls a public place or place of employment and who fails to comply with the provisions of this Article shall be guilty of an infraction, punishable by a fine not exceeding one hundred dollars (\$100) for each violation.
- C. In addition to the fines established by the Section, violation of this Article by a person who owns, manages, operates, or otherwise controls a public place or place of employment may result in the suspension or revocation of any permit or license issued to the person for the premises on which the violation occurred.
- D. Violation of this Article is hereby declared to be a public nuisance, which may be abated by Law Enforcement by restraining order, preliminary and permanent injunction, or other means provided for by law, and the Cheyenne River Sioux Tribe may take action to recover the costs of the nuisance abatement.
- E. Each day on which a violation of this Article occurs shall be considered a separate and distinct violation.
- F. Ignorance of the requirements of this ordinance is not a defense to the civil penalties.

Section Eleven. Public Education

The Cheyenne River Sioux Tribe Health Educator shall engage in a continuing program to explain and clarify the purposes and requirements of this Article to citizens affected by it, and to guide owners, operators, and managers in their compliance with it. The program may include publication of a brochure for affected business and individuals explaining the provisions of this ordinance.

Section Twelve. Liberal Construction

This Article shall be liberally construed so as to further its purposes.

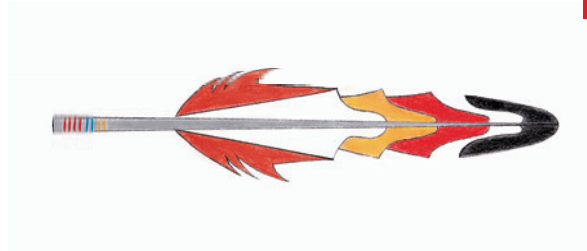
Section Thirteen. Amendment

This Act shall not be amended except by recommendation by the Health and Human Service Committee of the Cheyenne River Sioux Tribe of South Dakota.

Section Fourteen. Effective Date.

This Article shall be effective on the first of the month following the first full calendar month following the date of this Article's adoption.

Appendix D



TRIBAL TOBACCO POLICY NEEDS ASSESSMENT

The Organization's Name is conducting a needs assessment of tobacco policy implementation within your community. The information you provide is critical for assessing the current policy needs among AI/AN Tribe.

SECTION 1: DEMOGRAPHIC DATA

1. Agency/ Establishment Type: _____
2. What is your current position? _____
3. Tribal Community Served: _____
4. Years you have worked in your current position: _____
5. About how many people are employed at your place of work? _____

SECTION 2: TOBACCO POLICY

1. Does the establishment have a policy regulating smoking?

Yes () No () If No skip to Section # 3

2. How would you describe the smoke-free policy of your establishment?

100% Tobacco-Free () 100% Smoke-Free () Smoking Allowed in Some Areas () Smoking Allowed in All Areas ()
(Chew & cigarette)

3. Does the policy prevent smoking on:

The entire grounds () 50 feet or more from entries () 0 to 49 feet from entries () inside building(s) only ()

4. If your establishment is smoke-free are no-smoking signs posted?

Yes () No ()

5. If smoking is allowed in designated area only, are people smoking only within the designated smoking section?

Yes () No () Smoking does not occur anywhere on grounds ()

SECTION 3: YOUR OPINION

*Please rate the level of your agreement with each of the following statements below between 1 and 5; (1) being Strongly Agree and (5) being Strongly Disagree.

Description of Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	1	2	3	4	5
1. Requiring worksites/ businesses to be smoke-free would save businesses money.					
2. Requiring worksites/ businesses to be smoke-free would cost businesses money.					
3. The administration in your establishment would be supportive of a smoke-free policy.					
4. The staff in your establishment would be supportive of a smoke-free policy.					
5. The tribal government has an obligation to protect public health, including restricting secondhand smoke exposure within tribal land boundaries.					
6. People in my community have a good understanding about the health effects of tobacco use and secondhand smoke.					
7. I am concerned about the health effects of secondhand smoke to myself and my family members.					

SECTION 4: SMOKE-FREE & TOBACCO ADVERTISING

*Please rate the frequency for each item below between 1 and 5; (1) being frequently and (5) being never.

Description of Item	Frequently	Sometimes	Neutral	Rarely	Never
	1	2	3	4	5
1. How often do you see smoke-free promotional ads on television, newspapers and billboards, or hear smoke-free radio messages in you community?					
2. How often do you see tobacco advertisements in your community publications?					

Thank you for taking the time to complete this assessment. Your efforts will help us serve you better.

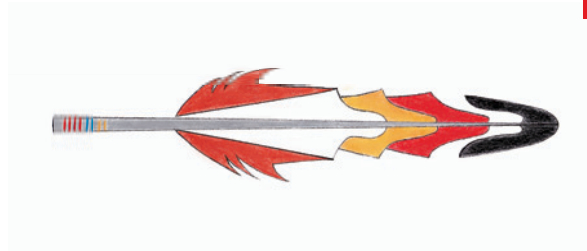
Please return this assessment to:

Contact name
 Organization
 Address line One
 Address line Two

Phone: Phone

Fax: Fax

Appendix E



TRIBAL LEADER POLICY READINESS ASSESSMENT

The Organization's Name is conducting a needs assessment of tobacco policy implementation within your community. The information you provide is critical for assessing the current policy needs among AI/AN Tribe.

SECTION 1: DEMOGRAPHIC DATA

1. What is your current position? _____

2. Tribal Community Served: _____

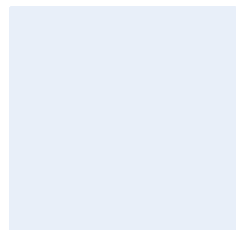
3. Years you have worked in your current position: _____

4. Do you currently smoke? Everyday () Occasionally () Never ()

SECTION 2: YOUR OPINION

*Please rate the level of your agreement with each of the following statements below between 1 and 5; (1) being Strongly Agree and (5) being Strongly Disagree.

Description of Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	1	2	3	4	5
1. My community would support a smoke-free policy					
2. Requiring worksites/ businesses to be smoke-free would save businesses money.					
3. Requiring worksites/ businesses to be smoke-free would cost businesses money.					
4. Tribal employees should have smoke-free work environments.					
5. The tribal government has an obligation to protect public health, including restricting secondhand smoke exposure within tribal land boundaries.					
6. People in my community have a good understanding about the health effects of tobacco use and secondhand smoke.					
7. I am concerned about the health effects of secondhand smoke to myself and my family members.					



SECTION 3: SMOKE-FREE & TOBACCO ADVERTISING

*Please rate the frequency for each item below between 1 and 5; (1) being frequently and (5) being never.

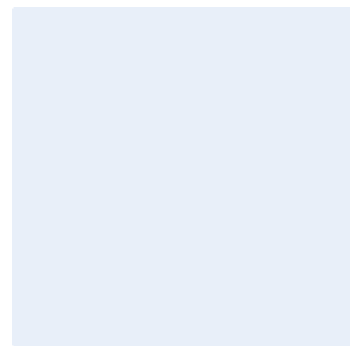
	Frequently	Sometimes	Neutral	Rarely	Never
Description of Item	1	2	3	4	5
1. How often do you see smoke-free promotional ads on television, newspapers and billboards, or hear smoke-free radio messages in you community?					
2. How often do you see tobacco advertisements in your community publications?					

Thank you for taking the time to complete this assessment. Your efforts will help us serve you better.

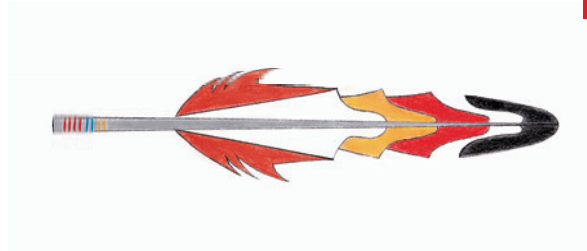
Please return this assessment to:

- Contact name
- Organization
- Address line One
- Address line Two
- Phone: Phone
- Fax: Fax

Logo



Appendix F



RESOLUTION NO. XXX-XX-XX
(Tribe)

WHEREAS, the (tribe) of (state) is an unincorporated Tribe of Indians, having accepted the provisions of the Act of June 18, 1934 (48 Stat. 984); and

WHEREAS, the Tribe, in order to establish its tribal organization; to conserve its tribal property; to develop its common resources; and to promote the general welfare of its people, has ordained and established a Constitution and By-laws; and

WHEREAS, the (tribal council) is committed to improving the Health and Welfare of all tribal members, and to promote a healthy environment; 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, statistics prove 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, the U.S. Surgeon General's 2006 Report confirms an increase in lung cancer, heart disease and hypertension due to smoking; and

WHEREAS, this amendment has repealed and omitted any and all references to "designated smoking areas" mentioned in previously approved resolutions, policies, ordinances, and

WHEREAS, the (tribe) Tribal Council at the recommendation of the (health) Committee does hereby adopt the following:

- I. No person may smoke tobacco or carry any lighted tobacco product in the following places:
 - A. Any hospital or medical or dental clinic,
 - B. Any office of any (tribe) Tribal Program,
 - C. Any nursing facility,
 - D. Any public library, museum or indoor theater,
 - E. Any elementary or secondary school building,
 - F. Any public conveyance,
 - G. Any jury room,
 - H. Any elevator,

- I. Any registered or unregistered day care program, day care center, day care cooperative or family day care home governed by the Child Welfare Act, during the time in which children who are not family members of the day care provider are receiving care.
- II. This section allows for the smoking of tobacco products in buildings such as bingo halls or casinos only if, that area, designated for smoking, is clearly enclosed as to prohibit the exposure of environmental tobacco smoke to the population at large.
- III. This section does not prohibit the use of tobacco for ceremonial purposes.
- IV. Sign are required to be posted in all tribal buildings to advise persons of the “No Smoking” policy.

The following terms used in this resolution have the following meanings unless the context clearly indicates otherwise:

Ceremonial purposes means when in a formal setting an individual or individuals offer tobacco to carry the message of prayer.

And,

WHEREAS, there is a need to protect the health of employees and Tribal members; now

THEREFORE BE IT RESOLVED, that in view of the findings of adverse health effects and the decreased well being of individuals exposed to environmental tobacco smoke, the (tribe) Council supports the enforcement of the ban of smoking in all Tribal offices and buildings aforementioned.

BE IT FURTHER RESOLVED, that the smoke-free building policy shall go into the (tribe) Tribal Personnel Policies & Procedures Manual, and offenses shall read as follows:

For (tribe) Tribal Personnel:

Offense	1 st	2 nd	3 rd	4 OR MORE
Smoking in any tribal building or smoking in any facility for personal rather than ceremonial purposes.	Verbal warning	written warning	1-10 day suspension Without pay	2 week suspension Without Pay

For the General Public: Verbal Removal
 directive from
 to leave facility.
 facility,

BE IT FURTHER RESOLVED, that the (Tribe) Tribal Council Sergeant-at-Arms, Security Guards and District Building Security and Tribal Police shall enforce this resolution.

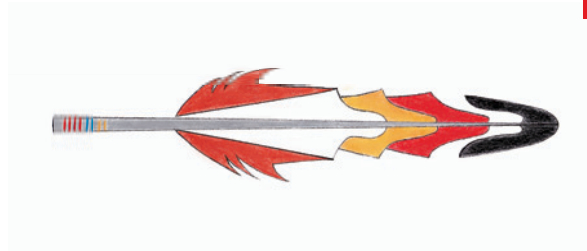
CERTIFICATION

I, the undersigned, as Secretary of the (Tribe), certify that the Tribal Council is composed of (X) members, of whom (X), constituting a quorum were present at a meeting, duly and regularly called, noticed, convened and held this (day and year) Regular Session; and that the foregoing resolution was duly adopted at such meeting by an affirmative vote of (X) for, (X) against, (X) not voting and (X) absent.

Tribe/ Chairman

Tribe/ Secretary

Appendix G



Sec. 1000. Title

This Article shall be known as the _____ [Tribe] Smokefree Air Act of _____ [year].

Sec. 1001. Findings and Intent

The _____ [Tribe or Governing Body] does hereby find that:

The 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, has concluded that (1) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke; (2) children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory problems, ear infections, and asthma attacks, and that smoking by parents causes respiratory symptoms and slows lung growth in their children; (3) exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer; (4) there is no risk-free level of exposure to secondhand smoke; (5) establishing smokefree workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace, because ventilation and other air cleaning technologies cannot completely control for exposure of nonsmokers to secondhand smoke; and (6) evidence from peer-reviewed studies shows that smokefree policies and laws do not have an adverse economic impact on the hospitality industry. (U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.)

Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer. The National Cancer Institute determined in 1999 that secondhand smoke is responsible for the early deaths of approximately 53,000 Americans annually. (National Cancer Institute (NCI), "Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph 10," *Bethesda, MD: National Institutes of Health, National Cancer Institute (NCI)*, August 1999.)

The Public Health Service's National Toxicology Program (NTP) has listed secondhand smoke as a known carcinogen. (Environmental Health Information Service (EHIS), "Environmental tobacco smoke: first listed in the Ninth Report on Carcinogens," *U.S. Department of Health and Human Services (DHHS), Public Health Service, NTP*, 2000; reaffirmed by the NTP in subsequent reports on carcinogens, 2003, 2005.)

There is no safe level of exposure to secondhand smoke. (Environmental Protection Agency (EPA), "Respiratory health effects of passive smoking: lung cancer and other disorders, the report of the U.S. Environmental Protection Agency. Smoking and Tobacco Control Monograph 4," *Bethesda, MD: National Institutes of Health, National Cancer Institute (NCI); Environmental Protection Agency (EPA)*, August 1993; California Environmental Protection Agency, "Health Effects of Exposure to Environmental Tobacco Smoke," 1997; California Air Resources Board, "Proposed identification of environmental tobacco smoke as a toxic air contaminant," *Sacramento: California Environmental Protection Agency (Cal-EPA), Air Resources Board, Stationary Source Division, Air Quality Measures Branch, Office of Environmental Health Hazard Assessment (OEHHA)*, September 29, 2005.)

Secondhand smoke is particularly hazardous to elderly people, individuals with cardiovascular disease, and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease. (California Environmental Protection Agency (Cal EPA), "Health effects of exposure to environmental tobacco smoke", *Tobacco Control* 6(4): 346-353, Winter, 1997.) The Americans With Disabilities Act, which requires that disabled persons have access to public places and workplaces, deems impaired respiratory function to be a disability. (Daynard, R.A., "Environmental tobacco smoke and the Americans with Disabilities Act," *Nonsmokers' Voice* 15(1): 8-9.)

The U.S. Surgeon General has determined that the simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to secondhand smoke. (Department of Health and Human Services. *The Health Consequences of Involuntary Smoking: A Report of the Surgeon General*. Public Health Service, Centers for Disease Control, 1986.)

The U.S. Centers for Disease Control and Prevention has determined that the risk of acute myocardial infarction and coronary heart disease associated with exposure to tobacco smoke is non-linear at low doses, increasing rapidly with relatively small doses such as those received from secondhand smoke or actively smoking one or two cigarettes a day, and has warned that all patients at increased risk of coronary heart disease or with known coronary artery disease should avoid all indoor environments that permit smoking. (Pechacek, Terry F.; Babb, Stephen, "Commentary: How acute and reversible are the cardiovascular risks of secondhand smoke?" *British Medical Journal* 328: 980-983, April 24, 2004.)

Given the fact that there is no safe level of exposure to secondhand smoke, the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) bases its ventilation standards on totally smokefree environments. ASHRAE has determined that there is currently no air filtration or other ventilation technology that can completely eliminate all the carcinogenic components in secondhand smoke and the health risks caused by secondhand smoke exposure, and recommends that indoor environments be smokefree in their entirety. (Samet, J.; Bohanon, Jr., H.R.; Coultas, D.B.; Houston, T.P.; Persily, A.K.; Schoen, L.J.; Spengler, J.; Callaway, C.A., "ASHRAE position document on environmental tobacco smoke," *American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)*, 2005.)

A significant amount of secondhand smoke exposure occurs in the workplace. Employees who work in smoke-filled businesses suffer a 25-50% higher risk of heart attack and higher rates of death from cardiovascular disease and cancer, as well as increased acute respiratory disease and measurable decrease in lung function. (Pitsavos, C.; Panagiotakos, D.B.; Chrysohoou, C.; Skoumas, J.; Tzioumis, K.; Stefanadis, C.; Toutouzas, P., "Association between exposure to environmental tobacco smoke and the development of acute coronary syndromes: the CARDIO2000 case-control study," *Tobacco Control* 11(3): 220-225, September 2002.)

The Society of Actuaries has determined that secondhand smoke costs the U.S. economy roughly \$10 billion a year: \$5 billion in estimated medical costs associated with secondhand smoke exposure, and \$4.6 billion in lost productivity. (Behan, D.F.; Eriksen, M.P.; Lin, Y., "Economic Effects of Environmental Tobacco Smoke," *Society of Actuaries*, March 31, 2005.)

Numerous economic analyses examining restaurant and hotel receipts and controlling for economic variables have shown either no difference or a positive economic impact after enactment of laws requiring workplaces to be smokefree. Creation of smokefree workplaces is sound economic policy and provides the maximum level of employee health and safety. (Glantz, S.A. & Smith, L. The effect

of ordinances requiring smokefree restaurants on restaurant sales in the United States. *American Journal of Public Health*, 87:1687-1693, 1997; Colman, R.; Urbonas, C.M., "The economic impact of smoke-free workplaces: an assessment for Nova Scotia, prepared for Tobacco Control Unit, Nova Scotia Department of Health," *GPI Atlantic*, September 2001.)

Hundreds of communities in the U.S., plus numerous states, including California, Delaware, Florida, Massachusetts, Montana, New Jersey, New York, and Washington, have enacted laws requiring workplaces, restaurants, bars, and other public places to be smokefree, as have numerous countries, including Ireland, New Zealand, Norway, Scotland, Sweden, Uganda, and Uruguay.

There is no legal or constitutional "right to smoke." Business owners have no legal or constitutional right to expose their employees and customers to the toxic chemicals in secondhand smoke. On the contrary, employers have a common law duty to provide their workers with a workplace that is not unreasonably dangerous.

Smoking is a potential cause of fires; cigarette and cigar burns and ash stains on merchandise and fixtures causes economic damage to businesses. ("The high price of cigarette smoking," *Business & Health* 15(8), Supplement A: 6-9, August 1997.)

The smoking of tobacco is a form of air pollution, a positive danger to health, and a material public nuisance.

Accordingly, the _____ [*Tribe or Governing Body*] finds and declares that the purposes of this ordinance are (1) to protect the public health and welfare by prohibiting smoking in public places and places of employment; and (2) to guarantee the right of nonsmokers to breathe smokefree air, and to recognize that the need to breathe smokefree air shall have priority over the desire to smoke.

Sec. 1002. Definitions

The following words and phrases, whenever used in this Article, shall be construed as defined in this Section:

- A. "Business" means a sole proprietorship, partnership, joint venture, corporation, or other business entity, either for-profit or not-for-profit, including retail establishments where goods or services are sold; professional corporations and other entities where legal, medical, dental, engineering, architectural, or other professional services are delivered; and private clubs.
- B. "Employee" means a person who is employed by an employer in consideration for direct or indirect monetary wages or profit, and a person who volunteers his or her services for a non-profit entity.
- C. "Employer" means a person, business, partnership, association, corporation, including a municipal corporation, trust, or non-profit entity that employs the services of one or more individual persons.

- D. "Enclosed Area" means all space between a floor and ceiling that is enclosed on all sides by solid walls or windows (exclusive of doorways), which extend from the floor to the ceiling.
- E. "Health Care Facility" means an office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including but not limited to, hospitals, rehabilitation hospitals or other clinics, including weight control clinics, nursing homes, homes for the aging or chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, dentists, and all specialists within these professions. This definition shall include all waiting rooms, hallways, private rooms, semiprivate rooms, and wards within health care facilities.
- F. "Place of Employment" means an area under the control of a public or private employer that employees normally frequent during the course of employment, including, but not limited to, work areas, private offices, employee lounges, restrooms, conference rooms, meeting rooms, classrooms, employee cafeterias, hallways, and vehicles. A private residence is not a "place of employment" unless it is used as a child care, adult day care, or health care facility.
- G. "Private Club" means an organization, whether incorporated or not, which is the owner, lessee, or occupant of a building or portion thereof used exclusively for club purposes at all times, which is operated solely for a recreational, fraternal, social, patriotic, political, benevolent, or athletic purpose, but not for pecuniary gain, and which only sells alcoholic beverages incidental to its operation. The affairs and management of the organization are conducted by a board of directors, executive committee, or similar body chosen by the members at an annual meeting. The organization has established bylaws and/or a constitution to govern its activities. The organization has been granted an exemption from the payment of federal income tax as a club under 26 U.S.C. Section 501.
- H. "Public Place" means an enclosed area to which the public is invited or in which the public is permitted, including but not limited to, banks, bars, educational facilities, gaming facilities, health care facilities, hotels and motels, Laundromats, public transportation facilities, reception areas, restaurants, retail food production and marketing establishments, retail service establishments, retail stores, shopping malls, sports arenas, theaters, and waiting rooms. A private club is a "public place" when being used for a function to which the general public is invited. A private residence is not a "public place" unless it is used as a child care, adult day care, or health care facility.
- I. "Restaurant" means an eating establishment, including but not limited to, coffee shops, cafeterias, sandwich stands, and private and public school cafeterias, which gives or offers for sale food to the public, guests, or employees, as well as kitchens and catering facilities in which food is prepared on the premises for serving elsewhere. The term "restaurant" shall include a bar area within the restaurant.
- J. "Service Line" means an indoor line in which one (1) or more persons are waiting for or receiving service of any kind, whether or not the service involves the exchange of money.
- K. "Shopping Mall" means an enclosed public walkway or hall area that serves to connect retail or professional establishments.
- L. "Smoking" means inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, pipe, or other lighted tobacco product in any manner or in any form.

- M. "Sports Arena" means sports pavilions, stadiums, gymnasiums, health spas, boxing arenas, swimming pools, roller and ice rinks, bowling alleys, and other similar places where members of the general public assemble to engage in physical exercise, participate in athletic competition, or witness sports or other events.

Sec. 1003. Application of Article to [Tribeally Owned] Facilities

All enclosed facilities, including buildings and vehicles owned, leased, or operated by the _____ [Tribe or governing body] of _____, shall be subject to the provisions of this Article.

Sec. 1004. Prohibition of Smoking in Enclosed Public Places

Smoking shall be prohibited in all enclosed public places within the _____ [Tribe or Governing Body] of _____, including but not limited to, the following places:

- A. Areas available to and customarily used by the general public in businesses and non-profit entities patronized by the public, including but not limited to, banks, Laundromats, professional offices, and retail service establishments.
- B. Bars, Aquariums, galleries, libraries, and museums.
- C. Bingo facilities.
- D. Child care and adult day care facilities.
- E. Convention facilities.
- F. Educational facilities, both public and private.
- G. Elevators.
- H. Gaming facilities.
- I. Health care facilities.
- J. Hotels and motels.
- K. Lobbies, hallways, and other common areas in apartment buildings, condominiums, trailer parks, retirement facilities, nursing homes, and other multiple-unit residential facilities.
- L. Polling places.
- M. Private clubs when being used for a function to which the general public is invited.
- N. Public transportation facilities, including buses and taxicabs, under the authority of the _____ [Tribe] of _____, and ticket, boarding, and waiting areas of public transit depots.

- O. Restaurants.
- P. Restrooms, lobbies, reception areas, hallways, and other common-use areas.
- Q. Retail stores.
- R. Rooms, chambers, places of meeting or public assembly, including school buildings, under the control of an agency, board, commission, committee or council of the _____ [Tribe] or a political subdivision of the Tribe, to the extent the place is subject to the jurisdiction of the _____ [Tribe].
- S. Service lines.
- T. Shopping malls.
- U. Sports arenas, including enclosed places in outdoor arenas.
- V. Theaters and other facilities primarily used for exhibiting motion pictures, stage dramas, lectures, musical recitals, or other similar performances.

Sec. 1005. Prohibition of Smoking in Places of Employment

- A. Smoking shall be prohibited in all enclosed facilities within places of employment without exception. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, vehicles, and all other enclosed facilities.
- B. This prohibition on smoking shall be communicated to all existing employees by the effective date of this Article and to all prospective employees upon their application for employment.

Sec. 1006. Prohibition of Smoking in Seating Areas at Outdoor Events

Smoking shall be prohibited in the seating areas of all outdoor arenas, stadiums, and amphitheaters, as well as in bleachers and grandstands for use by spectators at sporting and other public events.

Sec. 1007. Reasonable Distance

Smoking is prohibited within a reasonable distance of _____ [*recommended 50-100*] feet outside entrances, operable windows, and ventilation systems of enclosed areas where smoking is prohibited, so as to insure that tobacco smoke does not enter those areas.

Sec. 1008. Where Smoking Not Regulated

Notwithstanding any other provision of this Article to the contrary, the following areas shall be exempt from the provisions of Sections 1004 and 1005:

- A. Private residences, except when used as a childcare, adult day care, or health care facility.
- B. Hotel and motel rooms that are rented to guests and are designated as smoking rooms; provided, however, that not more than twenty percent (20%) of rooms rented to guests in a hotel or motel may be so designated. All smoking rooms on the same floor must be contiguous and smoke from these rooms must not infiltrate into areas where smoking is prohibited under the provisions of this Article. The status of rooms as smoking or nonsmoking may not be changed, except to add additional nonsmoking rooms.
- C. Private and semiprivate rooms in nursing homes and long-term care facilities that are occupied by one (1) or more persons, all of whom are smokers and have requested in writing to be placed in a room where smoking is permitted; provided that smoke from these places does not infiltrate into areas where smoking is prohibited under the provisions of this Article.
- D. Private clubs that have no employees, except when being used for a function to which the general public is invited. This exemption shall not apply to any organization that is established for the purpose of avoiding compliance with this Article.
- E. Outdoor areas of places of employment except those covered by the provisions of Sections 1006, 1007.

Sec. 1009. Declaration of Establishment as Nonsmoking

Notwithstanding any other provision of this Article, an owner, operator, manager, or other person in control of an establishment, facility, or outdoor area may declare that entire establishment, facility, or outdoor area as a nonsmoking place. Smoking shall be prohibited in any place in which a sign conforming to the requirements of Section 1010(A) is posted.

Sec. 1010. Posting of Signs

- A. "No Smoking" signs or the international "No Smoking" symbol (consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it) shall be clearly and conspicuously posted in every public place and place of employment where smoking is prohibited by this Article, by the owner, operator, manager, or other person in control of that place.
- B. Every public place and place of employment where smoking is prohibited by this Article shall have posted at every entrance a conspicuous sign clearly stating that smoking is prohibited.
- C. All ashtrays shall be removed from any area where smoking is prohibited by this Article by the owner, operator, manager, or other person having control of the area.

Sec. 1011. Nonretaliation; Nonwaiver of Rights

- A. No person or employer shall discharge, refuse to hire, or in any manner retaliate against an employee, applicant for employment, or customer because that employee, applicant, or customer

exercises any rights afforded by this Article or reports or attempts to prosecute a violation of this Article.

- B. An employee who works in a setting where an employer allows smoking does not waive or otherwise surrender any legal rights the employee may have against the employer or any other party.

Sec. 1012. Enforcement

- A. This Article shall be enforced by the _____ [Tribal Department of Health] or an authorized designee.
- B. Notice of the provisions of this Article shall be given to all applicants for a business license in the _____ [Tribe] of _____.
- C. Any citizen who desires to register a complaint under this Article may initiate enforcement with the _____ [Tribal Department of Health].
- D. The Health Department, Fire Department, or their designees shall, while an establishment is undergoing otherwise mandated inspections, inspect for compliance with this Article.
- E. An owner, manager, operator, or employee of an establishment regulated by this Article shall inform persons violating this Article of the appropriate provisions thereof.
- F. Notwithstanding any other provision of this Article, an employee or private citizen may bring legal action to enforce this Article.
- G. In addition to the remedies provided by the provisions of this Section, the _____ [Tribal Department of Health] or any person aggrieved by the failure of the owner, operator, manager, or other person in control of a public place or a place of employment to comply with the provisions of this Article may apply for injunctive relief to enforce those provisions in any court of competent jurisdiction.

Sec. 1013. Violations and Penalties

- A. A person who smokes in an area where smoking is prohibited by the provisions of this Article shall be guilty of an infraction, punishable by a fine not exceeding fifty dollars (\$50).
- B. A person who owns, manages, operates, or otherwise controls a public place or place of employment and who fails to comply with the provisions of this Article shall be guilty of an infraction, punishable by:
 - 1. A fine not exceeding one hundred dollars (\$100) for a first violation.
- C. In addition to the fines established by this Section, violation of this Article by a person who owns, manages, operates, or otherwise controls a public place or place of employment may result in the suspension or revocation of any permit or license issued to the person for the premises on which the violation occurred.

- D. Violation of this Article is hereby declared to be a public nuisance, which may be abated by the _____ [Tribal Department of Health] by restraining order, preliminary and permanent injunction, or other means provided for by law, and the _____ [Tribe] may take action to recover the costs of the nuisance abatement.
- E. Each day on which a violation of this Article occurs shall be considered a separate and distinct violation.

Sec. 1014. Public Education

The _____ [Tribal Department of Health] shall engage in a continuing program to explain and clarify the purposes and requirements of this Article to citizens affected by it, and to guide owners, operators, and managers in their compliance with it. The program may include publication of a brochure for affected businesses and individuals explaining the provisions of this ordinance.

Sec. 1015. Governmental Agency Cooperation

The _____ [Tribal Health Director] shall annually request other governmental and educational agencies having facilities within the _____ [Tribe] to establish local operating procedures in cooperation and compliance with this Article. This includes urging all Federal, State, _____ [Tribe], and School District agencies to update their existing smoking control regulations to be consistent with the current health findings regarding secondhand smoke.

Sec. 1016. Other Applicable Laws

This Article shall not be interpreted or construed to permit smoking where it is otherwise restricted by other applicable laws.

Sec. 1017. Liberal Construction

This Article shall be liberally construed so as to further its purposes.

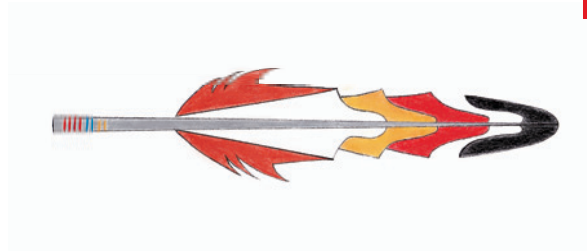
Sec. 1018. Severability

If any provision, clause, sentence, or paragraph of this Article or the application thereof to any person or circumstances shall be held invalid, that invalidity shall not affect the other provisions of this Article which can be given effect without the invalid provision or application, and to this end the provisions of this Article are declared to be severable.

Sec. 1019. Effective Date

This Article shall be effective thirty (30) days from and after the date of its adoption.

Appendix H



South Dakota

DEPARTMENT OF TRIBAL RELATIONS



Cheyenne River Sioux Tribe



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Reservation: Cheyenne River Reservation; Dewey and Ziebach Counties

Division: Teton

Bands: Minnecoujou, Two Kettle (Oohenunpa), Sans Arc (Itazipco) and Blackfoot (Si Sapa)

Land Area: 1.4 million acres

Tribal Headquarters: Eagle Butte, SD

Time Zone: Mountain

Traditional Language: Lakota

Enrolled members living on reservation: 8,000

Major Employers: Cheyenne River Sioux Tribe

[Cheyenne River Sioux Tribe's 2010 Statistical Profile \(pdf\)](#)

◆Government

Charter: None; Constitution and Bylaws: Yes - IRA

Date Approved: December 17, 1935

Name of Governing Body: Cheyenne River Sioux Tribal Council

Number of Council members: (15) fifteen council members

Dates of Constitutional amendments: February 11, 1966, June 18, 1980, July 17, 1992

Number of Executive Officers: (4) Chairman, Vice-Chairman, Secretary, and Treasurer

◆Elections

Primary election is the second Tuesday of August and General is first Tuesday in November (coincides with National Elections)

The Tribal Chairman, Secretary, and Treasurer are elected at large for 4 year terms. The Vice- Chairman is elected from the Council membership for a 2-year term. Council members are elected from each district every two years.

Terms of office are staggered, every two years an election for Council members is held.

Number of Election districts or communities: 13

◆Meetings

Meetings held: The first Tuesday of each month

Quorum number: 2/3 of the members

◆Education and Media

Tribal College: Cheyenne River Community College, Eagle Butte, SD

Radio: KLNK 89.5 FM, McLaughlin, SD

Newspapers: Eagle Butte News, Eagle Butte, SD; West River Progress, Dupree, SD

◆Leaders: Past and Present

Big Foot, a Minnecoujou chief, remained true to the "old ways" throughout his life. He was regarded as a wise leader, who respected the individual rights of his people. Big Foot, who had settled on the Cheyenne River Reservation, was killed during the 1890 Wounded Knee massacre. He died under the white flag of truce.

Arvol Looking Horse is a 19th generation keeper of the Sacred Pipe of the Great Sioux Nation. In this position, he cares for the Sacred Pipe, presented by the White Buffalo Calf Woman many years ago. Looking Horse leads the annual "Sacred Pipestone Run," the purpose of which is to stop the sale of sacred pipestone. He holds an honorary doctoral degree from the University of South Dakota.

Chairman: Kevin Keckler

PO Box 590

Eagle Butte, SD 57625-0590

Phone (605) 964-4155

Fax (605) 964-4151

◆ [View Cheyenne River Sioux Tribe Constitution \(PDF\)](#)

◆ [Visit the Cheyenne River Sioux Tribe Web site](#)

◆Cheyenne River Sioux Tribe

P.O. Box 590

Eagle Butte, SD 57625

Phone (605) 964-4000

Fax (605) 964-1180

South Dakota

DEPARTMENT OF TRIBAL RELATIONS



Crow Creek Sioux Tribe



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Reservation: Crow Creek Reservation; Buffalo, Hyde, and Hughes Counties

Division: Santee, Yankton

Bands: Mdewakanton (People of Spirit Lake), Ihanktonwan (People of the End)

Land Area: 125,591 acres

Tribal Headquarters: Ft. Thompson, SD

Time Zone: Central

Traditional Language: Dakota

Enrolled members living on reservation: 1,230

Major Industry: Agriculture

[Crow Creek Sioux Tribe's 2010 Statistical Profile](#) (pdf)

◆Government

Charter: None; Constitution and Bylaws: Yes

Date Approved: April 26, 1949

Name of Governing Body: Crow Creek Sioux Tribal Council

Number of members: six (6) council members

Dates of Constitutional amendments: February 25, 1963, June 23, 1980, February 4, 1986

Number of Executive Officers: (1) Chairman

◆Elections

Election of all six council members and the Chair are held every two years on the third Tuesday in April. Chairman is elected at large by all districts. Tribal Council elects from within a Vice-Chairman, Treasurer and Secretary.

If terms of office are staggered: No

Number of Election districts or communities: 3

◆Meetings

Regular meetings are held once a month.

Quorum number: 4 members

◆Leaders: Past and Present

Oscar Howe, a Yanktonai, pioneered a new era in Indian art. Howe was born on the Crow Creek Reservation in 1915. Throughout his life, he received many honors, including the title Artist Laureate of South Dakota. When he died in 1983, Howe left behind a legacy of cultural heritage and pride. More than 20 Oscar Howe originals are on display at the Oscar Howe Art Center in Mitchell.

Elizabeth Cook-Lynn taught native studies for 20 years before becoming a full-time writer. She is the author of two novels and a collections short stories. She edits the "Wicazo Sa (Red Pencil) Review," an international Native American studies journal. She's also a traditional dancer on the powwow circuit. Cook-Lynn grew up on the Crow Creek Reservation.

Chairman: Wilfred Keeble

PO Box 50

Ft. Thompson, SD 57339-0050

Phone (605) 245-2221

Fax (605) 245-2470

◆View Crow Creek Sioux Tribe Constitution (PDF)

◆Crow Creek Sioux Tribe

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Fort Thompson, SD 57339-0050

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Fax (605) 245-5470



Flandreau Santee Sioux Tribe



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Reservation: Flandreau Reservation; in Moody County

Division: Santee

Bands: Mdewakanton, Wahpekute

Land Area: 2,356 acres (without boundaries)

Tribal Headquarters: Flandreau, SD

Time Zone: Central

Traditional Language: Dakota

Enrolled members living on reservation: 726

Major Employers: Flandreau Indian School, Flandreau Santee Sioux Tribe, Royal River Casino
[Flandreau Santee Sioux Tribe's 2010 Statistical Profile \(pdf\)](#)

◆ Government

Charter: Yes; Constitution and Bylaws: Yes - IRA

Date Approved: April 24, 1936

Name of Governing Body: Flandreau Santee Sioux Tribal Council

Executive Committee: (4) President, Vice-President, Secretary, Treasurer and 4 additional Trustees who are elected by the tribal members. Tribal Treasurer is appointed.

Dates of Constitutional amendments: October 16, 1967, November 14, 1984, May 23, 1990, May 13, 1997

◆ Elections

Primary Election is at least forty-five days prior to the general election and General Election is held in conjunction with the August General Council meeting.

Number of Election districts or communities: 1

Executive Officers and Trustees serve four year terms.

Trustee terms of office are staggered.

◆ Meetings

Quorum number: Executive Committee: 4 Executive members. General Council meetings must have fifty percent of qualified voters.

General Council meetings are the first Saturday of February, May, August, and November of each year. Executive Committee holds meetings at least once a month established by the President.

◆ Education and Media

Newspaper: Moody County Enterprise, Flandreau, SD

◆ Leaders: Past and Present

Chief Little Crow spent much of his life in Minnesota, where he was the head of a Santee band. Little Crow, a bold and passionate orator, established himself as a spokesman for his people. After becoming chief around 1834, he sought justice for his people, but also tried to maintain relations with the whites. In 1862, he led the fight now known as the Minnesota Santee Conflict. In fact, this war was launched only in the face of starvation and only after the federal government didn't present land payments as promised. Little Crow was killed the following year. He is buried near Flandreau.

President: Anthony Reider

PO Box 283

Flandreau, SD 57028-0283

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Fax (605) 997-3878

[View Flandreau Santee Sioux Tribe Constitution \(PDF\)](#)

[Visit the Flandreau Santee Sioux Tribe Web site](#)

◆ Flandreau Santee Sioux Tribe

603 West Broad

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South Dakota

DEPARTMENT OF TRIBAL RELATIONS



Lower Brule Sioux Tribe



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Reservation: Lower Brule Reservation; Lyman and Stanley Counties

Division: Teton

Bands: Sicangu (Brule or Burnt Thigh)

Land Area: 132,601 acres

Tribal Headquarters: Lower Brule, SD

Time Zone: Central

Traditional Language: Lakota

Enrolled members living on reservation: 1,308

Major Employers: Lower Brule Sioux Tribe, Lower Brule Sioux Tribe Golden Buffalo Casino, Bureau of Indian Affairs, Indian Health Service. The Lower Brule Farm Corp. is the nation's number-one popcorn producer.

[Lower Brule Sioux Tribe's 2010 Statistical Profile \(pdf\)](#)

◆ Government

Charter: Yes; Constitution and Bylaws: Yes - IRA

Date Approved: October 5, 1935

Name of Governing Body: Lower Brule Sioux Tribal Council

Number of council members: (3) three Councilmen

Dates of Constitutional amendments: June 17, 1974; September 2, 1986

Number of Executive Officers: (4) Chairman, Vice-Chairman, Treasurer, and Secretary

◆ Elections

General Election is First Tuesday of September in even numbered years

Chairman, Vice-Chairman, and Treasurer are elected at large. The tribal council appoints a Secretary, a Sergeant at Arms, a Chaplain, and other officers as necessary. Offices are held for two years.

Number of Election districts or communities: One

◆ Meetings

Meetings are held the first Wednesday of each month.

Quorum number: five members

◆ Education and Media

Tribal College: Lower Brule Community College, Lower Brule SD

◆ Leaders: Past and Present

Chief Iron Nation (1815-1894) led the Lower Brule Sioux Tribe through some of its most challenging years. He worked diligently, both as a warrior and statesman, to ensure the survival of his people. Iron Nation signed the treaty to establish the Great Sioux Reservation in 1868. He has been described as a just and noble leader.

Chairman: Michael Jandreau

PO Box 187

Lower Brule, SD 57548-0187

Phone (605) 473-5561

Fax (605) 473-5606

◆ [View Lower Brule Sioux Tribe Constitution \(PDF\)](#)

◆ [Visit the Lower Brule Sioux Tribe's Web site](#)

Lower Brule Sioux Tribe

P.O. Box 187

Lower Brule, SD 57548-0187

Phone (605) 473-5561

Fax (605) 473-5606



Oglala Sioux Tribe



clicking on map will open a larger version

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Reservation: Pine Ridge Reservation; Shannon and Jackson County

Tribal Headquarters: Pine Ridge, SD

Time Zone: Mountain

Traditional Language: Lakota

Enrolled members living on reservation: 38,000

[Oglala Sioux Tribe's 2010 Statistical Profile \(pdf\)](#)

◆ Government

Charter: None; Constitution and Bylaws: Yes - IRA

Date Approved: January 15, 1936

Name of Governing Body: Oglala Sioux Tribal Council

Number of Council members: (18) eighteen council members

Dates of Constitutional amendments: December 24, 1969; December 3, 1985; July 11, 1997

Number of Executive Officers: (4) President, Vice President, Secretary, and Treasurer

◆ Elections

Primary election is held in October and the General in November.

President and Vice-President are elected at large by voters, term of office 2 years; Secretary and Treasurer are appointed by Tribal Council.

Council members serve a term of two years.

Number of Election districts or communities: 9

Proportion of representatives: one representative for each 1,000 members

◆ Meetings

Quorum number: 2/3 members

There are four meetings in each year in January, April, July, and October.

◆ Education and Media

Tribal College: [Oglala Lakota College](#), Kyle, SD

Radio: KILI 90.1 FM, Porcupine, SD

Newspapers: Black Hills People's News, Pine Ridge Village, SD

[View the Lakota Country Times](#)

◆ Leaders: Past and Present

Red Cloud, an Oglala chief, was a respected warrior and statesman. From 1866-1868, he successfully led the flight to close off the Bozeman Trail, which passed through prime buffalo hunting grounds. Once settled at Pine Ridge, Red Cloud worked to establish a Jesuit-run school for Indian children. He is buried on a hill overlooking the Red Cloud Indian School, which was named in his honor.

In 1964, Billy Mills won the 10,000-meter race at the Olympic Games in Tokyo. He was the first American ever to win that race, and he did it in record time. Billy Mills, an Oglala Lakota, was born on the Pine Ridge Indian Reservation.

President: John Yellow Bird Steele

PO Box 2070

Pine Ridge, SD 57770-2070

Phone (605) 867-5821

Fax (605) 867-1449

[View Oglala Sioux Tribe Constitution \(PDF\)](#)

[View the Oglala Sioux Tribe's website](#)

◆ Oglala Sioux Tribe

PO Box 2070

Pine Ridge, SD 57770

Phone: (605) 867-5821

Fax: (605) 867-2609

South Dakota

DEPARTMENT OF TRIBAL RELATIONS



Rosebud Sioux Tribe



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Reservation: Rosebud Reservation; Todd, Mellette and Tripp Counties

Division: Teton

Band: Sicangu (Brule or Burnt Thigh)

Land Area: 882,416 acres

Tribal Headquarters: Rosebud, SD

Time Zone: Central

Traditional Language: Lakota

Enrolled members living on reservation: 21,245

Major Employers: Rosebud Sioux Tribe, Bureau of Indian Affairs, Todd County School District
[Rosebud Sioux Tribe's 2010 Statistical Profile \(pdf\)](#)

◆ Government

Charter: Yes; Constitution and Bylaws: Yes - IRA

Date Approved: November 23, 1935

Name of Governing Body: Rosebud Sioux Tribal Council

Number of Council members: (20) twenty Council members

Dates of Constitutional amendments: June 19, 1962, May 2, 1966, September 4, 1973, December 29, 1977, September 23, 1985, July 31, 1987, February 4, 1988

Number of Executive Officers: (5) President, Vice-President, Secretary, Treasurer, and Sergeant-At-Arms

◆ Elections

Primary Election Fourth Thursday of August and General Election Fourth Thursday of October. President and Vice-President are elected at large for two year terms. Tribal Council is elected from their districts every two years and appoints the Secretary, Treasurer, and Sergeant- At-Arms.

Number of Election districts or communities: 13 districts

Proportion of representatives: one representative per seven hundred and fifty members

◆ Meetings

Meetings are held once a month the second Wednesday and Thursday.

Quorum number: 11 members

◆ Education and Media

Tribal College: [Sinte Gleska University](#), Mission, SD

Radio Stations: KOYA 88.1 FM, KINI 96.1 FM

Newspapers: [Lakota Country Times](#), [Sicangu Sun Times](#), Todd County Tribune, Mission, SD

◆ Leaders: Past and Present

Ben Reifel, a five-term U.S. Congressman, was born near Parmelee on the Rosebud Reservation in 1906. During his lifetime, he worked for the Bureau of Indian Affairs, served in the U.S. Army, and received a doctoral degree from Harvard University. Reifel ran for office in 1960 and served until his retirement in 1971. He died in 1990.

White Eagle was the first American Indian to sing lead roles in American musical theater and opera. He graduated from the prestigious Merola Opera Program at the San Francisco Opera and has performed with the Pennsylvania Opera Theater, Florentine Opera, Cleveland Opera, and others. White Eagle was a member of the Rosebud Sioux Tribe.

President: Rodney Bordeaux

PO Box 430

Rosebud, SD 57570-0430

Phone (605) 747-2381

Fax (605) 747-2243

[View Rosebud Sioux Tribe Constitution \(PDF\)](#)

[Visit the Rosebud Sioux Tribe Web site](#)

◆ Rosebud Sioux Tribe

Box 430

Rosebud, SD 57570

Phone (605) 747-2381

Fax (605) 747-2243



DEPARTMENT OF TRIBAL RELATIONS



Sisseton Wahpeton Oyate



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Reservation: Former Lake Traverse; parts of Marshall, Day, Codington, Grant and Roberts Counties

Division: Santee

Bands: Sisseton (People of the Marsh), Wahpeton (People on Lake Traverse)

Land Area: 106,153 acres (without boundaries)

Tribal Headquarters: Agency Village, SD

Time Zone: Central

Traditional Language: Dakota

Enrolled members living within former reservation area: 9,894

Major Employers: Dakota Sioux Casino, tribal government, Bureau of Indian Affairs

[Sisseton Wahpeton Oyate's 2010 Statistical Profile \(pdf\)](#)

◆ Government

Charter: None; Constitution and Bylaws: Yes

Date Approved: October 16, 1946

Name of Governing Body: Sisseton-Wahpeton Sioux Tribal Council

Number of council members: (7) seven council members

Dates of Constitutional amendments: November 21, 1978, June 9, 1980

Number of Executive Officers: (3) Tribal Chairman, Vice Chairman, and Tribal Secretary

◆ Elections

Primary election is held in October and the General in November.

Members of Council shall serve terms of four years. Any Council and Executive Committee member shall serve no more than two (2) consecutive terms for a total of eight (8) years in the same office. Any Council member or Executive Committee member may again file for office after a two (2) year time period.

Number of Election districts or communities: 7

◆ Meetings

The Council shall meet regularly on the first Tuesday, Wednesday and third Thursday of each month or upon call of the Chairman of the Council.

Quorum number: General Council members is ten percent of eligible members

◆ Education and Media

Tribal College: [Sisseton-Wahpeton Community College](#), Sisseton, SD

Weekly newspaper: [Sota Iya Ye Yapi](#)

◆ Leaders: Past and Present

Paul War Cloud, a Sisseton-Wahpeton, was born in 1930 near Sica Hollow. A self-taught artist, War Cloud realistically depicted Dakota culture and tradition in his paintings. Many of his works are on display at the Tekakwitha Fine Arts Center in Sisseton. A War Cloud mural, "Unity Through the Great Spirit," hangs at the Cultural Heritage Center in Pierre. War Cloud died in 1973.

◆ Chairman: Robert Shepherd

PO Box 509

Agency Village, SD 57262-0509

Phone (605) 698-3911

Fax (605) 698-3708

[Visit Sisseton-Wahpeton Oyate's Web site](#)

[View Sisseton-Wahpeton Oyate Constitution \(PDF\)](#)

◆ Sisseton-Wahpeton Oyate

P.O. Box 509

Agency Village, SD 57262-0509

Phone (605) 698-3911

Fax (605) 698-3708

South Dakota

DEPARTMENT OF TRIBAL RELATIONS



Standing Rock Sioux Tribe



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Reservation: Standing Rock Reservation, Corson County SD

Division: Yanktonais, Teton

Bands: Hunkpapa, Blackfeet, Tanktonais and Cutheads

Land Area: 562,366 acres in South Dakota

Tribal Headquarters: Ft. Yates, ND

Time Zone: Mountain (South Dakota side), Central (North Dakota side)

Traditional Language: Dakota and Lakota

Enrolled members living on reservation: 10,133

Major Employers: Standing Rock Sioux Tribe, which administers 40-50 programs, Sitting Bull College, Prairie Knights Casino, Grand River Casino and school districts

[Standing Rock Sioux Tribe 2010 Statistical Profile \(pdf\)](#)

◆ Government

Charter: None; Constitution and Bylaws: Yes - IRA

Date Approved: April 24, 1959

Name of Governing Body: Standing Rock Sioux Tribal Council

Number of members: fourteen (14) Councilmen, Eight are elected from election districts, six are residents of the reservation without regard to residence in any district or state.

Dates of Constitutional amendments: May 11, 1984; October 15, 1984

Number of Executive Officers: (3) Chairman, Vice-Chairman, and Secretary

◆ Elections

Primary election is held no more than ninety (90) and no less than thirty (30) days before the general election, General elections are held every odd numbered year. All officers are elected for terms of four (4) years. Terms of office are staggered.

Number of Election districts or communities: 8

◆ Meetings

Quorum number: eleven

Meetings are held each month at the Tribal Headquarters

◆ Education and Media

Tribal College: [Sitting Bull College](#), Ft. Yates, ND

Radio: KLND 89.5 FM, Little Eagle, SD

Newspapers: Teton Times, McLaughlin, SD

Corson/Sioux Co. News-Messenger, McLaughlin, SD

◆ Leaders: Past and Present

Sitting Bull, a Hunkpapa, was an influence and respected man. Not only did he serve as a spiritual leader, he also was the last known leader of the "Cante Tinza," an elite warrior society. Sitting Bull helped to defeat Custer at the Battle of Little Big Horn. And he traveled with Buffalo Bill Cody's "Wild West Show" for a time. Sitting Bull was killed by Indian police on Dec. 15, 1890.

Patricia Locke (Ta Wacin Waste Win), a Hunkpapa Lakota and Chippewa, lives on the Standing Rock Reservation. A MacArthur Fellow, 1191-1196, she has assisted 17 tribes in establishing community colleges on their reservations. Locke has taught at major American universities including the University of California at Los Angeles. She is the author of 29 articles and publications.

◆ Chairman: Charles Murphy

PO Box D

Ft. Yates, ND 58538-0522

Phone (701) 854-8500

Fax (701) 854-8595

[View Standing Rock Sioux Tribe Constitution \(PDF\)](#)

[Visit the Standing Rock Sioux Tribe Web site](#)

◆ Standing Rock Sioux Tribe

P.O. Box D

Fort Yates, ND 58538-0522

Phone (701) 854-8500

Fax (701) 854-7299

South Dakota

DEPARTMENT OF TRIBAL RELATIONS



Yankton Sioux Tribe



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Reservation: Yankton Reservation; part of Charles Mix County

Division: Yankton

Bands: Ihanktonwan

Land Area: Approximately 40,000 acres (without boundaries)

Tribal Headquarters: Marty, SD

Time Zone: Central

Traditional Language: Dakota

Enrolled members living within area: 3,500

Major Employers: Fort Randall Casino, Indian Health Service, tribal office, Bureau of Indian Affairs, Marty Indian School

[Yankton Sioux Tribe's 2010 Statistical Profile](#) (pdf)

◆ Government

Charter: None; Constitution and Bylaws: Yes - non-IRA

Date Approved: April 24, 1963

Name of Governing Body: Yankton Sioux Tribal Business and Claims Committee

Number of committee members: (5) five committee members

Dates of Constitutional amendments: March 20, 1975

Number of Executive Officers: (4) Chairman, Vice-Chairman, Secretary, Treasurer

◆ Elections

Primary election is in July and the General is every two years on the first Thursday in September. Executive officers are elected at large and serve two year terms in office.

Number of Election districts or communities: 5

◆ Meetings:

Regular business meeting are held once a week usually on Tuesday. An annual General Council Meeting is set for the third Tuesday in August each year.

Quorum number: 5 members

◆ Leaders: Past and Present

Legend has it that when he was born in 1804, Struck By The Ree, a Yankton chief, was wrapped in an American flag by Meriwether Lewis. Lewis and Clark were in the area exploring Louisiana Purchase lands. As a leader, Struck By The Ree managed to befriend the whites, yet remain dedicated and loyal to his people. He died in 1888 at Greenwood.

◆ Chairperson: Thurman Courmoyer Sr.

PO Box 1153

Marty, SD 57380

Phone (605) 384-3641

Fax (605) 384-5687

[View Yankton Sioux Tribe Constitution](#) (pdf)

◆ Yankton Sioux Tribe

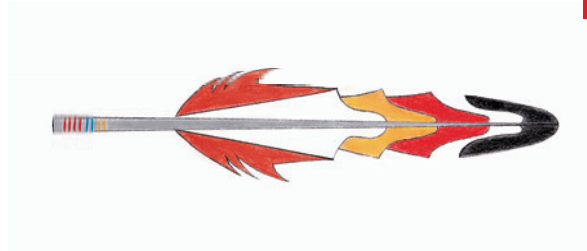
P.O. Box 1153

Wagner, SD 57380

Phone (605) 384-3641

Fax (605) 384-5687

Appendix I



Smoke Free [Tribal Community]

I am willing to: (Please X all that apply)

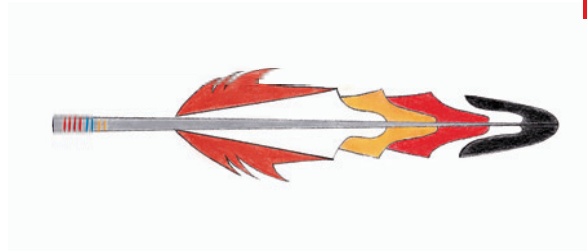
- Attend *coalition* meetings
- Help *coalition* at events and health fairs
- Collect signatures on petition postcards
- Attend Tribal Council ordinance hearings/meetings
- Make phone calls asking people to attend council meetings/hearings
- Make phone calls to (or e-mail) my Tribal councilor in support of an ordinance
- Write a letter to the editor
- Other: _____

Name

Phone number

E-mail address

Appendix J



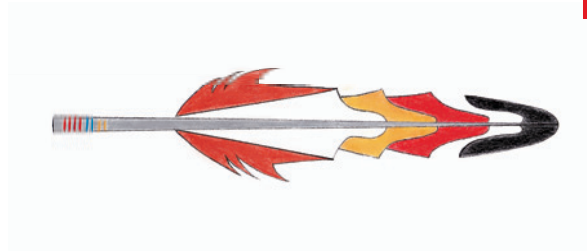
Action Plan

Strategy	Anticipated Result	Who's involved	Timeframe	Comments
Determine which park or other outdoor recreation area will be the focus of a "Bag o' Butts" clean-up. Determine if you need to get any special permits to conduct a clean-up of the park.	1. Raise awareness for tobacco-free parks.	The full committee.	April 20 (8 weeks before event on June 16)	
Speak at community meeting to give presentation about tobacco ads targeting American Indians and the health impact of secondhand smoke. Talk about proposed policy.	1. Get 25 signatures for petition.	Tiesha will do presentation. Sue will talk to Judy C. to set up speaking time at meeting.	April 30 meeting.	Sue is a member of the Tribal Council and can get 10 minutes on the community forum agenda.
Hand out gum with wrapper messages about tobacco-free parks.	1. Raise awareness. 2. Get chance to talk 1-on-1 about proposed policy. 3. Get 75 signatures for petition.	Van and Beth will print out wrapper messages and get people to help assemble. Local TATU students will be in charge of distribution.	During Mother's Day community event.	The gum will cost \$10.00.
Chalking with messages about secondhand smoke at the tribal park.	1. Raise awareness about smoking in public places.	The full committee and local TATU youth.	May 25 for about 3 hours. Rain date: May 26.	We'll use facts from the 2ndhand smoke fact sheets and target all main walkways.
Booth at the Early Summer Pow Wow	1. Raise awareness. 2. Get chance to talk 1-on-1 about proposed policy. 3. Get 100 signatures for petition.	Van and Beth will print out wrapper messages and get people to help assemble (if needed). Coalition members and local TATU students will be in charge of distribution.	May 31	May need to buy more gum.

Action Plan

Strategy	Anticipated Result	Who's involved	Timeframe	Comments

Appendix K



Smokefree Air Survey for CRST

Please share your opinion by answering these 6 short questions.

I smoke commercial tobacco.

I do not smoke commercial tobacco.

1. The smoking of commercial tobacco products should be banned in all work places on CRST.

Strongly Agree Agree Disagree Strongly Disagree

2. The smoking of commercial tobacco products should be banned in all bars and restaurants on CRST.

Strongly Agree Agree Disagree Strongly Disagree

3. Smoking can cause or worsen lung disease, lung cancer, heart disease and high blood pressure in American Indians.

Strongly Agree Agree Disagree Strongly Disagree

4. I should have the right to breathe clean, smoke-free air in all enclosed public places.

Strongly Agree Agree Disagree Strongly Disagree

5. I should have the right to smoke commercial tobacco products wherever I want if I choose to.

Strongly Agree Agree Disagree Strongly Disagree

~~~~~

If you support smokefree air in all enclosed public places on the Cheyenne River Reservation, please print and sign your name here.

---

Print Name

Sign Name

Date