

Community Tobacco Educator Training Guide  
Developed by Tobacco Education and Prevention Technical Support Center  
A program of the California Rural Indian Health Board, Inc.

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## **Community Tobacco Educators Training: Learning Module**

### **Commercial Tobacco 101 and Traditional Tobacco Use**

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**Target Audiences:** Community members, health representatives, and staff of American Indian health/education programs.

**Goals:** Participants will receive general information about commercial tobacco abuse and American Indian traditional tobacco use.

**Learning Objectives:** Upon completion of Tobacco 101 and Traditional Tobacco Use Learning Module, participants will be able to demonstrate the following:

1. Section 1: List one use of traditional tobacco.
2. Section 2: Name two ingredients in commercial tobacco and discuss two health affects of commercial tobacco abuse.
3. Section 3: Discuss two commercial tobacco abuse interventions for working with American Indian communities.

#### **Measures of Objective Accomplishment:**

To gauge participant's knowledge of the trainings, a pre/ post-test survey will be used at the beginning and end of each learning module. Post-test results will demonstrate a marked improvement over pre-test results, providing a demonstrated percentage increase as the outcome measure.

#### **Length:**

- Introduction of session/module overview (:05)
- Pre-test (:05)
- Presentation of Module (:20)

- Talking Circle (:20)
- Post-test (:05)
- Closing (:03)

### **Contents of Learning Module:**

1. Instructor's Guide with Pre/Post Test
2. Power Point presentation
3. Notes pages for participants
4. References
5. Resources

### **Instructions for the Instructor:**

1. Introduce topic and Pre/Post Test.
2. Administer Pre-Test prior to Power Point presentation.
3. Follow Power Point presentation-all main points are in boldface type and in the heading of each slide.
4. Administer Post-Test immediately following presentation.
5. Initiate Talking Circle by inviting participant comments and questions.
6. Facilitate, direct, and answer participant questions and comments.

### **Section 1: Traditional Tobacco Background**

Traditional tobacco has been used by American Indian nations for thousands of years, or as some contend, 'since the beginning of time.' Many tribes have stories on the origin of tobacco and how it was given to them as a gift from the spirit world. These stories help one to understand the relationship between American Indian people and the creation. Tobacco has had, and continues to have, many positive uses in its purest form. For presentation purposes a very general and inclusive definition of traditional tobacco use is provided. Traditional tobacco use is defined as the use of tobacco plants or manufactured products by American Indians with religious, ceremonial or medicinal purposes. *Nicotiana rustica* is the scientific name for the tobacco plant most commonly used traditionally.

Tobacco is a medicine, which affects physical and spiritual well being. When used in a prescribed way, it can promote good health and assist with spiritual guidance and growth. When used at the right time, the right places, and in the right way, native tobacco promotes good health. However, if used in a random, unspecified or addictive way, it can cause illness or lead to death. Tobacco is still used traditionally to this day in many tribes. Many California tribes use some form of traditional tobacco. Since tobacco use varies from tribe to tribe, there is no single way to portray its ceremonial use. Other tribes use medicines and/or plants in ways similar to tobacco. It is significant to note that not all tribes used tobacco traditionally and not all tribes use it traditionally now.

Contemporary traditional tobacco use is illustrated by more recent religions and groups such as the Peyote Religion or the Native American Church (NAC). Tobacco is used as an offering and

in ceremonial pipe use. The Plains Sun Dance uses tobacco as an offering to Creator. Dancers do not ingest food or water and sometimes dancers are only allowed to smoke. Traditional uses of native tobacco do not always involve smoking. It is often used as a sign of respect and as an offering when praying to the Creator. Tobacco is sometimes placed in a fire while praying, and the smoke that rises can carry prayers to the Creator. When someone wishes to show respect to an elder, tobacco may be given. Traditional healers sometimes use tobacco to help cure illness. Tobacco can also be used for protection from physical, mental, or spiritual harm. The respect demanded through the traditional use of tobacco helps an 'individual to spiritually grow'. Our traditions teach that it is important to have good attitudes and thoughts while planting, picking, preparing, and using tobacco.<sup>1</sup> When treated in this fashion, tobacco shows respect towards the Creator and leads to good health and harmony. In some tribes, people were trained to plant, harvest and prepare tobacco for use by traditional or spiritual people. These people knew the proper way and attitude in which to care for the tobacco. This type of tobacco has many names including natural tobacco, wild tobacco, or mountain smoke. Due to the current shortage of unaltered traditional tobacco, some people use commercial tobacco in Give-Aways and other honoring practices. Unfortunately, commercial tobacco products contain many added chemicals that are harmful to the health of American Indian people.

## **Section 2: Commercial Tobacco Misuse in AI communities**

American Indian and Alaska Natives have higher smoking rates than any other racial/ethnic group in California and nationally. According to Centers for Disease Control and Prevention (CDC) National Health Interview Survey 2006, national American Indian/Alaska Native commercial tobacco smoking prevalence rate is 32.4% with males at 35.6% and females at 29.0%. In California, according to the 2003 California Health Interview Survey, the American Indian/Alaska Native smoking prevalence rate is 27% compared to the non-Hispanic white prevalence rate of 17.2%. Nationally, American Indian/Alaska Native (AI/AN) youth are smoking at rates higher (27%) than youth from other racial/ethnic backgrounds.<sup>2</sup> With such high smoking rates, lung cancer is the number one cancer among AI/AN and cardiovascular disease is a leading cause for mortality among AI/AN.<sup>3</sup> American Indian and Alaska Natives have the poorest survival rate from cancer of any other racial/ethnic group. Furthermore, 2 out of every 5 Indian deaths can be attributed to smoking. Among men and women combined, the use of chewing tobacco or snuff was 9.3% among American Indians and Alaska Natives, compared with 4.4% for whites, 1.8% for African Americans, 0.9% for Pacific Islanders, 0.6% for Hispanics, and 0.2% for Asian Americans.<sup>4</sup>

Commercial tobacco contains over 4,000 harmful ingredients many of which are proven carcinogens. Carcinogens are any substances that produce cancer. Known carcinogens in commercial tobacco include Toluidine, Naphthylamine, Polonium-210, Potassium-40, Urethane, Benzopyrene, Pyrene, Vinyl chloride, Dibenzacridine, and Naphthalene. Nicotine is the addictive substance in commercial tobacco but many of the dangers lie in the additives to commercial tobacco. Formaldehyde is used to preserve animals and dead bodies, tar is used to cover roads, toluene is highly toxic and is the main ingredient in paint thinner, propylene glycol is used in products that de-ice window shields after a cold night, ammonia is used in harsh cleaners, benzene is found in pesticides and gasoline.

Commercial tobacco abuse causes many detrimental health effects on the human body. Nicotine reduces oxygen supply to the extremities and carbon monoxide reduces the amount of oxygen

circulating in the blood; therefore, there is less oxygen to feed healthy tissues. Nicotine accelerates the heart rate, constricting blood vessels and raising blood pressure, causing less oxygen to be available to the blood cells. The reduction of oxygen causes tissues such as bone, ligaments, tendons, and muscles to become weakened over time. The oxygen deprivation also weakens the heart and causes heart disease and heart attacks.

Prime ingredients in commercial tobacco are tars. They provide flavor and other taste sensations to commercial tobacco. However, they also cause cancer growth. The chemicals within the tar affect the function of other parts of the body. The tars and gases, such as carbon monoxide which is produced by combustion, cause cancer, heart disease and respiratory illnesses as well as many other conditions. Tars also turn teeth and fingernails yellow, affecting a smoker's aesthetic appeal.

The smoke from a burning cigarette irritates and destroys lung alveoli. In reaction, the body produces mucus to expunge smoke ingredients, thus causing coughing and congestion. Prolonged misuse can cause chronic bronchitis and emphysema. As carbon monoxide replaces oxygen in the body, the shortage of oxygen causes strokes, circulatory problems, heart attacks, and arteriosclerosis. Arteriosclerosis is the abnormal thickening and hardening of the walls of the arteries.

Smoking also causes impotence or erectile dysfunction. During an erection, large quantities of blood flow, under pressure, into the penile arteries. This causes the veins which drain the penis to become compressed, so preventing the immediate outflow of blood. This process is significantly impaired by smoking. Less blood flows into the penis if the inflow route is blocked by long term build-up of fatty deposits in the arteries (atherosclerosis) caused, in part, by smoking. Rapid contractions in penile tissue, a direct and immediate result of nicotine stimulation in the brain, restrict arterial blood flow into the penis. This is known as acute vasospasm. The valve mechanism that traps blood in the penis is impaired as a result of nicotine in the blood stream. This is known as venous dilation, hence erectile dysfunction.

Diabetes affects many American Indians. According to a recent report entitled *Disparities in Cause-specific Hospitalization Rates of American Indians in Rural California*, by Dr. Carol Korenbrot, diabetes was identified as the primary diagnosis and cause for hospitalization in 46,000 cases of American Indian men, compared to 13,000 cases of other ethnicities.<sup>6</sup> Additionally, diabetes was identified as the primary diagnosis and cause for hospitalization in 32,000 cases of American Indian women, compared to 12,000 cases of other ethnicities.<sup>6</sup>

Diabetics have difficulty getting enough oxygen to the tissues that need it, resulting in poor resistance to infection, and slow wound healing. Commercial tobacco use causes carbon monoxide to replace oxygen in the blood, instead of nourishing tissues, it poisons them. In addition, tobacco use raises blood sugar. It causes the liver to make sugar and pump it into the blood stream. Most diabetics' blood sugar tends to be elevated. Tobacco makes glucose monitoring harder to control. Smoking contributes to poor blood glucose control by interfering with the timing and effects of insulin.<sup>5</sup> As a whole, it is best for a diabetic not to use commercial tobacco.

### **Section 3: Intervention Techniques in AI communities**

When working with American Indian communities, commercial tobacco intervention will be enhanced if we are mindful of the facets outlined in this section. First, there is not one monolithic American Indian. There are over 550 sovereign tribes in the United States, each tribe with its own culture, language, customs, and belief systems. Another distinction that needs to be made is between rural and urban American Indian populations. Not all American Indians reside on reservations or rancherias; in fact more than 60% live in urban areas. Both rural and urban Indians, for the most part, are living a bicultural existence and must navigate and balance between two worlds (Indian and non-Indian). It is important to be aware and respectful of this reality.

This last section of the presentation is a set of guidelines for specific commercial tobacco abuse intervention in Indian country. The first guideline is to stress the relationship between smoking and disease. As Community Tobacco Educators (CTEs), we must help American Indian communities make the connection between their choices and their health. The diabetes example given earlier illustrates this idea; it stresses the manner in which smoking can worsen one's diabetic condition and health. Also, it is important to emphasize the ill effects of secondhand smoke (SHS) on family members. Often, family is a central part to American Indian communities and by emphasizing what smoking does not only to the individual's health but also to his or her family's health is a very potent cautionary tool to use. In our experiences as health educators, this is usually the reason many American Indian adults quit using commercial tobacco.

Equally important is to understand the distinction between traditional and commercial tobacco uses and to not use blanket statements about tobacco or smoke without first qualifying your statement. For example, a state public health program in New England attempted to start a "Teens Against Tobacco" program with American Indian students and though it had worked with white students, it did not work with the American Indian students. After some inquiry they discovered that the American Indian students were offended by a portion of the title ("against tobacco") because many of the students understood tobacco in terms of traditional and medicinal use; they were not "against" it. Even though the state public health program meant commercial tobacco abuse not traditional use, their unawareness of American Indian use of traditional tobacco delayed their plans of intervention because they did not have this kind of key information. However, please note as stated earlier, NOT all American Indians use tobacco in a traditional way. It is better to ask them directly than assume.

#### **Talking Circle Topic: Traditional Tobacco Use and Commercial Tobacco Abuse**

Treat the Talking Circle as a time for everyone to gather in a circle of sharing. Chairs should be organized in a circle, with no one outside of the circle. In this way, everyone is equal and worthy of sharing their stories, opinions, or thoughts. The talking circle is one way that the CTE and community members can seek solutions to high rates of commercial tobacco abuse, and ways to promote the sacred use of traditional tobacco. It is based on traditional American Indian talking groups and is a place where communication is encouraged and supported in a respectful

atmosphere. “In modern medicine, we’re focused on issues of confidentiality; that’s important. But some start to feel isolated within their disease. We wanted to create a forum for people who wanted to talk.”<sup>7</sup>

Traditionally, sage or purifying herbs would be burned during the talking circle. If appropriate, do so. If not, compensate by turning off fluorescent lights to create an intimate, comforting, and safe atmosphere for sharing. Begin the talking circle with an opening blessing, prayer, or moments of silence (whatever is appropriate). Then explain to those in the circle, the purpose of the talk, assure confidentiality and begin the discussion with the “talking tool.” The talking tool can be an eagle feather or other transformational object. It’s important to stress the symbolic power of your talking tool. While one person possesses the talking tool, it is their right to speak, and no one else’s. “Whenever you’re holding the eagle feather (or talking tool), you’re truthful in the words that you talk. We as native people regard this bird as being so sacred because...it flies so high to the Creator and carries a lot of wisdom. It can tell if you’re being honest or not.”<sup>7</sup> However, the talking tool must be shared. After a person speaks with the talking tool, it should be placed in the middle of the circle, or passed to another person to continue the discussion.

Talking Circles are not structured, like focus groups. Allow sufficient time to include all viewpoints. At the end of the discussion, remind everyone to assure confidentiality, and thank them for sharing their time, wisdom and words.

## References and Resources

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4. Substance Abuse and Mental Health Services Administration. *Results from the 2002 National Survey on Drug Use and Health. Detailed Tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies; 2003. Available at <http://www.oas.samhsa.gov/nhsda/2k2nsduh/Sect2peTabs35to39.pdf>
5. Michael, ”Diabetes and Tobacco: A Dangerous Mix.” Diabetes and Tobacco Training Presentation. Inter Tribal Council of Arizona, Inc. Grace Inn, Ahwatukee, AZ. September 2002.
6. Korenbrot, Carol. *Disparities in Cause-specific Hospitalization Rates of American Indians in Rural California*. 2003.
7. Blackwood, Alisa. “Tribal Hospital Blends Traditional, Western Healing in Diabetes.” *The Associated Press*. 2003.

