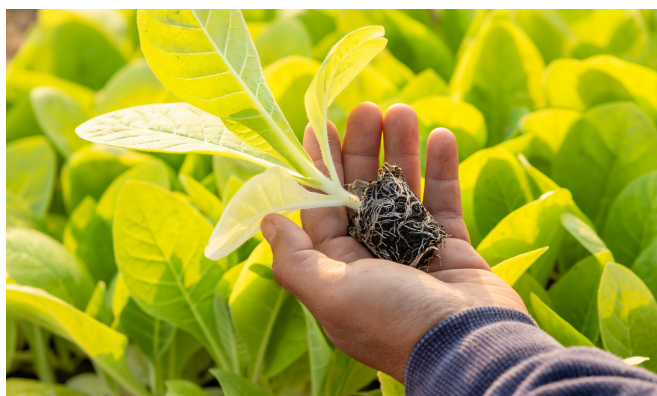


COMMERCIAL TOBACCO USE AND CESSATION STRATEGIES IN AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES

WHAT WE DO

The National Native Network seeks to serve all 573 federally recognized Tribes, 68 state recognized Tribes, urban AI/AN communities, and tribal-serving agencies with training, resources, and technical support for AI/AN cancer and commercial tobacco use prevention and control efforts.



Traditional Tobacco

- The term traditional tobacco will be used in this brief to describe natural tobacco grown and harvested by American Indian and Alaska Native Tribes for ceremonial and medicinal purposes

Commercial Tobacco

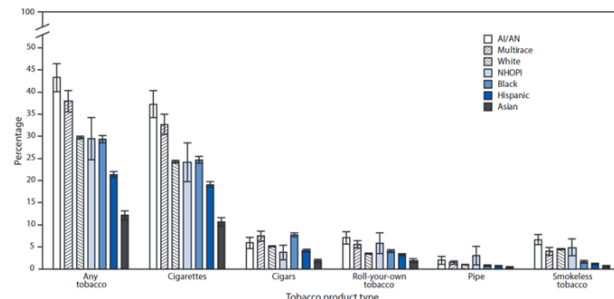
- The term commercial tobacco will be used to represent tobacco products manufactured with added nicotine, additives and other carcinogenic compounds that are linked to death, disability and disease

EXECUTIVE SUMMARY

American Indian and Alaska Native (AI/AN) populations have disproportionately high rates of commercial tobacco use compared to other races and ethnicities (Shown in figure 1A). Linkages occur between smoking and other commercial tobacco products to many devastating health effects including cancer, stroke, diabetes, chronic obstructive pulmonary disease, and heart disease.³ Smoking also increases risks for immune system issues, certain eye diseases, and tuberculosis. Second hand smoke exposure contributes to nearly 41,000 deaths of non-smokers in the United States every year.⁴ Not including the approximately 400 infant deaths linked to second hand smoke and increased risk for sudden infant death syndrome annually.⁴ Second hand smoke also increases the risk of lung cancer, heart disease, and stroke in non-smoking adults and can cause respiratory infections, increased severity of asthma, middle ear disease, and slowed lung growth in children and infants.⁴

Figure 1A.

FIGURE: Prevalence of tobacco product* use by race/ethnicity¹ — National Survey of Drug Use and Health, United States, 2010–2015



Abbreviations: AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander.

* Persons who reported current (past 30-day) use of at least one of the five tobacco product types (cigarettes, cigars, roll-your-own tobacco, pipe, and smokeless tobacco) were considered to be current users of any tobacco product. Cigars include big cigars, cigarillos, and little cigars. Smokeless tobacco includes snuff, dip, chewing, and snus.

¹ AI/AN population comprised persons who identified AI/AN as their only race/ethnicity. Unless otherwise specified, all racial/ethnic groups are non-Hispanic.

Big tobacco companies use targeted marketing strategies for AI/AN populations such as partnering with tribes to brand and sell cigarettes, providing financial support to cultural events, and using AI/AN imaging and symbols on cigarette packaging. Big Tobacco conglomerates disseminate misleading information to tribes about the effects of commercial tobacco products and offer discounts or reduced pricing to sell commercial tobacco products within tribal lands.⁸

The social determinants of health in AI/AN communities, including inequitable policies, economic disparities, lack of access to preventative healthcare, and educational opportunities indicate a strong inverse relationship to stress and use of commercial tobacco products.³ An increased allostatic load due to cumulative effects of stressful life events exacerbate health problems and contribute to maladaptive coping strategies such as smoking cigarettes.⁹ Historically, AI/ANs have suffered from the systemic effects of colonization which has also impacted health through the effects of intergenerational trauma, loss of land, and connection to culture. Reducing the burden of commercial tobacco use and its impacts on health for AI/ANs requires multipronged approaches using culturally appropriate evidence based interventions and effective policy changes.

RECOMMENDATIONS

- Support Smoke Free Policies on Tribal Lands
- Increase Prices and Taxation on Commercial Tobacco Products Sold on Tribal Lands
- Increase Federal Funding for Tobacco Prevention Programs for AI/AN Communities
- Restrict Marketing Schemes That Target AI/AN Youth
- Enforce Manufacturing and Sales Regulations on Tribal Lands
- Integrate Culturally Appropriate Screening Policies in IHS, Tribal Clinics and Urban Indian Health Centers
- Support AI/AN Participation in the Development of Federal Laws and Cessation Strategies
- Robust and Culturally Appropriate Commercial Tobacco Use Surveillance Systems in AI/AN Communities.

Traditional Tobacco

- Many AI/AN communities hold a unique and sacred relationship with traditional tobacco.
- Traditional tobacco has both healing and spiritual purposes within tribal belief systems.^{1,2}
- Tribes are unique in their practices and protocol when using traditional tobacco.^{1,2}
- Traditional tobacco can be offered in prayer, used in ceremony or for medicinal purposes.^{1,2}
- The teachings of sacred tobacco have been passed down for generations.^{1,2}
- Traditional tobacco use is respected and valued in many AI/AN communities.^{1,2}
- The use of traditional tobacco in AI/AN communities has not been connected to adverse health outcomes.^{1,2}

Plains Indian Pipe bags, left to right: Southern Cheyenne, Lakota, and Yankton Lakota
<http://www.johnmollygallery.com/19th-century-plains-indian-pipe-bags.html>

RESEARCH AND DESCRIPTION OF THE PROBLEM

American Indian and Alaska Native (AI/AN) populations have disproportionately high rates of commercial tobacco use compared to other races and ethnicities. The prevalence of commercial tobacco use in AI/AN is 43.3% compared to 27.7% of non AI/AN groups.³ The social determinants of health in AI/AN communities, including economic disparities and lack of education indicate a strong inverse relationship with the use of commercial tobacco products.³ Historically, AI/ANs have suffered from the systemic effects of colonization which has impacted health through lack of access to healthcare and preventative services and the inadequate allocation of resources. Addressing health disparities, including the use of commercial tobacco, through population level, evidence based interventions, and acknowledging historical, societal, political, and cultural contexts is a key component to reducing the high morbidity and mortality rates connected to commercial tobacco use in AI/AN communities.

Smoking and the use of other commercial tobacco products are linked to many devastating health effects including cancer, stroke, diabetes, chronic obstructive pulmonary disease, and heart disease.³ Smoking increases risks for immune system issues, certain eye diseases, and tuberculosis. Second hand smoke exposure contributes to nearly 41,000 deaths of non-smokers in the United States every year.⁴ This does not include the approximately 400 infant deaths caused by an increased risk for sudden infant death syndrome annually.⁴ Second hand smoke also increases the risk of lung cancer, heart disease, and stroke in non-smoking adults and can cause respiratory infections, increased severity of asthma, middle ear disease, and slowed lung growth in children and infants.⁴

Cigarettes

The physical, physiological, and psychological harms caused by cigarettes is the number one cause of preventable death in the United States. ⁵ Smoking causes approximately 480,000 deaths each year, from these statistics, 36% of these deaths are cancer related, 39% of deaths are attributed to heart disease and stroke and 24% from lung disease.⁵ Although there has been a decrease in smoking over the past 50 years, mortality rates have increased.⁵ Nicotine which is found naturally in tobacco plants has been manipulated and engineered by big tobacco companies to increase the potency and addictive properties of this chemical.⁶ Commercially manufactured cigarettes now contain more than 7,000 chemicals, 250 of which are considered harmful and 69 are known carcinogens.⁵ Additional additives include bronchodilators which make it easier for smoke to enter the lungs, ammonia to help nicotine travel to the brain quicker, and sugar or menthols to make cigarettes less harsh and more favorable.⁵ Secondhand smoke exposure also causes adverse health effects. According to the Office of Smoking and Health, nearly 40% of children age's three to eleven have been exposed to second hand smoke and an estimated 25.3% of middle school and high school students report exposure to second hand smoke in their homes.⁷ Risks for secondhand smoke exposure are increased through multi-unit housing and those living in rental properties. Those living in rental housing experience a 36.6% higher prevalence rate of second hand smoke exposure than those who own their homes.⁷ Additional factors for second hand smoke exposure include populations experiencing economic and educational disparities.

Big tobacco companies use targeted marketing strategies for AI/AN populations such as partnering with tribes to brand and sell cigarettes, providing financial support to cultural events, using AI/AN imaging and symbols on cigarette packaging, disseminating misleading information to tribes about the effects of commercial tobacco products, and offering discounts or reduced prices to sell commercial tobacco products within tribal lands.⁸ The initiation and continued use of commercial tobacco products has been linked to stress, particularly in AI/AN communities.⁸ An increased allostatic load due to cumulative effects of stressful life events exacerbate health problems and contribute to mal adaptive coping strategies such as smoking cigarettes.⁹ Stressful living situations in AI/AN communities can be attributed to financial disparities, food insecurity, discrimination, violence, and other traumatic life events.⁸ Health effects of smoking and stress combined can lead to severe disabling and deadly health issues.

The benefits of quitting smoking can be immediate, within hours the level of carbon monoxide in the blood starts to decline. Within day's heart rate and blood pressure begin to return to normal, within weeks circulation improves, coughing decreases, and within months cessation can improve overall functioning of the lungs.⁵ Long term benefits of smoking cessation include lowering risks of COPD, cancer, and heart disease. Quitting smoking can lead to longer life expectancy. A report from the National Health Interview survey indicates an increased life expectancy of 10 years for those who quit smoking between 25-34 years old.⁵

Vaping

The use of electronic cigarettes is also a concern related to health, especially for AI/AN youth. E-cigarettes are consistently the most commonly used commercial tobacco product among youth since 2014.⁶ An estimated 2.5 million youth including 14.1% of high school students are current e-cigarette users.⁶ Youth are also using e-cigarettes more frequently, results from the National Youth Tobacco Survey indicate 30.1% of teen e-cigarette users report vaping daily.⁶ Data from the Youth Risk Behavior Surveillance Systems indicates an increased risks for the initiation of vaping in AI/AN teens.¹⁰ Some e-cigarettes contain very potent levels of nicotine and added flavors which contribute to the addictive properties of this type of commercial tobacco product. Health professionals are still studying the long term health effects of e-cigarettes, however, evidence suggests that nicotine can cause harmful effects to brain development and increase the risk of future addiction to other types of drugs.⁶ Added ingredients in e-cigarettes including aerosols, formaldehyde, toluene, nitrosamines, nickel, and lead can have long term negative health effects when inhaled.¹¹ Serious injuries have been reported follow fires or explosions from defective devices and incidents of poisoning in children 5 years and younger from accidental ingestion of e-cigarette liquids.¹¹ Vaping products are also much more accessible to youth compared to other types of commercial tobacco. ID requests are 35% less likely to occur than other commercial tobacco products.⁶ 22% of teens report buying their vaping products from tobacco shops and 17.7% report purchasing vaping products from gas stations and convenience stores.¹⁰ According to data from the National Youth Tobacco Survey, 70.3% of teens have been exposed to vaping advertisements.¹⁰ Marketing strategies for these products target teens through social media, magazine ads, and sponsorships at events with a heavy youth presence. Marketing strategies often include celebrity endorsements, sports, and music themes. Tribes have been proactive in the sale and regulation of e-cigarettes through prohibiting sales to minors. Tribal prevention strategies to reduce the initiation and continued use of e-cigarettes include mass media campaigns, education, the development of youth coalitions, and smoke free policies.

Smokeless Tobacco Products

AI/AN populations have disproportionately high rates of smokeless tobacco use compared to non AI/AN groups.¹¹ Statistics indicate a prevalence of 9.3% of smokeless tobacco users compared to 5.0% of non-Hispanic whites.⁴ Higher rates of chronic disease and oral cavity/pharynx cancers are also prevalent in AI/AN communities due of the high prevalence of the use of smokeless tobacco products.¹² Mortality rates from smokeless tobacco use are also significantly higher in AI/AN communities.

Smokeless tobacco products include chewing tobacco, snuff, snus, plug/twist, and dissolvable products. Smokeless tobacco products also contain cancer-causing agents including tobacco specific nitrosamines that can increase the risk of mouth, tongue, and cheek cancer.¹³ Other cancers associated with smokeless tobacco products include esophageal cancer and pancreatic cancer.¹³ Additional health problems caused by smokeless tobacco products include high rates of leukoplakia, which can become cancerous and painful.¹³ Smokeless tobacco causes dental health problems including tooth decay and gum disease, increases the risk of heart disease and stroke, and can cause maternal and fetal health problems in pregnant users.¹³

CESSATION STRATEGIES AND INTERVENTIONS

Cessation strategies and interventions for commercial tobacco use in AI/AN populations must be culturally focused, respect ceremonial practices of traditional tobacco use, involve community, focus on prevention and education, and be easily accessible. Cessation strategies include medically assisted treatment (MAT) or pharmacotherapy, behavioral health interventions, evidence based population level interventions, and policy changes.

Medically Assisted Treatment (Pharmacotherapy)

Nicotine replacement therapy is a pharmacological intervention administering minimal amounts of nicotine without harmful chemicals to prevent cravings and ease withdrawal symptoms.¹⁴ Nicotine replacement therapy can be administered through patches, gum, inhalers, nasal sprays, and lozenges and is available over the counter or by prescription through a primary care physician. Nicotine replacement therapy uses a “step down approach”, where the amount of nicotine is decreased gradually overtime until the individual no longer craves the chemical.¹⁴

Bupropion is a non-nicotine aid to assist with cessation efforts by reducing withdrawal symptoms. A physician must prescribe Bupropion in assisting in smoking cessation. This medication has been primarily used to treat depression and does not contain nicotine.¹⁴ Bupropion, also known as Wellbutrin or Zyban can assist in reducing cravings and withdrawals.¹⁴ It is recommended for individuals taking Bupropion for tobacco cessation to combine this treatment with an education support program and behavioral health interventions.

Varenicline (Chantix) is another method used as a part of a smoking cessation program. A physician must prescribe Varenicline to assist with reducing withdrawal symptoms. Varenicline also blocks nicotine receptors in the brain if smoking relapse occurs. Varenicline also provides mild nicotine effects to assist in cessation.¹⁴

Behavioral Health Interventions

Behavioral health interventions acknowledge emotional health, psychosocial factors, substance abuse care strategies, health behavior change, and mental health. Behavioral health interventions can include activities such as motivational interviewing, individual counseling, group counseling, and brief interventions. The five R's of behavioral health strategies used in this type of smoking intervention. The five R's include; Relevance, Risk, Rewards, Roadblocks, and Repetition.¹⁵ Relevance in this type of intervention related to why a person chooses to quit using commercial tobacco products. Risks involve the understanding of the health, social, and financial impacts if the individual continued use. Rewards include the understanding of the benefits of quitting. Roadblocks include barriers to quitting such as fear and access to resources. Repetition includes continued attempts to quit even if not successful the first time.

Successful behavioral health interventions in AI/AN communities are culturally responsive, respect AI/AN belief systems, acknowledge environmental, historical, and cultural contexts, and integrate traditional values into treatment plans.¹⁶ In AI/AN culture, health is viewed holistically. Physical, emotional, spiritual, and mental health are all connected.¹⁶ Behavioral treatment plans must include focuses on balance, harmony, and connection to community to be successful.

POPULATION LEVEL INTERVENTIONS AND PROGRAMS BY THE NATIONAL NATIVE NETWORK



Quitline Promotion: Quit lines are evidence based cessation interventions that include counseling, access to resources, self-help materials, and information on how to quit. They are fee, confidential and accessed via telephone and text. Quit line services increase the likelihood of cessation for individuals of up to 6 months by approximately 60%. The American Indian Tobacco Program (AITP) offers quit line services that are tailored to AI/AN communities. This program offers up to 10 counseling calls with an AI/AN coach, the option of 8 weeks of free nicotine replacement therapy and is open to all tribal nations.¹⁷

Tips from Former Smokers Campaign – Centers for Disease Control

A TIP FROM A FORMER SMOKER

**I DACHKÁNK'I
YÁN YÍS AK'
YÉI INATÍ, TLÉL
SHK'EIDAS'EIGIK**

Michael (Heen Yaa), Age 57
Alaska

Smoking gave Michael COPD, a disease that makes it harder and harder to breathe and can cause death. You can quit. For free help, call 1-800-QUIT-NOW.

Downloaded by the Centers for Disease Control and Prevention #CDCtips

Partnership for a Tobacco-free Southeast

A TIP ABOUT SECONDHAND SMOKE

**NEE-MEE-CHYUUE'
SKEY-WOK KEE
'WE-SEW KUE ROO-WOS
UE-ME-RAAS.**

Nathan, Age 54
Ojigala Sioux
Idaho

Secondhand smoke at work triggered Nathan's severe asthma attacks and caused infections and lung damage. If you or someone you know wants free help to quit smoking, call 1-800-QUIT-NOW.

#CDCtips

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

A TIP FROM A FORMER SMOKER

**Mi maanda aah'man, kwe
genji sagaaswaasik pii
biinoojiinhs wiin daatzid.**

Amanda, age 30, Wisconsin

Amanda smoked while she was pregnant. Her baby was born 2 months early and weighed only 3 pounds. She was put in an incubator and fed through a tube. Amanda could only hold her twice a day. If you're pregnant or thinking about having a baby and you smoke, please call 1-800-QUIT-NOW.

#CDCtips

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

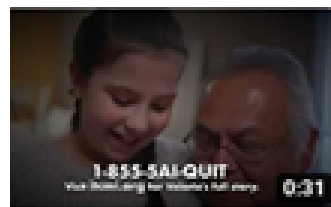
"The Tips campaign uses approaches to address health disparities in pursuit of health equity by increasing the reach, representation, receptivity, and accessibility of smoking cessation messages. Tips also increases awareness of free quit-smoking resources among adults—no matter who they are, where they live, or how much money they make." 17

The NNN in collaboration with the Centers for Disease Control tailored tips posters to connect with AI/AN communities by translating messages into traditional tribal languages.

Outreach and Education

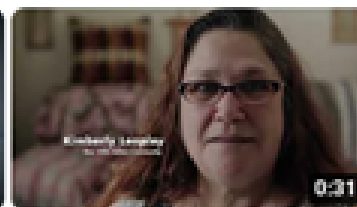
- Roundtable discussions and podcasts hosted by the Great Plains Tribal Leaders board on traditional and commercial tobacco use by AI/AN teens. 17
- World No Tobacco Day – South East Alaska Health Consortium (SEARHC) – Cessation materials disseminated by SEARHC and Petersburg Indian Association for the promotion of a Partnership for a Tobacco Free Southeast Alaska
- Native American Heritage Youth Gathering at High schools for organizations to provide education on dangers of vaping and tobacco/nicotine, materials for vaping cessation, and smoking cessation including posters and rack cards.17
- Social medial outreach efforts by the NNN promoting education on the effects of vaping, secondhand smoke, and environmental impacts
- SEARHC- Wisewoman group participants age 60 and older living in Alaska who are current/past tobacco users to check in and share ideas for stress relief and cessation experiences. 17

Digital Story Telling



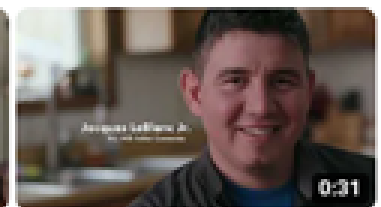
Iori's Quit Smoking Story
Seconds

Learn • 3 minutes audio



Kimberly's Quit Smoking
Story 30 Seconds

Learn • 3 minutes audio



Jacques's Quit Smoking
Story 30 Seconds

Learn • 3 minutes audio

Developed by the ITCM, digital stories included tribal members from Michigan who wanted to share their experience with using tobacco and why they quit. This strategy combines recommended evidence based interventions with cultural community based approaches. Statistically, these initiatives did a great job of reaching AI/AN communities and were very effective. 17

State Initiative for Tobacco Equity (SITE)

About SITE

11 months

November 2021 -
September 2022

11 states

represented by
participating TCPs

5 out of 10

DHHS regions
represented

TCPs Participating in SITE



Participating state teams include:

Alaska	North Dakota
Arizona	New Mexico
Idaho	Oregon
Montana	South Dakota

Utah
Wisconsin
Wyoming

Affinity group series to support partnerships with the state National Tobacco Control Programs. The goal of the affinity groups was to enhance equity goals and improve health outcomes for AI/AN populations. Affinity group topics included; cessation strategies, data sovereignty, policy, media, financing, and building relationships with tribal partners.

Our Breath is Sacred E-Cigarette Campaign – Intertribal Council of Michigan

Keep your focus.

Vapes and e-cigs can harm your
mental and physical health



#OurBreathIsSacred

Media campaign depicting native youth and families participating in cultural events and healthy lifestyles. Each photo is accompanied by a phrase that promotes vaping cessation. Posters were disseminated to schools, clinics, and at cultural events. 17

Technical Assistance and Trainings

Commercial tobacco intervention trainings as a professional development opportunity for staff working in clinics that serve AI/AN communities. Trainings are meant to increase capacity for the tribal health centers to implement smoking cessation.17

The NNN also offers technical Assistance in developing a culturally appropriate tobacco use and vaping-screening tool for youth to implement in clinics that serve AI/AN populations.

CURRENT AND PROPOSED POLICIES

Family Smoking Prevention and Tobacco Control Act -2020

Provides authority to the Food and Drug Administration to regulate the manufacture, distribution, and marketing of tobacco products.¹⁸

- Restricts commercial tobacco sales to youth including placement of tobacco vending machines outside of adult only facilities, tobacco brand sponsorships at sports, entertainment, and cultural events. Restricts giveaways and samples of tobacco products and promotional items.¹⁸
- Requires warning labels on smokeless tobacco products:

- WARNING: This product can cause mouth cancer.
- WARNING: This product can cause gum disease and tooth loss.
- WARNING: This product is not a safe alternative to cigarettes.
- WARNING: Smokeless tobacco is addictive.

- Ensures "Modified Risk" Claims are supported by Scientific Evidence. ¹⁸
- Requires Disclosure of Ingredients in Tobacco Products. ¹⁸
- Preserves State, Local, and Tribal Authority. ¹⁸

Price and Tax Increases on Commercial Tobacco Products

Increasing the price and tax of commercial tobacco products is a very effective policy initiative. According to the Surgeon General's Report on Tobacco "Price and tax increases on commercial tobacco products reduce the initiation, prevalence, and intensity of smoking in youth and young adults". ⁶ A 10% increase in the price of commercial tobacco product can reduce consumption by 3-5%. ⁶ There are two types of tax policies which include fixed dollar tax on specific quantities of tobacco products and ad valorem taxes "percentage of price" taxes. ⁶ Price and tax increases have significant impacts on the initiation and continued use of commercial tobacco products in youth and low income populations. Studies indicate that every dollar increase on commercial tobacco products is associated in a 6% increase in the number of people 50 years and older who quit commercial tobacco use.⁶

The sovereignty of AI/AN nations exempts them from state tobacco excise taxation. Tribes are at liberty for self-governance on reservations and their own laws on the taxation of commercial tobacco products. Under federal law however, states require excise taxes owed for non-tribal members when purchasing commercial tobacco on tribal land. However, the enforcement of the collection of taxes by states on tribal lands is limited.

Tobacco Tax Equity Act (In Process) – Proposed legislative item to double the taxes on cigarettes and equalize rates on all other tobacco and nicotine products to match the new higher cigarette rate.¹⁹

Smoke Free Policies

Smoke free policies prohibit smoking in public facilities including workplaces, restaurants, and bars, protecting 61% of the U.S. population.⁶ Smoke free laws prevent exposure to second hand smoke and assists in smoking cessation. Smoke free laws delay smoking initiation, make smoking more inconvenient, disrupt smoking rituals, and reduce daily cigarette consumption. ⁶ Smoke free policies are most effective when integrated with the promotion of free tobacco cessation resources. In 2016, the U.S. Department of Housing and Urban Development developed a policy that prohibits smoking in buildings run by public housing authorities. Smoke free policies have also been implemented in healthcare facilities, on airplanes, in airports, in behavioral health treatment facilities, and in many casinos.

Smoke free housing policy in AI/AN communities: U.S. Department of Housing and Urban Development housing policies are not enforced on tribal lands.²⁰ Tribal sovereignty offers tribes the ability to make their own decisions regarding laws and regulations. However, data suggests that smoke free tribal housing policies are beneficial to tribal communities, promoting healthy living, decreases the cost of living, reduce risks of exposure to second hand smoke, and empower communities.²⁰ Smoke free housing policies in AI/AN communities must be coupled with culturally appropriate cessation materials, use tribe specific data, be backed by community members, and uplift communities through maintaining safe living conditions. Smoke free housing policies must also not contribute unnecessary evictions causing increasing the number of unsheltered relatives in AI/AN communities.

Smoke free casinos

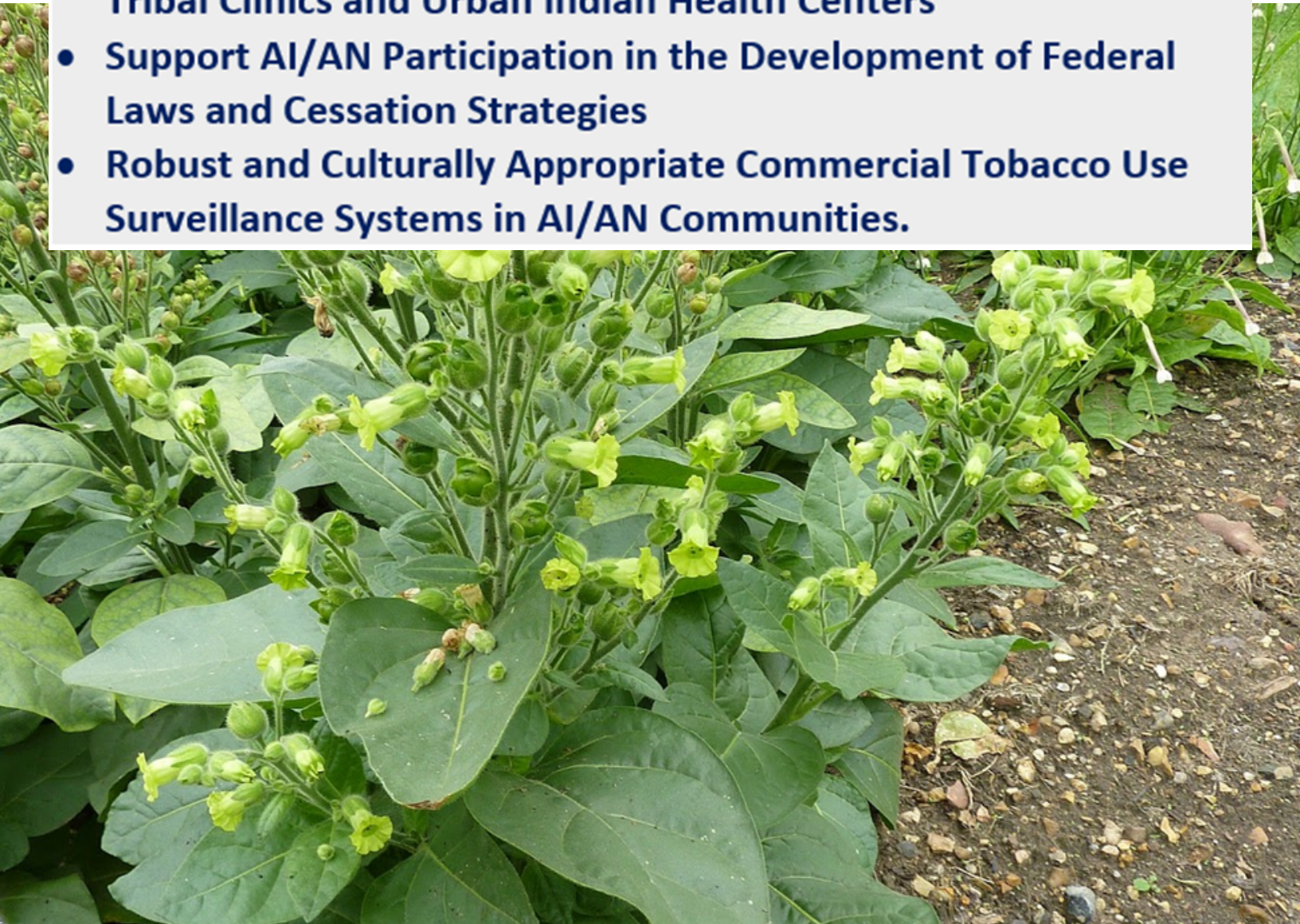
Many tribes have initiated smoke free policies in casinos. 75% of AI/AN adult's surveyed favor smoke free casino policies.²⁰ Smoke free casinos reduce the risk of second hand smoke for employees and patrons, employees take fewer sick days, and work productivity is increased. Smoke free policies in casinos also lower maintenance and cleaning cost and reduced liability insurance.

Sales and Marketing Restrictions

- Federal law prohibits the sale of commercial tobacco products to anyone under the age of 21. ²¹
- Law requires all commercial tobacco sales first verify age by photographic identification. ²¹
- Federal regulations also require the sale of commercial tobacco products in face-to-face exchanges unless in an adult only facility. ²¹
- Only licensed retailers can distribute or manufacture commercial tobacco products. ²¹
- State restrictions on tobacco product promotion, and advertising. ²¹
- Some states restrict commercial tobacco advertising in state owned buildings and within 1,000 feet of schools and playgrounds. ²¹
- Some states restrict the placement of commercial tobacco products on billboards, buses, or streetcars. ²¹

RECOMMENDATIONS

- **Support Smoke Free Policies on Tribal Lands**
- **Increase Prices and Taxation on Commercial Tobacco Products Sold on Tribal Lands**
- **Increase Federal Funding for Tobacco Prevention Programs for AI/AN Communities**
- **Restrict Marketing Schemes That Target AI/AN Youth**
- **Enforce Manufacturing and Sales Regulations on Tribal Lands**
- **Integrate Culturally Appropriate Screening Policies in IHS, Tribal Clinics and Urban Indian Health Centers**
- **Support AI/AN Participation in the Development of Federal Laws and Cessation Strategies**
- **Robust and Culturally Appropriate Commercial Tobacco Use Surveillance Systems in AI/AN Communities.**



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