American Indian and Alaska Native Teen Cigarette Smoking: A Review

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INTRODUCTION Although high cigarette smoking rates have been documented among all racial/ethnic groups, American Indian and Alaska Native (AI/AN) teens in particular have consistently been reported to have the highest percentage of cigarette smokers in the nation (Bachman *et al.,* 1991; U.S. DHHS, 1998). The 1998 United States Surgeon General's Report documents American Indian teen smoking rates of 41.1 percent for males and 39.4 percent for females (U.S. DHHS, 1998). Not only is this smoking statistic the highest in the nation, it also closely mirrors that reported for adult American Indians and Alaska Natives (39.2 percent). Table 17-1 shows smoking prevalence rates for various different North American Indian groups.

Several studies suggest that smoking rates are particularly high among the Native American population in the northwestern regions of the United States, in Canada, and in Alaska. Smoking rates have been documented to fall between 40 and 50 percent for northern California urban and rural Indians (Hodge *et al.*, 1995) and to be over 50 percent for Alaskan and Canadian Natives (Gaudette *et al.*, 1993). Among Arctic youths, research has documented smoking rates as high as 70 percent among the Inuit and 64 percent among the Dene (Millar, 1990). In the Southwest, Navaho youth smoking rates have been reported to be 54 percent (Wolfe and Carlos, 1987). A 1988–1990 U.S. National Youth Survey documented smoking rates of 80 percent among reservation 12th graders and 74 percent among reservation 8th graders. Non-reservation Indian smoking rates were 10 percent lower and White smoking rates were 50 percent lower (Beauvais, 1992).

TRADITIONAL USE OF TOBACCO Tobacco has long played a significant role in the American Indian culture (Seig, 1971; Paper, 1989). Historically, tobacco was used in medicinal and healing rituals, in ceremonial or religious practices, and as an instructional or educational device. Traditionally, tobacco was seen as a gift of the earth. It was burned and the rising smoke was used to cleanse and heal. Symbolically, smoke from tobacco was called "Spirits paths" (Linton, 1924). It served to channel the evil or bad spirits. Tobacco was often sprinkled around the beds of ailing individuals to protect and to act as a healing agent. In addition, tobacco was used for social and peaceful purposes to promote well-being and good thoughts. Prior to important meetings, tobacco was smoked as a ritualistic exchange. Furthermore, tobacco was also used as a powerful teaching tool (Linton, 1924). Elders, healers, and tribal leaders used tobacco leaves in their storytelling. Tobacco was also tossed into the air to demonstrate that the wind travels just as humans do.

Table 17-1
North American Indian Smoking Prevalence Rates

Population (Adults)	Sample Size	Percentage Use	Associations	Source
US Probability Sample of Adults	300,540 22.6	44.5 (Indian men) 26.6 (Indian women) 25.7 (White men) 23.0 (White women)	Indians smoked fewer cigarettes per day. Rates related to social class for Indians— inversely related for Whites.	CDC, 1992
Northwest Territories Of Canada: Adults	20,000	70.0 (Inuit) 60.0 (Status Indian) 50.0 (White) 30.0 (All Canada)	Inuit women have the highest rate of lung cancer ever recorded	Gaudette *et al.*, 1993
Western US: Blackfeet Of Montana: Adults	463	34.0 (men) 50.0 (women)	None listed	Goldberg *et al.*, 1991
Southwest and Plains Adults	805	18.1 (SW men) 14.7 (SW women) 48.4 (Plains men) 57.3 (Plains women)	None listed	Sugarman *et al.*, 1992
South Central: Cherokee Adult sample	144	27.8 (Indian)	None listed	Hill *et al.*, 1994
Western: California Adult sample	1,369	47.0 (Indian men) 37.0 (Indian women)		Hodge *et al.*, 1995

Population (Adolescents)	Sample Size	Percentage Use	Associations	Source
US High School Seniors: 1976–1989	17,000	36.8 (Indian males)	Indian students had highest rate among all ethnic groups	Bachman *et al.*, 1991
US Indian Health Service Reservation Areas: Grades 7–12	13,454	20.5 (Alaska area) 10.6 (Other areas)	Students with "below average" grades had highest rates	Blum *et al.*, 1992
US National Youth Survey: 1988–1990	102,194	80.0 (Reservation 12th graders) 74.0 (Reservation 8th graders)	Non-Reservation Indian rates were 10% lower. "White" rates were 50% lower	Beauvais, 1992
Canadian Arctic Youth Ages 15–19	230	75.0 (Inuit) 64.0 (Dene/Metis) 43.0 (Non-Indian)	None listed	Millar, 1990
North Central USA: 7th Grades	4,319	33.0 (Indian)	None listed	Murray *et al.*, 1987
Southwest Indian Youth	226	54.0 (Navaho)	None listed	Wolfe *et al.*, 1987
South Central: Cherokee Youth Grades 9-12	972	38.1 (Indian) 25.8 (Whites)	Indian users had lower expectations for college, lower school, religion, and family involvement, and higher alcohol and marijuana use.	Soloman *et al.*, 1994

There were specific rules to the smoking of tobacco, which were just as important as the act of smoking itself. Small puffs of smoke were taken and held in the mouth. Deep inhaling was not encouraged, as the smoke was not to be enjoyed, but was a symbolic gesture meant to cleanse the air, the heart, and the mind. It became a facilitator to the spirits, so that peaceful exchange could be obtained and prayers could be heard.

CULTURAL FACTORS There is a rich diversity in the American Indian and Alaska Native culture. Over 500 federally recognized tribes are concentrated in 25 reservation states (U.S. Bureau of the Census, 1990). Over 150 Indian languages continue to be spoken today. These native languages—coupled with Indian customs, values, and beliefs—provide a wealth of cultural richness. But the diversity in culture also presents a challenge as we address the needs, concerns, and culturally specific issues in the various communities.

Several culturally specific factors have been found in recent studies to influence patterns of tobacco use. These factors include a group's changing lifestyles and its levels of knowledge, attitudes, and beliefs toward tobacco. A prevalence survey of 1,369 adult Indians in northern California found that, although levels of knowledge were high regarding the harmful effects of smoking, this knowledge did not influence attitudes or behavior regarding tobacco use.

Further, attitudes held by Indians were lenient with regard to smoking behaviors (Hodge *et al.*, 1995). Ninety-five percent of the sample was reluctant to be assertive in issues surrounding smoking (*e.g.*, asking others to stop smoking). In particular, Indian adults were reluctant to prohibit youths from smoking. American Indians have a tradition of non-interference that influences behaviors even in situations regarding smokers. It is often not culturally acceptable to tell elders, guests, or even youths not to smoke—even in one's own home. This cultural value has presented a challenging element in the tobacco control movement.

The values held by many tribal groups may be in conflict with those of the larger society. Acknowledging the rights of individuals while retaining a strong sense of tribal identity is common practice in Indian communities. Behavior that is non-assertive and non-interfering is held in high esteem. The long historic role that tobacco has played in traditional ceremonial and medicinal uses, along with the values of the culture, may have an impact on a tribal group's attitude and behavior toward smoking.

Relocation from traditional lands to an urban environment has added to the abusive use of tobacco products. This is a major issue as urban Indians now constitute a larger group than rural or reservation Indians. As many as 100 tribes may be represented in one urban site. Once in the cities, lifestyles change and a different set of stresses exists. Housing needs, unemployment, and the lack of nearby relatives and social support mechanisms become important stresses as well as acculturation factors. Habits such as cigarette smoking are readily adopted by adults and teens alike. Indeed, research has documented that the rate of smoking increases dramatically in urban sites (Hodge *et al.*, 1996).

The Federal Relocation and Termination Program of 1947 created a sudden population explosion of American Indians in urban areas. Under this program, people were moved from reservations to cities, where they were to be quickly trained and placed into employment. However, lack of information for survival and subsequent poor planning resulted in acculturation problems that have remained throughout the years. The transition from the predictable routine of reservation life to the unknown urban setting resulted in isolation, loneliness, and inadequate provision for the maintenance of health services, housing, and economic assistance. The isolation factor was also compounded by acculturation. With subsequent generations in the cities, many are removed from the traditions of the reservation and rural life—they are more influenced by peers who may not be Indian or who may hold different values and beliefs. Exposure to targeted media campaigns and more access to television stations and advertisements resulted in pressures to adopt the lifestyles and habits of the mainstream. The roles of family members, the close-knit communities, the authority of the tribe to reinforce accepted behaviors, and the protective circle of a teenager's life were all severely disrupted in the urban setting. No provisions were made to develop programs to reinforce these cultural elements. Although the new urban population is multi-tribal—and although Indians of various tribes can be grouped together—a sense of isolation can remain.

SMOKING PREVENTION AND CONTROL

Over the past 20 years, there has been a national effort to decrease the dependence that smokers have on tobacco products. This campaign for tobacco control includes extensive scientific research, education, and prevention strategies. Although these public health efforts directed at reducing the prevalence of smoking have been somewhat successful, the rate of decline in tobacco use has varied among diverse socio-demographically defined groups such as the American Indians and Alaska Natives (Rhoades, 1990). The smoking patterns of these groups are of special concern because of their poor health status, high smoking rates, and slower smoking quit rates. The Public Health Service has also reported that impoverished populations have very high rates of tobacco-product use, due in part to the lack of information on the harmful effects of tobacco (U. S. DHHS, 1991).

American Indians may not be fully aware of the health hazards associated with tobacco abuse. Not only are adult Indians at high risk for smoking and for smokeless tobacco use, but American Indian and Alaska Native youths have been identified as having significant increases in their use of tobacco products. Shelton (1993) reports that American Indian adolescents smoke cigarettes more heavily than non-Indians. Thus, there is an ongoing need for the development and implementation of smoking cessation and control programs. A stronger proactive leadership is needed to confront and halt multi-media efforts of targeted advertising.

Efforts are also required to decrease the social acceptability of smoking. In a study in northern California, adult Indian smokers and non-smokers were shown to be statistically more lenient in their attitudes toward the acceptability of smoking (Hodge *et al.*, 1995) than the general California

population. They were reluctant to tell others to quit smoking, to move away from smokers, and even to establish a no-smoking policy in their homes. The cultural value of non-interference may be a significant factor in the social acceptability of smoking in some Indian communities.

POLICY ISSUES American Indians are in a unique situation in that the development and enforcement of smoking cessation policies may be more viable in their communities than in other non-Indian communities. In general, Indians residing on reservations do not have to follow state regulations since federal law governs reservations. Tribes develop and enforce their own policies for the general welfare of their community. Many reservation tribes have their own court system and jurisdiction that govern their land and their tribal members.

New policies are now needed to govern the sale, distribution, and use of cigarettes and chewing tobacco products. There are two areas in which policy development and enforcement are recommended. The first area involves economic issues and the second is concerned with the social acceptance of the abusive use of cigarette smoking.

To discuss the economic issues surrounding cigarette smoking among American Indians, one must realize that there are two major pathways for tobacco to enter reservation lands. The first is through the on-site tribal smoke shops and the second is via the local markets and shops. Limiting or prohibiting the establishment of smoke shops would provide a strong message regarding the restricted support for cigarettes on reservations. The loss of the smoke shop revenue would require some other income-generating project to counteract the effect of the closed smoke shops. Furthermore, requiring a license for the sales and distribution of cigarettes would provide some control regarding the selling of such products to minors. Other activities could include prohibiting cigarette sales to youths, banning the distribution of free tobacco samples, prohibiting cigarette vending machines, and enforcing the minimum age for the purchase of cigarettes.

There is a need for tobacco control efforts in American Indian communities that include information sharing, education, intervention, and policy making. Assisting American Indians to reduce and control the abusive use of cigarettes will go a long way toward combating the health hazards of addictive cigarette abuse.

SUMMARY The implications of American Indian teen smoking rates are very serious. The health consequences of cigarette smoking are well documented. The lack of sanctions from the family and community bodes of increasing or sustained trends in smoking rates. The upward trend in teenage Indian smoking rates reported in this chapter calls for culturally appropriate intervention and targeted research in terms of health education, smoking cessation, and prevention intervention.

There is a special relationship between tobacco and Indian ceremonial activities and beliefs. Tobacco continues to play an important role in American Indian communities. Once seen as the symbol for peace and heal-

ing among American Indians, tobacco is quickly becoming a symbol for death and has been transformed from a healing herb to a life-threatening habit. Cigarette smoking has become one of the leading causes for death and disability for the Indian population.

In contemporary times, the use of cigarettes can no longer be seen solely in a cultural context. Traditionally, tobacco was not used on a daily basis and not just any member of the tribe could smoke. The ashes were not stepped on once the tobacco was burned, nor was it flung away to be forgotten. Today, cigarette smoking serves a different function. Tobacco has become an abusive habit in which the traditional practices are no longer employed.

Our challenge is to retain the cultural value of tobacco products and to reduce the harmful effects of smoking in a manner that is culturally appropriate, informative, and non-threatening. American Indian and Alaska Native teens can take an active role in the leadership of tobacco control initiates. Opportunities need to be developed for American Indians to lead their nations to a healthier lifestyle by controlling the abusive use of tobacco while allowing their traditions to continue. This may result in a substantial reduction in the high smoking rates among Indian teenagers.

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