

Smoke-Free Policies: Protecting Tribal Sovereignty and Community Health

National Native Network January 2012



The Network

The **National Native Network** is a diverse community of American Indians/Alaska Natives (AI/AN) leading commercial tobacco abuse prevention efforts throughout Indian Country. The National Native Network is led by the Inter-Tribal Council of Michigan. Funding for the Network comes through a cooperative agreement with the Centers for Disease Control and Prevention #U58DP001519-04.

The National Native Network supports culturally sensitive commercial tobacco prevention programs by developing a forum for AI/AN tribes and tribal organizations to obtain and disseminate evidence-based and culturally appropriate information that assists in the elimination of health disparities related to commercial tobacco. The Network is committed to protecting tribal sovereignty and preserving the revered status of traditional tobacco and its ceremonial and sacred uses.

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Introduction

Commercial tobacco abuse is the leading cause of preventable death in Indian Country due to the disproportionately high prevalence of smoking and smokeless tobacco use among AI/AN populations. The goal of this policy brief is to provide information about the National Native Network and its resources that are available to assist tribal leaders in protecting the health and well-being of Native people through the development, implementation, and enforcement of smoke-free policies. The brief describes policy benefits, rationale, policy types, and initial steps toward planning, implementation, enforcement, and evaluation. When a tribe is in the contemplation stage of policy change, this policy brief can serve as one of the many National Native Network's capacity-building tools to inspire and support the tribe to pass smoke-free ordinances.

Opportunity

Commercial tobacco interventions range from individual- and group-level behavior change to population-based interventions that produce systems and environmental change. The most recent scientific literature has shown that population-based interventions, which affect an entire community, are most efficient and efficacious for impacting social norms and achieving anticipated improvements in health outcome. The commercial tobacco control field has consistently and effectively used policy, systems, and environmental change strategies to support commercial tobacco control activities and to improve health status on a societal level. Policies that protect the community from secondhand smoke have been at the forefront of tobacco policy change and have steadily increased in frequency among state and local municipalities. The Blackfeet Nation was one of the first tribes to implement a comprehensive smoke-free policy in 2005. Since that time, tribal smoke-free and commercial tobacco-free policies have grown in both popularity and sophistication.

Historically, tribal communities have been governed within the context of a homogenous collective consciousness which regulated behavior through norms and customs. All medicines, such as the various forms of "traditional tobacco", had protocols which restricted the time, place, and purpose of use. While these protocols still exist today, the homogeneity of the community's collective consciousness has diminished as a result of forced assimilation and acculturation. Now, the implementation of written policies is an effective means for tribal governments to protect the public and influence social norms. Smoke-free policies are a potent public health tool for tribal nations, as they are for the states, because they are proven to reduce morbidity and mortality associated with exposure to secondhand smoke. (17) In addition, well written smoke-free policies have been demonstrated to reduce commercial tobacco consumption. (17) Effective and evidence-based interventions are critical for AI/AN because AI/AN adults and youth are disproportionately affected by commercial tobacco abuse and related diseases.

Smoke-free Policies Benefit Tribal Self-Determination

The health and protection of Native people is the responsibility of a sovereign nation. Federal and state governments have used smoke-free policies to successfully reduce the burden of commercial tobacco abuse on the public for years. The implementation of smoke-free policy and improvement of the quality of care within health systems are the most cost-efficient avenue to improving tribal community health. Through leveraging scarce resources, tribes are investing in the decision-making power of tribal leaders, in tribal nation autonomy, and ultimately in the youth, the tribal leaders of the future. Tribal self-determination enables tribes to plan, develop, implement, and enforce tribal governmental policies and Indian health care systems changes.

Policies serve as a determinant of one's quality of life and they shape every aspect of one's life. (10) Nationally and globally, health and social justice advocates are using policies to improve their communities. (10) A society's value system drives policy. It is time to invest in the health of AI/AN people on a more profound level, a time to shift the health narrative to one that acknowledges the asserting of tribal cultural values and tribal sovereignty to improve tribal community health through policy implementation.

Federal, state or municipal government attempts to impose public health changes among tribal nations are, in many cases, neither culturally appropriate nor respectful of sovereignty. Some states have attempted to erode tribal sovereignty by applying pressure to tribes to implement public health interventions such as smoke-free tribal casino policies within tribal borders. Tribes can take the lead in asserting their sovereignty by developing, implementing, and enforcing public health policies that protect the health of their own citizens. Smoke-free policies are a great vehicle not only for asserting tribal self-determination but also to serve as a vehicle through which states can increase their understanding of tribal sovereignty. Tribal nations can develop tobacco-related policies and decisions based on a careful balance of cultural, health, and economic factors. Tribes do not need to succumb to pressure or interference from state or local governments when decision-making is rooted in this balance. Tribal leaders have an opportunity to respond to the commer-

cial tobacco abuse epidemic and to use their power to make a broad, collective change in tribal communities.

The cultural, health, and economic benefits of enacting smoke-free policies can potentially outweigh many of the negative myths. The economic reality of health policies must always be taken into consideration. Tribal business revenues are critical to tribal economic self-sufficiency and tribes must balance revenues with the protection of the health and culture of tribal peoples. Tribes can use lessons learned from mainstream society to inform their policy agenda. For example, when the ban on smoking was enacted in restaurants and bars in California, the business community feared that this action would decrease revenues. On the contrary, peer-reviewed scientific studies have shown that smoke-free laws have no negative economic impact on bars and restaurants and, in some cases, they actually have a positive impact on bars and restaurants. (1)

Another commercial tobacco policy contested area inside and outside Indian Country is casinos. A misperception exists that expensive air ventilation systems can reduce secondhand smoke (SHS) and that this SHS reduction is enough protection; however, study after study has shown that **there is no safe level of secondhand smoke exposure**. Thus, expensive air ventilation systems are actually a waste of tribal financial resources. When Delaware casinos went smoke-free in 2003, they experienced a 14% increase in gaming revenue. (14) As of April 2011, there are six successful smoke-free tribal casinos operating in Indian Country and most recently, the Blackfeet Nation banned smoking in their Glacier Peaks Casino in May 2011. In Canada, the Mnjikaning First Nation, Missisaukas of Scugog Island First Nation, and Broken Head First Nation all have smoke-free casinos and enjoy healthy revenues.

One other argument made against smoke-free policies is that enforcing such bans diverts tribal government personnel from more pressing issues facing Indian Country. The truth is that smoke-free laws have proven to be self-enforcing, especially if they are comprehensive, signage is clear and conspicuous, and public communication and education occurs prior to and during implementation of smoke-free laws.

AI/AN Commercial Tobacco Abuse

Devastatingly, commercial tobacco abuse is of epidemic proportions among American Indians and Alaska Natives. This is evident by the fact that thirty-two percent (32.4%) of AI/AN adults smoke. (3) AI/AN have the highest prevalence of smoking adults who reported a single race. Although AI/AN maintain the highest percentage, this national smoking prevalence rate is misleading, and does not accurately reflect the geographical variation of rates. Regional differences in AI/AN smoking show the lowest rates are in the Southwest (21.2%), and highest in the Northern Plains (44.1%) and Alaska (39.0%). AI/AN youth are also adversely affected by tobacco abuse. The prevalence of current smoking among Native youth, ages 12-17, is higher than any other single race at 11.6%. (15) Smokeless tobacco abuse among adults and youth in the U.S. is highest among AI/AN. (15)

The Surgeon General confirmed conclusively that there is no safe level of exposure to secondhand smoke (SHS), or involuntary smoking, and the only way to eliminate SHS exposure is to abolish smoking in public places. AI/AN are more likely to be exposed to SHS at work than their white employed counterparts because they often work in service/labor sectors with fewer smoke-free workplace protections. (13) Smoking causes lung cancer and lung cancer is one of the leading causes of AI/AN deaths. (16) When examining the other causes of death among AI/AN, cardiovascular disease (i.e. heart disease, stroke, etc.) is at the top of the list. (16) Commercial tobacco abuse is a major risk factor for cardiovascular disease in the U.S.



Types of Commercial Tobacco Control Policy Approaches (8) (9)

Policy Approaches and Rationale	Policy Example	Reducing Initiation	Increasing Cessation	Reducing SHS
Access to Smoking Areas – limit commercial tobacco smoking areas to decrease consumption	Indoor and/or Outdoor Smoke-free Ordinances	✓	✓	✓
Affordability – increase price to decrease consumption	Tobacco Excise Tax	✓	✓	
Availability – inform and train retailers and/or limit number of commercial tobacco retailers to prevent sales to minors	Tobacco Retailer Education Policy	✓		
Eliminate Tobacco Industry Marketing – eliminate tobacco industry marketing, especially those exploiting AI/AN imagery to decrease susceptibility to messages and normalization of smoking	Land Use Policies Limiting Tobacco Marketing on Tribal Lands	✓		
Access and Availability to Education & Cessation Treatment – increase access to education and increase cessation resources to reduce initiation and increase probability of quitting smoking	Tribal Health Clinic Tobacco Use and Cessation Protocol Policy	✓	✓	
Promotion of Traditional Tobacco Only – reinforce traditional tobacco use to reduce commercial tobacco abuse and SHS	Traditional Tobacco Only Policy	✓	✓	✓

Issues Summary

Commercial tobacco control policies reduce consumption

In 1998, when smoking was banned from restaurants and bars in California, the smoking prevalence rate among Californians dropped 3.1% annually from 1999-2009, while New York experienced an annual decrease of 5% under a similar ban. Equivalent rate decreases occurred in Maryland, Minnesota, and Massachusetts. (11)

Implementing a policy to increase tobacco excise taxes resulting in a 10% price increase has been estimated to decrease cigarette consumption among adolescents and young adults by approximately 4%. (4)

Commercial tobacco policies save lives

In the United States, commercial tobacco abuse is responsible for 443,000 deaths per year, and an estimated 49,000 of these tobacco-related deaths are the result of secondhand smoke (SHS) exposure. (4)

Studies have shown that comprehensive smoke-free policies not only decrease SHS exposure among adults and youth, but also increase cessation and the chances of abstinence, which reduces the number of current smokers. (4) (12) (17)

Policies reduce medical and societal costs caused by commercial tobacco abuse

Smoking costs U.S. citizens an estimated \$193 billion in annual health-related economic losses between 2000-2004. SHS alone costs U.S. citizens nearly \$10 billion per year in health-related losses. (4)

Smoking costs Indian Health Services \$200 million per year. (5) (6)

Tribal tobacco policies are a powerful way to assert and protect tribal sovereignty

Sovereignty is of paramount importance to the continuation of tribal peoples. Nations must protect the health of their citizens.

As sovereign nations, tribes have the right to implement smoke-free policies that decrease the burden of the commercial tobacco abuse epidemic in an effort to improve the health of their members, and thus the continuation of AI/AN peoples.

Several tribes and tribal clinics have successfully implemented and enforced different types of tribal tobacco policies

In an effort to protect the public from the dangers of SHS and smokeless tobacco, the Blackfeet Nation passed the Blackfeet Tobacco Free Act in 2005, which eliminated commercial tobacco in enclosed public places, and in all areas 25 feet from facility entrances and vents. The Act contributed to the Tribe's reduction in commercial tobacco abuse.

In 2005 the Crow Nation passed an excise tax on tobacco in a reaffirmation of the tribe's self-governance using the powers of a sovereign nation.

The Muscogee Creek Nation Health System and the Sonoma County Indian Health Project each passed a comprehensive smoke-free policy that renders all areas of the campus smoke-free, and provides cessation services for employees.

The Sault Ste. Marie Tribe of Chippewa Indians passed an ordinance that banned smoking in all enclosed areas of public and tribal housing in 2010.

Since the opening of the Taos Mountain Casino, the Taos Pueblo Indians have mandated and successfully marketed the casino as 100% smoke-free.

The Hoopa Valley Indian Tribe's Lucky Bear Casino is a 100% smoke-free establishment.

The National Congress of American Indians (NCAI) supports tribal smoke-free policies

The NCAI passed a resolution titled "Urging Local and State Government to Take Effective Policy Action to Reduce Tobacco Use and Secondhand Smoke Exposure among Alaska Natives and American Indians" in 2005 to encourage nations to enact smoke-free policies. (7)

Next Steps to a Smoke-free Policy

- ◆ Consider enacting strong smoke-free policies for your tribal nation.
- ◆ Discuss approaches, benefits, and challenges with other tribal leaders and tribal attorney.
- ◆ Discuss boundaries and jurisdictions of your policies. Consider incorporating your entire land base and discuss the effect of non-Native land areas within your reservation borders on your policy.

Key Activities for Policy Planning, Implementation and Enforcement

The National Native Network provides enhanced technical assistance in policy planning, implementation, and enforcement. Contact the National Native Network and staff will assist tribal leaders and/or advocates with the following steps to pass a smoke-free policy.

- ◆ Conduct a commercial tobacco abuse needs assessment and community readiness assessment.
- ◆ State the specific commercial tobacco abuse issue to be addressed.
- ◆ Select policy type, state the tribe's policy solution to the issue and establish the legal basis.
- ◆ Choose and modify a policy template from the National Native Network's policy repository.
- ◆ Select and modify media advocacy templates from the Network's media repository.
- ◆ Mobilize support and provide community education using either the tribe's own resources or the Network's resources.
- ◆ Ensure enforcement of the ordinance through best practices strategies.
- ◆ Evaluate effectiveness of the policy by using quantitative and qualitative data with assistance from the National Native Network, a regional Native epidemiology center, regional Tribal Support Centers for Tobacco, a university, or other local evaluation entity.
- ◆ Disseminate findings to increase the amount of information available to assist other tribes in their decision to implement tribal smoke-free policies.

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TRADITIONAL TOBACCO & Smoke-free Policies

Tribal cultural and spiritual values can shape tribal smoke-free policies. Passage of smoke-free policies shows respect for the powerful nature of traditional tobacco while differentiating it from commercial tobacco abuse. Smoke-free policies do not affect the use of ceremonial tobacco. Tribes can use such health policies, driven by cultural values, to change the trajectory of youth by intervening early through social norm change. In fact, by limiting the abuse of tobacco, smoke-free policies assist tribes in reinforcing the sacred role of tobacco and holistic health in Native cultures.

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