



Tribal Tobacco Policy Project
Northwest Portland Area
Indian Health Board

Dedication



“In dedicating this manual to our elders and to our children, I want to take this opportunity to urge our local health workers and tribal leaders *to become more aware* of the dangers of smoking and chewing tobacco. To many Indian tribes, tobacco was considered to be a sacred element when used for religious purposes. It was not abused in traditional Indian life. However, today the evidence of tobacco abuse is seen in the diseases and health problems related to tobacco use. Many of our Indian people are dying from heart diseases, lung and other cancers, and strokes caused by smoking cigarettes and chewing tobacco.

Our children learn by seeing what we do. It is by our example as tribal leaders and health workers that our children will either learn about the dangers of tobacco use or continue to damage their own bodies. We also need to consider our elders. Many of our elders who have a heart condition can no longer attend our community meetings because the secondary smoke from cigarettes poses a danger to their health.

In addition to becoming aware of the dangers of tobacco use, I want to urge the tribal councils, CHR's, tribal health directors and tribal health administrators *to do something* about this problem. The development of a tobacco control policy is one way to create an awareness and action that will save the lives of our people tomorrow.

Let's work together to stop the abuse of tobacco. Our leadership can make a difference.

Keits-see-yeau-yeau (thank-you)”

Julia Davis - Nez Perce
President, Board of Directors
Northwest Portland Area Indian Health Board



The Tribal Tobacco Policy Project sponsored an art contest for children from the first 19 study group tribes. Drawings had one of three themes: “no smoking” signs, cigarette smoke in the air causes disease, and, respect for all living things. We had hoped to include children’s drawings in our workbook but unfortunately the printing process could not reproduce them.

Special thanks to all the children who entered the Tribal Youth Drawing Contest! Trying to choose winning drawings was very difficult since all entries were so impressive. Prize winners were: Kimmi Campbell, age 7 - Grand Prize; Jared Finley, age 6; Adelaide McGillis, age 7; Valerie Lazon, age 7; Moses Brown Eagle, age 11; Josh Henderson, age 9; Jennifer Wells, age 12; Ray Finley, age 12.



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Forward



The purpose of the Northwest Portland Area Indian Board (NPAIHB) Tribal Tobacco Policy Project is to provide tobacco policy consultation and materials to Northwest area tribes. The NPAIHB has undertaken this project because of the enormous impact of smoking on the health of our Indian people. The goal of the project is to help local tribal governments in providing leadership, development, and ownership of tobacco policies for their communities.

For more than a decade cigarette smoking has been identified as the most important preventable cause of death in the general U.S. population. However, only recently have American Indian tribes become aware of the dangers associated with smoking, secondhand smoke, and use of smokeless tobacco. Tribal leaders must become aware of the harmful and deadly effects of inappropriate tobacco use. Health care providers and policy makers must be sensitive to the traditional religious role that tobacco plays in many Native American communities. The objectives of a Tribal Tobacco Policy are:

1) to create peace between smokers and nonsmokers in public areas; 2) to protect tribal members, present and future, from the harmful effects of tobacco; and 3) to promote awareness of health problems related to tobacco use.

This workbook was prepared to help tribal leaders design strong and effective tobacco use policies. There is no one way to design a tobacco policy and there is no one policy that is best for all groups. We hope this workbook will serve as a guide for tribes to develop a new policy or evaluate an existing policy.

The Tribal Tobacco Policy Project Staff will contact you periodically to help in developing your tribe's policy. Please let them know your reactions to this workbook, and call (503) 228-4185 if you have any questions.



Notes:

Tobacco Use in the American Indian Community



Tobacco has an important role in traditional American Indian life. Some Indian religions teach that tobacco was a gift from the Great Spirit and was to be used for religious and ceremonial purposes. Among many tribes, tobacco was a part of rituals including healing, problem resolution, trading, preparing for war, trances, sundances, and sweat lodge ceremonies. Prized by the deities, tobacco was often given as a sacrifice to the Great Spirit. Tobacco leaves were usually mixed with parts of the willow, dogwood, sumac, bearberry, or rose bush. Bearberry was the usual addition in the Pacific Northwest.

When smoked, ceremonial pipes were used. Pipe design varied among the different tribes. The pipe stems were most often made from ash or sumac. Pipe bowls were carved from various types of stone and clay. Archeological evidence of these pipes goes back at least a thousand years. In the Northwest, clay pipes several hundred years old have been found at the mouth of the Umpqua. Some Northwest coastal Indians also placed small tobacco pellets mixed with lime or conifer directly in their mouths.

For medicinal purposes, tobacco was sometimes used by the patient, other times applied by a healer. Headache, lockjaw, toothache, cough, asthma, stomach ache, kidney trouble, arrow poisoning, and rheumatism were all thought to be improved with tobacco. On long journeys, some tribes used tobacco to keep away hunger and thirst, and to prevent fatigue. Current scientific research identifies nicotine as a central nervous system stimulant.

At the time of European colonization of

the Americas, tobacco was smoked by all North American tribes except the Eskimos. Tobacco was cultivated by native people in most parts of the Northwest. In some areas it also may have grown wild and been gathered. Records show that tobacco was the main item exchanged between Europeans and native Northwesterners. It was probably also traded among tribes. David Douglas was a botanist who visited many tribes in the Northwest in the 1820's. His journals show that tobacco was used as a sign of friendship in conducting business, as well as for barter.

History shows Indian people respected tobacco's strength. It was also scarce. This may explain why it was used for ritual and medical reasons, and not everyday as it is now. It is daily habitual use that has caused tobacco to become a health hazard. Tobacco has lost its sacredness because many Indian people have lost the understanding of its traditional purpose.

INDIAN SMOKING RATES

For the past generation, the United States has enjoyed improvement in the health status of its people. However, there continues to be more death and illness among its minority populations including American Indian/Alaska Natives. One of the most preventable causes of death and illness among Indian people is tobacco misuse.

Indian Health Service statistics show that two out of every five deaths of Indians are related to or caused by smoking.

Among the ethnic groups that make up the U.S. population, American Indians/Alaskan Natives have the highest rates of tobacco use. A 1989 survey of 700 Indians in Oregon, Washington, and Idaho reported 46% of men and 54% of women smoked cigarettes. (The U.S. population average use is about 25%) In a study sponsored by the Northwest Portland Area Indian Health Board, 43.5% of Indian adolescents used smokeless tobacco. We are paying for this tobacco use with increasingly high death and disease rates.

With recent awareness and public concern regarding smoking and smokeless tobacco, many tribes have adopted a written tobacco policy. This is a reflection on tribal leaders and health workers taking responsibility for the care of the tribe as a group, dealing with the tobacco abuse and addiction issues.

SECONDHAND SMOKE

The health risks of smoking (heart attack, strokes, cancer) have been known for some time. Less well known are the risks of secondhand smoke. Secondhand smoke is what everyone inhales in a room where some people are smoking. Nonsmokers who breathe it are "passive smokers." The poisons in secondhand smoke include: carbon monoxide, nicotine, various carcinogens, hydrogen cyanide (the form of gas used to execute convicted criminals), arsenic, pesticides, and radioactive compounds. A 1992 Environmental Protection Agency Report declared cigarette smoke a "Class A carcinogen." This is their strongest classification for hazardous substances found in the environment. The EPA concluded that secondhand smoke caused approximately 3,000 deaths a year from lung cancer among nonsmokers, and that estimated lung cancer risks associated with secondhand smoke are more than 10 times greater than the risks that would normally elicit

action by the EPA.

Heart disease, increased blood pressure, and miscarriage are other risks of secondhand smoke. Scientists estimate that as many as 53,000 people die each year as a result of secondhand smoke. Secondhand smoke also causes serious problems for people with asthma. In addition, elders with heart disease are more likely to experience chest pain in a room filled with smoke. Babies and young children are twice as likely to have ear infections, pneumonia, and bronchitis if they have parents who smoke. Sudden infant death, premature birth, and low birth weight are all tragic complications for many mothers who smoke while pregnant. Tobacco use policies can prevent exposure to secondhand smoke among children and nonsmoking adults.

WHY HAVE A SMOKING POLICY?

A smoking policy is necessary to protect the health of all tribal members. Many nonsmokers want protection from cigarette smoke. Unfortunately, it is impossible to protect people from effects of secondhand smoke unless there is a separate and powerful ventilation system for each area that allows smoking. Experience has shown that only well written smoking policies resolve disputes among co-workers. A smoking policy is a way to keep peace between smokers and nonsmokers. With a clear policy, both smokers and nonsmokers know what to expect.

A tobacco policy states a tribe's official position on tobacco use in public places. A strong tobacco policy will protect all tribal members. It will strengthen educational programs that can return tobacco to its traditional role. If your tribe already has a tobacco policy, this workbook may help improve that policy. If this is your tribe's first tobacco policy, this workbook will help you decide what type of policy to adopt and how to make it work.

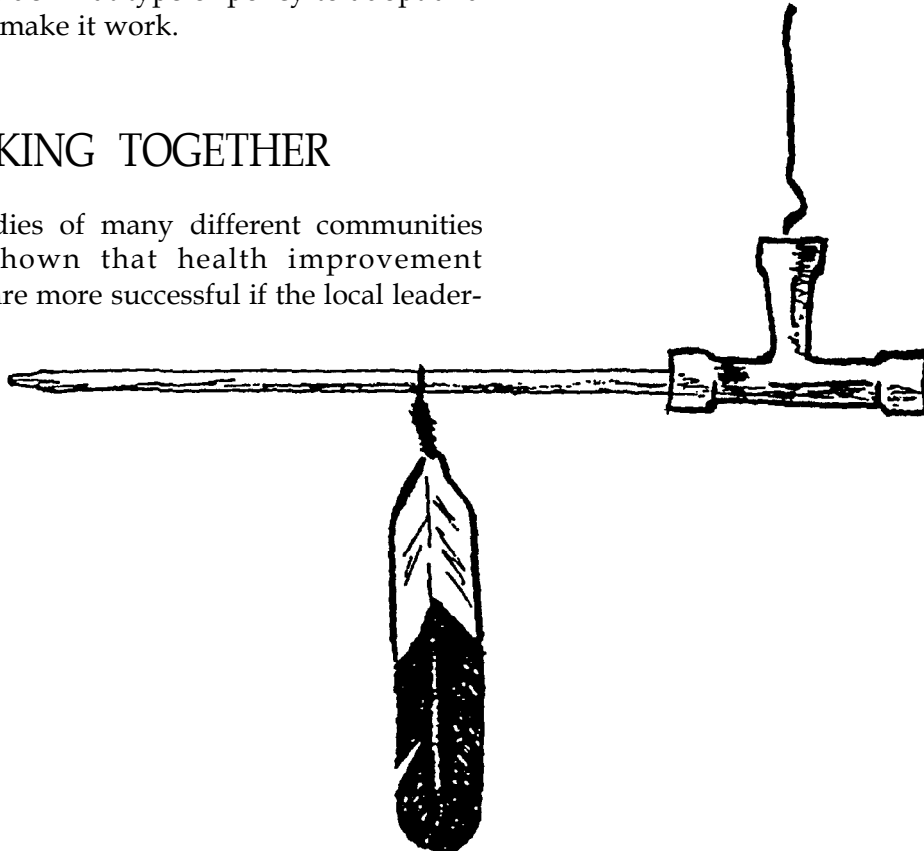
WORKING TOGETHER

Studies of many different communities have shown that health improvement efforts are more successful if the local leader-

ship creates an awareness of its own health problems, develops its own action plan, and identifies an individual or committee to manage the action plan.

Tribal involvement will insure there is respect for the culture and opinions of the membership. Tribal members will support and enforce a tobacco policy they develop. This workbook provides resources and guidelines based on the experience of Northwest Indian leaders. It will help tribal members take ownership in developing and implementing local tobacco policies.

The community approach urges tribal leaders to design a policy that protects the health of all tribal members. This includes babies, children, teenagers, adults, and elders. A Tribal Council member who smokes can set a leadership example by supporting a tobacco policy to protect the health of those who cannot protect themselves. Tribal leaders who do not smoke are role models for their community. Tribal leaders who do smoke can become role models by not smoking indoors or around others.



Notes:

Developing A Tribal Tobacco Policy



There are three strategies that tribes have utilized to develop a policy or revise an existing policy:

- use a standing health committee or health board
- form a tobacco committee
- leadership by one or two key tribal members

In this workbook, we use the term “committee”, but the same steps and issues are involved if your tribe chooses other strategies to develop a tobacco policy.

GETTING SUPPORT

It is important that tobacco users are included in your planning. They will let you know how smokers and chewers feel. The policy needs to be seen as against tobacco and not against tobacco users. It is possible to have an existing Health Committee function as the Tobacco Policy Committee. There should be at least two tobacco users on the committee as members or consultants.

The committee will meet as needed (probably between three to six times), work to develop a tobacco policy, and present it to the Tribal Council. The committee should select a person to work and communicate with the NPAIHB Tobacco Project staff.

Having support from other groups within the tribe will aid policy development. Support from other committees will provide a broad base of support from the community for the policy.

This workbook encourages members to discuss goals and timelines and to divide the responsibility of tasks. The Tobacco Policy Project staff will be available to help develop and support the committee or individual in charge of developing policy.

Following are three important suggestions for the development of a tribal policy:

- Design policy to fit your tribe’s culture.
- Communicate the health reasons for the policy.
- Allow plenty of planning time and early notice of policy changes.

These guidelines are based on the experience of many different tribes, communities, and work places that now have successful policies. These guidelines will help you prevent or reduce problems so your tribal policy will be welcomed and successful. Other policy makers have been surprised at how smoothly tobacco policies have been introduced when these suggestions are followed.

TAILORING FOR YOUR TRIBE

If your tribe now has a tobacco policy, find out how it was developed. If your tribe does not have a policy, try to find out if one has ever been considered. You may need to consult with tribal elders or others. Also, find out how policies for other issues, such as alcohol and other drugs, have been developed. Ask, what has worked well? What difficulties have developed?

If your tribe is making a profit from tobacco sales, this would be good informa-

tion to have. Contrast that profit with the economic costs of death and disease due to tobacco. If there is a profit, the tribe might consider using some of the money to create tobacco awareness programs aimed at school age children.

Consider the community and the Tribal Council. Find out who is opposed to a tobacco policy and why. Talk to these people ahead of time to address their concerns. Explain that a tobacco policy will help to keep peace between smokers and nonsmokers. If there are upcoming elections that may change Council membership, talk to those candidates who may be elected.

Finally, think about what issues are likely to cause problems, and places in which it will be difficult to reduce smoky air. Consider tribal smokeshops, bingo parlors, schools and playgrounds. Plan how you can reduce tobacco use in public gathering places and buildings.

COMMUNICATE THE HEALTH REASONS FOR THE POLICY

The purpose of the policy is to protect and improve the health and environment of all tribal members. This includes children and nonsmokers, as well as current smokers and those with chronic diseases. An important aspect of a tobacco policy is the effect it has on all generations. A smoke-free environment will make it much easier for the elderly to breathe. Tobacco policies also send an important message to future generations by setting a healthy example for children. Appendix, page 20, has a list of health risks to communicate why your tribe should adopt a tobacco policy.

It is not the purpose of the policy to get smokers to stop. A tobacco policy does not blame the tobacco user for his habit or addiction. The purpose of the policy is to reduce exposure to secondhand smoke—the

smoke that goes into the air from the end of a cigarette. This secondhand smoke is harmful to both smokers and nonsmokers. The policy should be against smoky air, not against smokers.

ALLOW ENOUGH LEAD TIME AND ADVANCE NOTICE

Allow enough planning time for policy development. We suggest three months. Writing a tobacco policy takes little time. Getting feedback on one or more drafts of the policy is important and often takes longer than expected. It can also require advance notice to get on the agenda. Putting your policy into action and informing all tribal members of the changes also will take time.

Plan to announce the policy and the date it will take effect at least a month ahead of time. Allow current smokers who may wish to stop, the time to do so. Time is needed to post no-smoking signs and make other necessary changes.

In summary, the three keys to success discussed in this chapter are:

- Design the policy to fit your tribe.
- Keep the focus of the policy on creating a safe and healthy environment.
- Allow plenty of preparation time.

If these steps are followed, they will lead to the development of a successful policy that has support from the tribe.



Designing The Right Policy



Before designing a policy for your tribe, the health committee or individual in charge will know the tribe's history of tobacco policies, profits from tobacco sales (if any), and whether tribal members have strong feelings about tobacco. These factors will affect the details of your policy. They are the first steps in designing a policy.

STEPS TO A TOBACCO POLICY

- Know your tribe's tobacco history
- Review sample policies and consider special issues
- Draft a policy
- Circulate the policy for comments
- Revise as necessary
- Present your policy to the Tribal Council

TYPES OF POLICIES

The health committee must design a policy that your Tribal Council will approve and that tribal members will support. Hopefully, this will be a policy that protects the health of all tribal members. There are three basic types of policies to consider.

- SMOKE-FREE POLICY
- SEPARATE AREAS POLICY
- MIXED POLICY

A SMOKE-FREE POLICY prohibits all smoking in public buildings at all times. (This does not, of course, include private vehicles or homes.) This type of policy is the easiest to enforce because it is the clearest and allows no exceptions. This would be

the best method for protecting all tribal members from secondhand smoke. A smoke-free policy will do the best job of improving the health of your tribe. Smoke-free policies usually cover all public indoor areas.

A SEPARATE AREAS POLICY is one that limits smoking to specific areas. It allows for flexibility and may be better received by some smokers because smoking is permitted in some areas. It requires a clear designation of areas posted by signs. However, this type of policy is more difficult to enforce. Some people will forget to honor a specific place as nonsmoking. A separate areas policy does not protect tribal members from secondhand smoke nearly as well as a smoke-free policy. In planning separate smoking and nonsmoking areas, you will need to consider separate air circulation. Many places that have different sections of a large area divided as smoking and nonsmoking do not have ventilation systems to clean the air efficiently. Unless you have separate rooms, each with its own ventilation system, secondhand smoke will still be a problem in the nonsmoking areas. Also, be sure nonsmokers won't have to walk through smoking areas.

A MIXED POLICY is one that has a combination of smoke-free and separate areas statements. Depending on your tribe's needs, you may find there are areas where you will want to permit smoking. In other large areas or buildings, you will want a smoke-free policy. An example of a mixed policy is one that would include a smoke-free statement for the tribal clinic, the school, and tribal office buildings. It'd also have a separate areas statement for a social hall and bingo parlor.

The sample policy statements on pages 12 and 13 may give you additional ideas. Review the considerations that follow and decide if additional statements are necessary for your tribe. Don't hesitate to call the Tobacco Policy Project Staff for assistance.

SPECIAL CONSIDERATIONS

What If We Already Have a Policy?

Many tribes in the Pacific Northwest have already adopted tobacco policies. However, some of these policies only indicate smoking and nonsmoking areas. Recent studies have shown that this type of separation does not protect people from secondhand smoke. Most ventilation systems can not clean the air. As more information concerning the dangers of secondhand smoke has been documented, we now know only a strong policy can protect the health of all tribal members. It is also necessary to look at existing tobacco policies to see that they are being upheld. If you already have a policy that shows your tribe is sensitive to the tobacco issue, this is a good opportunity to evaluate that policy and perhaps improve it. You may decide that your current policy is adequate or you may decide to change it. This workbook and consultation with NPAIHB staff can help you evaluate how your policy is working.

CHECKLIST FOR IMPROVING A TOBACCO POLICY

Check to see if your policy:

- Gives health reasons for the policy
- Is non-smoking everywhere or clearly states where smoking is allowed
- Gives the date policy becomes active
- Limits youth ability to buy tobacco
- Includes smokeless/chew
- Provides penalty; and specifies who will manage

Children's Health

In addition to breathing cleaner air, children will be directly affected by a smoke-free policy in another important way. This is because most people who are addicted to tobacco begin their use of tobacco as children. The percent of Indian youth who smoke or chew is much higher than the general population. Indian youth start smoking younger than non-Indian children. Adults know how addictive tobacco is and how damaging it is to our health. Adults need to help children to see that tobacco use is not a sign of growing up. A tobacco policy builds a nonsmoking norm for adults and children. The committee should consider a tobacco-free policy for schools and other social areas where children and teens gather. It is also important that children and teens see adult role models who don't smoke or chew. This helps young people to make healthier choices. Therefore, the committee should recommend that the Tribal Council adopt a smoke-free policy wherever possible.

Children's Access to Tobacco

Another important consideration is how easily children and teens can buy cigarettes and chewing tobacco. Some tobacco policies include restrictions about selling tobacco to minors with fines for those who do. Some communities have banned cigarette vending machines to make cigarettes less accessible to children and teens. Others have required vending machines to be located where they are in view of and can be supervised by employees. Smokeshops are not under state and federal jurisdiction laws that prohibit children and teenagers from buying tobacco. Therefore, it is up to parents and the tribal elders to enact a local policy to protect their children.

Chewing or Smokeless Tobacco

Chewing smokeless tobacco is addictive. It causes cancer and other health problems. It is not safer than smoking cigarettes. Use of chewing tobacco and snuff (smokeless tobacco) should be included in the policy, but smokeless tobacco presents some special problems. Chewing tobacco does not present the environmental risk of smoking. It does not pollute the air. However, chewing tobacco is much more accessible to youth than cigarettes. It is also a problem when people spit on the floor or discard their chewing tobacco in disagreeable and unsanitary ways.

The policy should have a specific statement about smokeless tobacco and snuff. This statement should address youth. The committee also may want to consider a statement for schools or other buildings where smokeless tobacco use is now a problem.

include the tribe's general manager, community health representative, public health nurse, tribal chair, or other medical person. These individuals may turn out to be active supporters of the policy. The Tribal Tobacco Policy Project staff will assist in reviewing the policy. Some people will not be comfortable writing comments and the committee may want to contact them in person to discuss their opinions of the draft. Not all comments can be used and it must be decided how to address the suggestions not used. If you are working with a committee, discuss among committee members all points of the revision. After the final revision, the policy should be ready for approval by the Tribal Council.



PUTTING IT ALL TOGETHER

Your completed policy should include the following: a brief description of the local tobacco problem; specific points on how the problem will be handled; the date the policy will be effective; and how it will be administered. A quote from a respected member of the tribe as a preface will make the policy more accepted. The policy can be short. This will make it easier to communicate. Refer to the sample policy statements on pages 12 and 13.

ENCOURAGE GROUP INPUT

After a Tobacco Policy has been drafted, distribute it to key individuals for their review. Key individuals include those tribal members with strong opinions about the policy. Individuals to consider for feedback

Sample Tribal Tobacco Policy Statements

The following represent sample statements from policies adopted by tribes in the Northwest. These examples can be modified to fit your tribes' situation.

PART 1 - REASONS FOR THE POLICY

Whereas, the tribal council is the governing body of the _____tribe and

Whereas, the _____tribe is concerned about the health of all its members, and

Whereas, smoking has been identified by the U.S. Surgeon General as the nation's single most preventable cause of disease and premature death, and

Whereas, second hand smoke is responsible for the death of 53,000 non-smokers each year, and

Whereas, smoking rates in Indian country are higher than those of the general population, and

Whereas, daily habitual abuse has caused tobacco to become a health hazard and it has lost its traditional sacredness, and

Whereas, Indian youth are the future of our tribes and deserve to breath clean air.

PART 2 - SMOKE FREE OR SPECIFIC AREAS THAT ALLOW SMOKING

Be it resolved, that as of (date) all tribal facilities will be tobacco free. This tribe bans smoking and the use of smokeless tobacco in all Tribal offices and buildings.

- OR-

Be it resolved, that as of (date) smoking will be permitted in the bingo hall only. All other areas including private offices, waiting areas, Elders' room and Head Start classroom will be smoke free.

OPTIONAL STATEMENT OF SUPPORT

Be it further resolved that the council is committed to assisting all tribal members who wish to “kick the smoking habit.”

PART 3 - PENALTY AND WHO WILL MANAGE

Be it further resolved, that any controversy, questions, or complaints regarding this policy should be directed to _____ for final determination.

-OR-

Be it further resolved that the _____ Tribal Council will impose a fine of \$100 for smoking within a tribal building, following a verbal warning.

PART 4 - LIMIT YOUTH’S ABILITY TO BUY TOBACCO

Be it therefore resolved that tribal smokeshop will sell tobacco products only to those 18 or older and will require ID. Cigarette vending machines will no longer be permitted on tribal property.

PART 5 - INCLUDE SMOKELESS/CHEW

Be it further resolved, that smokeless/chewing tobacco will not be permitted inside tribal buildings. When used outside it should be disposed of in a sanitary manner.

Note: another option would be to include smokeless in the first statement in PART 2.



Putting Your Tobacco Policy Into Action



After you have talked with smokers and nonsmokers, considered the tribe's economic benefits and health costs due to tobacco, and developed a tobacco policy, there is still work to be done. The health committee must continue the process by putting the policy in place. This chapter outlines the steps to follow and presents issues or problems to think about as the policy begins to take effect.

DEVELOP AN ACTION PLAN

Step number one is to develop a specific plan to make your policy work. This plan should include input from tribal staff and other tribal members who participated in the policy development. Additional tribal members should be included at this point. Together, you will need to:

- Finalize a timeline
- Get stop-smoking materials
- Decide on how to deal with violations
- Get a Council resolution
- Tell the community about the policy
- See how the policy is doing

TIMETABLE

You may have prepared a timeline as part of your policy development. It is best to not rush the last stage of planning. Those responsible for communicating and enforcing the policy will need time. Two months lead time is a good plan. Smokers need

time to get used to the idea that their tobacco use may be restricted. This schedule would allow time for smokers to consider quitting or adjusting their behavior to the new rules. This schedule also would allow time to inform all tribal members about the policy.

Choose a specific date for the policy to start. Other policies have been started at the beginning of the year (for example, New Year's resolution) or during The Great American Smokeout (the Thursday before Thanksgiving). However, more attention will be drawn to the policy if it is begun at the same time as a major tribal event or holiday. Deciding the effective date early will help the committee to determine the planning schedule.

PROVIDE STOP-SMOKING HELP

The committee should provide information and referrals for those who want to quit smoking or chewing tobacco. By offering help you show concern for tobacco users. At a minimum, written self-help materials such as booklets or manuals should be available. There are many good materials available at little or no cost. Some are written specifically for Indian people. The Appendix (pages 23-25) shows where to find materials and more information in your state. Other stop-smoking help includes a telephone helpline available at no charge. The Cancer Information Service (1-800-4-CANCER) is a 24-hour telephone line that provides both written materials and individual counseling. This service is free and available to all Northwest area tribes.

Stop-smoking classes or clinics are another way for smokers to quit. These are usually available only in larger cities where they are sponsored by hospitals or groups like the American Lung Association. The Indian Health Service also offers stop-smoking assistance at its Northwest area service units. If there is enough interest, it may be possible to develop a stop-smoking class timed around the start date of your policy.

Acknowledge the success of tribal members who stop smoking by recognizing them with an article in the tribal newsletter, certificates of achievement, or names and pictures on a tribal bulletin board. Having a general recognition ceremony during the Great American Smokeout is another way to congratulate people who have stopped using tobacco.

MAKING YOUR POLICY WORK

Any policy of a tribe must be respected. The only way any tribal policy will be upheld is if it makes sense and is respected. This workbook presents an action plan to develop a tribal tobacco policy. If your tribe follows the recommended methods, there should be little trouble in implementing the policy, including penalties. In this regard, there are two major issues to consider.

Who Will Take Action When Someone Smokes In a Non-Smoking Area?

Your tribe should treat tobacco use as it would any other health or safety issue. Most policies set up a process where complaints can be registered. In a worksite, the complaints are usually referred to the supervisor of the person who has violated the policy. Your tribe may be organized differently. It is important to identify who will be responsible for handling complaints and violations.

What Will The Penalty Be?

Penalties are rare. However, penalties must be clarified and spelled out ahead of time. When the majority agree with the policy, a friendly reminder to a person smoking in the wrong place is usually enough. Normal procedures for most cases include verbal or written warnings and fines if necessary. There should be different penalties for first time offenders than for repeated offenses. Simple social pressure is usually sufficient. Clear posting of no-smoking signs helps reduce confusion and conflict.

It should be decided how complaints about the policy will be handled. The policy should be widely publicized in newsletter articles and presented at meetings where the policy is discussed. Most often the number of complaints goes down after the policy has been in place for a few months. This is usually because everyone in the community knows about the policy.

A TRIBAL COUNCIL RESOLUTION

As part of implementing a policy, request a Tribal Council resolution adopting the policy. Include the effective date. A resolution will help call attention to the policy.

GET THE WORD OUT

You probably already know how to best communicate the policy to the tribe. Your tribe may want to hold a community meeting in conjunction with a health fair or other health seminar. Each Tribe must use its own resources and ideas to identify the methods or media that are best for the tribe. Listed are several common ways of notifying members. It is best to use several different methods, so all tribal members have an opportunity to be notified of the policy.

Signs. Signs are a very useful and low-cost way of informing people. Signs warn smokers that they are about to enter a non-smoking area. Signs also serve as a reminder that an area is a nonsmoking zone. You can get them free or at low cost from nearby Cancer Society, Lung Association, or Heart Association offices (Appendix pages 23-25). Or you may choose to create your own. The last page of this workbook was designed to be copied and used as a no-smoking sign.

Posters/Pamphlets. Many excellent materials are available free or at very low cost. The NPAIHB has a supply of posters and pamphlets developed by the American Indian Health Care Association in Minnesota. The Appendix (pages 23-25) lists additional sources of materials.

Tribal Newsletters. Tribal newsletters are an excellent channel for communicating policy. Consider placing an article or notice at least twice in the local newsletter before the start of the policy. Follow up with an article after the policy is underway. Articles about tribal members who have stopped smoking are a good way to draw attention to their accomplishments. Success stories also motivate other smokers to quit.

Meetings. Meetings are a great way to announce a new policy. A brief statement can be made which outlines the health risks of smoking and especially secondhand smoke. A meeting is also a good place to get input and support of community members. Announce where smoking is not allowed and the starting date of the policy.

Statement on Tribal Letterhead. Tribal stationary that includes a statement that reads, "This tribe supports a smoke-free environment" serves as a constant reminder.

Written Copies of the Policy. Your policy may be short. This will make it easier to publish in newsletters, post in appropriate places, or even distribute in mailings.

THE DAY YOUR POLICY IS EFFECTIVE:

Put up No-Smoking Signs Remove Ashtrays

EVALUATE THE POLICY

Over time, smoking policies are usually easy to monitor. However, it is useful to check periodically to see how the policy is working. Consider 1) visiting no-smoking areas regularly, 2) checking that no-smoking signs are in place, and 3) keeping track of complaints to see if they are coming from several different people or the same individuals.

Communication should not stop with the start of the policy. The tribal health educator should continue with occasional articles or announcements and by posting new signs or posters. The business manager can use Council meetings as opportunities to invite comments or complaints from smokers and nonsmokers.

These simple procedures and the recommended course of action should result in a successful policy—one that will create a healthier environment and set a good example for youth. By encouraging broad participation, focusing on smoky air, and allowing time for communication and change, your tribe can develop a relevant and effective policy.



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HEALTH RISKS

Associated with Smoking



CANCER	30% of <u>all</u> cancers (lung, larynx, bladder, kidney, stomach, cervix) are smoking related. 90% of lung cancer is smoking related.
HEART DISEASE	Cigarette smoking is the most important preventable factor in heart attacks and heart disease.
PREGNANCY	Smaller babies, miscarriages, sudden infant death, and premature birth are all related to smoking.
FERTILITY	It is more difficult for women who smoke to become pregnant.
ULCERS	Ulcers heal more slowly and recur more often in people who smoke.
FIRES	Cigarettes are the #1 cause of home fires.
ANNUAL DEATHS	Smoking is directly responsible for 430,000 deaths each year. Secondhand smoke causes an additional 53,000 deaths per year.



10 THINGS Most People Don't Know About Smoking



1. Smokers are about twice as likely to die from cancer as non-smokers.
2. Smokers are about three times as likely to die from heart attacks as nonsmokers.
3. 53,000 people die each year as a result of secondhand smoke.
4. More than 2,500 deaths of infants under one year old are attributable to smoking by mothers
5. 60 percent of children who smoke start by the age of 14.
6. Children who smoke are 15 times more likely than nonsmokers to go on to use narcotic drugs.
7. The tobacco industry spends more than 3.3 billion dollars per year to promote smoking, more than is spent advertising and promoting any other product.
8. Cigarette smoke contains over 4,000 chemicals; more than 30 are known to cause cancer. Smokers retain in their lungs more than 70 percent of the tar and nicotine they inhale.
9. The cigarette is the single most important cause of fires; one-third of home fire deaths result from smoking.
10. 46% of Indian men and 54% of Indian women smoke, compared to 34% of men and 28% of women in the general population.



COSTS OF SMOKING



Here's How Much Money You'll Save by Not Smoking*

You Will Save In One:	How Many Packs Do You Smoke Each Day?			
	1 PACK	1 1/2 PACKS	2 PACKS	2 1/2 PACKS
Day	\$1.50	\$2.25	\$3.00	\$3.75
Week	\$10.50	\$15.75	\$21.00	\$26.25
Month	\$45.00	\$67.50	\$90.00	\$112.50
Year	\$547.50	\$821.25	\$1,095.00	\$1,368.75
10 Years	\$5,475.00	\$8,212.50	\$10,950.00	\$13,687.50

* Based on \$1.50 per pack. Prices range from \$1.45 to \$1.95 at NW Indian reservation smokeshops, 1991. Off reservation prices are approximately 50 cents more per pack.

OTHER COSTS

According to the National Cancer Institute, Fall 1989:

- The annual medical bill for each smoker is \$500 to \$600 higher than for each nonsmoker.
- Workers who smoke more than two packs a day have twice the absenteeism of their nonsmoking counterparts.
- Today, the total cost to business of each smoker--including higher health insurance, fire insurance, absenteeism, maintenance costs, and reduced productivity--probably exceeds \$1,000 per year.



RESOURCES FOR IDAHO



AMERICAN CANCER SOCIETY

1-800-632-5934

For free materials, posters, and Great American Smokeout information

AMERICAN LUNG ASSOCIATION

(208) 344-6567

CANCER INFORMATION SERVICE

1-800-4-CANCER

Written materials and individualized counseling
24-hour telephone helpline



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Tribal Tobacco Policy Project staff to assist with development of tobacco policy. Smoking education materials developed for Indian people.

(503) 228-4185

RESOURCES FOR OREGON



AMERICAN CANCER SOCIETY

For free materials, posters, and Great American Smokeout information

Northwest Area (Portland)	(503) 295-6422
North Willamette Valley Area (Salem)	(503) 581-4577
South Willamette Valley Area (Eugene)	(503) 484-2211
Southern Area (Medford)	(503) 779-6091
Eastern Area (Pendleton)	(503) 276-1152
Central Area (Bend)	(503) 389-4466

AMERICAN LUNG ASSOCIATION

For referrals to clinics and telephone counseling	1-800-223-8023
For written information on how to quit	1-800-545-5864

CANCER INFORMATION SERVICE

Written information and individualized counseling	
24-hour telephone helpline	1-800-4-CANCER

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(503) 228-4185

RESOURCES FOR WASHINGTON



AMERICAN CANCER SOCIETY

For free materials, posters, and Great American Smokeout information

Washington Division (Seattle)	(206) 283-1152
Northwest Area (Bellevue)	(206) 869-5588
Southwest Area (Tacoma)	(206) 584-3880
Eastern Area (Spokane)	(509) 326-5802
Yakima Office	(509) 575-8568
Pasco Office	(509) 547-7360
Wenatchee Office	(509) 663-2188

AMERICAN LUNG ASSOCIATION

For referral to clinics and individualized help to quit smoking

NW Area/Seattle	(206) 441-5100
SW Area/Tacoma	(206) 565-9555
Central/Yakima	(509) 248-4384
Eastern/Spokane	(509) 325-5616

CANCER INFORMATION SERVICE

Written materials and individualized counseling
24-hour telephone helpline

1-800-4-CANCER

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**PLEASE
NO SMOKING**



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