



NATIVE AMERICANS & TOBACCO USE

Despite reductions in smoking prevalence achieved since the first Surgeon General's report on the consequences of smoking in 1964, smoking remains the leading cause of preventable death in the United States.¹ Smoking accounts for over 400,000 deaths in the United States each year, and is a major risk factor for the four leading causes of death: heart disease, cancer, stroke, and chronic obstructive pulmonary disease.² Native Americans are at great risk of suffering from tobacco-related death and disease because they have the highest prevalence of tobacco use compared to any other population group in the United States.

Smoking Among Native American Adults

Smoking among Native American adults increased between 2006 and 2007, from 32.4 percent in 2006 to 36.4 percent in 2007. American Indians and Alaska Natives (AI/AN) are more likely than any other racial/ethnic subgroup to be current smokers. According to the National Health Interview Survey of adults, 18 and over, 36.4 percent of AI/AN currently smoke, compared to 21.4 percent of Whites, 19.8 percent of African-Americans, 13.3 percent of Hispanics, and 9.6 percent of Asian-Americans. Overall, 19.8 percent of U.S. adults are current smokers.³

Smoking among AI/AN men and women are about the same (36.7 percent vs. 36.0 percent, respectively). While smoking increased among both men and women from 2006 to 2007, smoking among women increased significantly, from 29 percent in 2006 to 36 percent in 2007. Smoking prevalence for white women, who have the next highest smoking rate compared to AI/AN women, is 19.8 percent. AI/AN men also have the highest smoking prevalence among all racial/ethnic subgroups. The subgroup with the next highest smoking rate is African-American men at 24.8 percent.⁴

Smoking rates among AI/AN vary by region and state. Rates are highest in Alaska (45.1 percent) and the Northern Plains (44.2 percent) and lowest in the Southwest (17 percent). Alaska adults in 1994 had the second highest prevalence of smoking in the US (28.9 percent), with Alaska Natives having the highest smoking rates (42.9 percent).⁵

The prevalence of cigarette smoking has declined since 1978 in women of reproductive age (18 to 44 years old) in every subgroup of the American population, except among AI/AN women.⁶ According to the National Center for Health Statistics, 18.2 percent of American Indian women smoked during their pregnancy, compared to 13.8 percent of white women.⁷ Tobacco use during pregnancy is one of the key preventable causes of adverse pregnancy outcomes.

Smoking Among Native American Youth

Current cigarette use among high school students in National Bureau of Indian Affairs (BIA) funded schools is 56.5 percent,⁸ more than double the smoking prevalence rate among all U.S. high school students (22.9 percent).⁹ There is no significant difference between smoking rates among AI/AN boys and girls. Almost one-quarter (24.4 percent) of students at BIA-funded schools reported frequent cigarette use (having smoked \geq 20 of the 30 days preceding the survey),¹⁰ compared to 13.8 percent of all U.S. high school students.¹¹ BIA funds 185 schools located on 63 reservations in 23 states with approximately 8,500 high school students.¹²

80 percent of AI/AN youth compared to 88 percent of other youth reported that they thought their parents would strongly disapprove of their smoking one or more packs of cigarettes each day. Also, fewer AI/AN youth (77 percent) report they strongly or somewhat disapproved of someone their age smoking one or more packs per day than other racial/ethnic groups' youth (85 percent). Research has shown that youths who disapprove of peers' cigarette use are less likely to use cigarettes themselves.¹³

Native Americans and Other Tobacco Use

The most recent data available from the National Health Interview Survey (NHIS, 1991) indicate that prevalence of smokeless tobacco use has been highest among AI/AN men and women, compared to other racial/ethnic subgroups. 5.4 percent of AI/AN adults (8.1 percent of men and 2.5 percent of women) were current smokeless tobacco users, compared to 2.9 percent for the overall U.S. population (5.6 percent of men and 0.6 percent of women).¹⁴

According to aggregated data from the 1987 and 1991 NHIS, the prevalence of current pipe and cigar use has also been higher among AI/AN than among other racial/ethnic subgroups. However, the NHIS did not distinguish between ceremonial and addictive daily pipe smoking which may contribute to the higher prevalence rates among this group.¹⁵

Nationally, Native American youth living on reservations have the highest smokeless tobacco use than any other group. Again, these children seem to have early, frequent, and heavy use of chewing tobacco and snuff.¹⁶ Approximately 1 in 5 AI/AN students in BIA funded schools are current users of smokeless tobacco¹⁷, compared to 1 in 12 students at all U.S. high schools.¹⁸

Tobacco Use Health Consequences Among Native Americans

According to the 1998 Surgeon General's Report, Native Americans and Alaska Natives' high prevalence of smoking and other tobacco use takes its toll on their health. Smoking-attributable deaths are higher among AI/AN than in Hispanics and Asian Americans and Pacific Islanders, but lower than among African Americans and whites.¹⁹

	Men (deaths per 100,000)	Women (deaths per 100,000)
African Americans	81.6	27.2
Whites	54.9	27.9
Native Americans/ Alaska Natives	33.5	18.4
Asian Americans/ Pacific Islanders	27.9	11.4
Hispanics	23.1	7.7

Cardiovascular disease is the leading cause of death among AI/ANs, and tobacco use is an important risk factor.²⁰

Cancer is the second leading cause of death for those age 45 and older and the third leading cause of death for all ages of AI/AN, and lung cancer is the leading cause of cancer death.^{21, 22} American Indians/Alaska Natives experienced an increase in respiratory cancer death rates between 1990 and 1995, the only subgroup of the four major U.S. racial/ethnic subgroups to experience such an increase.²³

The 2007 annual report on the status of cancer in the U.S. found that there is wide variation in AI/AN cancer surveillance, and that region-specific data is needed to fully understand the disease burden among this population group. Regional variations in cancer rates likely reflect geographic variations in risk factors and screening. For example, among AI/AN, regional lung cancer rates mirrored regional smoking prevalence rates. Recommendations for lowering the high rate of smoking-caused cancer included reducing tobacco use among this community by better tailoring tobacco cessation and treatment programs to the AI/AN community and increasing funding for tribal tobacco control programs.²⁴

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[Initial draft prepared by Stacey Smith, AMSA Summer 2002 Health Policy Fellow]

Additional Sources of Information

- *The National Tribal Tobacco Prevention Network, at the Northwest Portland Area Indian Health Board, http://www.npaihb.org/programs/national_tribal_tobacco_prevention_network/*
- *National Indian Health Board, <http://www.nihb.org>, and its Area Health Boards*
- *National Tobacco Native C.I.R.C.L.E. Alcohol/Tobacco/Smoking/Smoking Cessation at Mayo Clinic, <http://mayoresearch.mayo.edu/mayo/research/cancercenter/smokebroch.cfm>*

- Indian Health Service, http://www.ihs.gov/medicalprograms/epi/index.cfm?module=health_issues&option=tobacco&cat=sub_0
- Bureau of Indian Affairs, <http://www.oiep.bia.edu>
- Association of American Indian Physicians, <http://www.aaip.com>

Related Campaign Factsheets (available at <http://www.tobaccofreekids.org/>)

- Tobacco Use and Ethnicity
- Tobacco Harm to Kids
- Tobacco Company Marketing To Kids

¹ *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*, PHS publication 1103, 1964, http://www.cdc.gov/tobacco/sgr/sgr_1964/sgr64.htm. McGinnis, JM, et al., "Actual causes of death in the United States," *Journal of the American Medical Association (JAMA)* 270:2207-2212, 1993.

² U.S. Centers for Disease Control & Prevention (CDC), "Smoking attributable mortality and years of potential life lost—United States, 1988," *Morbidity & Mortality Weekly Report (MMWR)* 40(4): 62,71, February 1, 1991, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001886.htm>. McGinnis, JM, et al., "Actual causes of death in the United States," *JAMA* 270:2207-2212, 1993.

³ U.S. Centers for Disease Control and Prevention (CDC), "Cigarette Smoking Among Adults - United States, 2007," *Morbidity and Mortality Weekly Report (MMWR)*, Vol. 57 No. 45, November 14, 2008. <http://www.cdc.gov/mmwr/PDF/wk/mm5745.pdf>.

⁴ CDC, "Cigarette Smoking Among Adults—United States, 2007," *MMWR* Vol. 57 No. 45, November 14, 2008 <http://www.cdc.gov/mmwr/PDF/wk/mm5745.pdf>.

⁵ Owen, P, et al., "The prevalence of tobacco use among Alaska adults," *Alaska Medicine* 38(1), January-March 1996.

⁶ U.S. Department of Health and Human Services (HHS), *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General*, 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

⁷ CDC, National Center for Health Statistics, *Vital Statistics Reports, Births: Final Data for 2004* 55(1), September 29, 2006, http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf.

⁸ CDC, "Tobacco, Alcohol, and Other Drug Use Among High School Students in Bureau of Indian Affairs-Funded Schools—United States, 2001," *MMWR* 52(44):1070-1072, November 7, 2003, <http://www.cdc.gov/mmwr/PDF/wk/mm5244.pdf>.

⁹ CDC, "Tobacco Use Among Middle & High School Students—United States, 2002," *MMWR* 52(45):1096-1098, November 14, 2003, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5245a2.htm>.

¹⁰ CDC, "Tobacco, Alcohol, and Other Drug Use Among High School Students in Bureau of Indian Affairs-Funded Schools—United States, 2001," *MMWR* 52(44):1070-1072, November 7, 2003, <http://www.cdc.gov/mmwr/PDF/wk/mm5244.pdf>.

¹¹ CDC, "Youth Risk Behavior Surveillance—United States, 2001," *MMWR* 51(SS-4), June 28, 2002, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001886.htm>.

¹² CDC, "Tobacco, Alcohol, and Other Drug Use Among High School Students in Bureau of Indian Affairs-Funded Schools—United States, 2001," *MMWR* 52(44):1070-1072, November 7, 2003, <http://www.cdc.gov/mmwr/PDF/wk/mm5244.pdf>.

¹³ Simons-Morton, et al., "Peer and parent influences on smoking and drinking among early adolescents," *Health Education & Behavior*, 28(1), 2001.

¹⁴ CDC, "Use of Smokeless Tobacco Among Adults—United States, 1991," *MMWR* 42(14):263-266, <http://www.cdc.gov/mmwr/PDF/wk/mm4214.pdf>.

¹⁵ HHS, *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General*, 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

¹⁶ Schinke, et al 1989, Surgeon General's Report 1994, and Schinke 1987, according to the Learning Center's Tobacco and Native Americans page.

¹⁷ CDC, "Tobacco, Alcohol, and Other Drug Use Among High School Students in Bureau of Indian Affairs-Funded Schools—United States, 2001," *MMWR* 52(44):1070-1072, November 7, 2003, <http://www.cdc.gov/mmwr/PDF/wk/mm5244.pdf>.

¹⁸ CDC, "Youth Risk Behavior Surveillance—United States, 2001," *MMWR* 51(SS-4), June 28, 2002, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001886.htm>.

¹⁹ HHS, *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General*, 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

²⁰ HHS, *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General*, 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

²¹ Association of American Indian Physicians, Cancer Resources, http://www.aaip.org/indian_health/cancer.htm.

²² HHS, *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General*, 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

²³ Association of American Indian Physicians, Cancer Resources, http://www.aaip.org/indian_health/cancer.htm.

²⁴ Espey, DK, et al., "Annual Report to the Nation on the Status of Cancer, 1975-2004, Featuring Cancer in American Indians and Alaska Natives," *Cancer* (DOI: 10.1002/cncr.23044) Published online, October 15, 2007; Print issue

date, November 15, 2007, <http://www3.interscience.wiley.com/cgi-bin/fulltext/116330621/HTMLSTARTW?CRETRY=1&SRETRY=0>.