



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 more than 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, as a whole, have an especially high risk of suffering from tobacco-related death and disease because they have the highest prevalence of smoking and other tobacco use compared to any other population group in the United States.

Smoking Among Native American Adults

While smoking rates vary considerably from one Tribe to another, American Indians and Alaska Natives (AI/AN) are, overall, more likely than any other racial/ethnic subgroup to be current smokers. According to the National Health Interview Survey (NHIS) of adults, 18 and over, 32.4% of AI/AN currently smoke, compared to 22.0% of Whites, 21.3% of African-Americans, 15.8% of Hispanics, and 9.9% of Asian-Americans. According to a 2005 study, 14% of Southwest tribal members were smokers compared to a 50% smoking rate among Northern Plains tribal members.³ Overall, 20.6% of U.S. adults are current smokers.⁴

According to the 2008 NHIS, AI/AN men smoke nearly twice as much as AI/AN women (42.3% vs. 22.4%). Smoking prevalence for white women, who have the next highest smoking rate, is 20.6%. 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 25.6%.⁵

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

Smoking Among Native American Youth

In 2001, cigarette use among high school students in National Bureau of Indian Affairs (BIA) funded schools was 56.5%, almost double the smoking prevalence rate among all U.S. high school students (28.5%).⁸ There was no significant difference between smoking rates among AI/AN boys and girls. Almost one-quarter (24.4%) of students at BIA-funded schools reported frequent cigarette use (having smoked \geq 20 of the 30 days preceding the survey),⁹ compared to 13.8% of all U.S. high school students.¹⁰ BIA funds 185 schools located on 63 reservations in 23 states with approximately 8,500 high school students.¹¹

Native Americans and Other Tobacco Use

While good current data is not available, the most recent data from the National Health Interview Survey (NHIS, 1991) indicates that prevalence of smokeless tobacco use has been highest among AI/AN men and women, compared to other racial/ethnic subgroups. 5.4% of AI/AN

adults (8.1% of men and 2.5% of women) were current smokeless tobacco users, compared to 2.9% for the overall U.S population (5.6% of men and 0.6% of women).¹²

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.¹³

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.¹⁴ Approximately 1 in 5 AI/AN students in BIA funded schools are current users of smokeless tobacco,¹⁵ compared to 1 in 12 students at all U.S. high schools.¹⁶

Tobacco Use Health Consequences Among Native Americans

Cardiovascular disease is the leading cause of death among AI/ANs, and tobacco use is an important risk factor.¹⁷ 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.^{18, 19} 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.²⁰ Northern Plains tribal members, who have the highest smoking prevalence among American Indians, also have the highest rates of lung cancer and heart disease.²¹

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 regional and Tribe-specific data is needed to fully understand the disease burden among Indian Tribes. Regional and Tribal variations in cancer rates likely reflect geographic and Tribal 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, increasing tobacco product prices, and increasing funding for Tribal tobacco control programs.²²

Campaign for Tobacco-Free Kids, December 29, 2009 / Meg Riordan

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/epi/index.cfm?module=epi_tobacco_main*
- *Bureau of Indian Affairs, <http://www.oiephr.bia.edu/>*
- *Association of American Indian Physicians, <http://www.aaip.org/>*

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/sqr/sqr_1964/sqr64.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 and Prevention (CDC), "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000-2004," *Morbidity and Mortality Weekly Report (MMWR)* 57

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- ³ Henderson, et al., "Correlates of Cigarette Smoking Among Selected Southwest and Northern Plains Tribal Groups: The AI-SUPERPFP Study," *AJPH* 95: 867-872, 2005.
- ⁴ CDC, "Cigarette Smoking Among Adults—United States, 2008," *MMWR* 58(44), November 13, 2009, <http://www.cdc.gov/mmwr/PDF/wk/mm5844.pdf>.
- ⁵ CDC, "Cigarette Smoking Among Adults—United States, 2008," *MMWR* 58(44), November 13, 2009. <http://www.cdc.gov/mmwr/PDF/wk/mm5844.pdf>.
- ⁶ 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.
- ⁷ 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.
- 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>. CDC, "Youth Risk Behavior Surveillance—United States, 2001," *MMWR* 51(SS04):1-64, June 28, 2002, <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5104a1.htm>.
- ⁹ 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>.
- ¹⁰ CDC, "Youth Risk Behavior Surveillance—United States, 2001," *MMWR* 51(SS-4), June 28, 2002, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001886.htm>.
- ¹¹ 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>.
- ¹² CDC, "Use of Smokeless Tobacco Among Adults—United States, 1991," *MMWR* 42(14):263-266, <http://www.cdc.gov/mmwr/PDF/wk/mm4214.pdf>.
- ¹³ 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.
- ¹⁴ Schinke, et al 1989, Surgeon General's Report 1994, and Schinke 1987, according to the Learning Center's Tobacco and Native Americans page.
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- ¹⁸ Association of American Indian Physicians, Cancer Resources, http://www.aaip.org/indian_health/cancer.htm.
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- ²⁰ Association of American Indian Physicians, Cancer Resources, http://www.aaip.org/indian_health/cancer.htm.
- ²¹ Henderson, et al., "Patterns of Cigarette Smoking Initiation in Two Culturally Distinct American Tribes," *JAMA* 99: 2020-2025, 2009.
- ²² See, e.g., 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>.