

Policy Brief: A Need for Future American Indian Commercial Tobacco Prevention and Cessation Programs

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Smoking and the American Indian community

Every year, more than 440,000 deaths occur from cigarette smoking, meaning that 1 of every 5 deaths is due to a smoking in the United States¹. In adults who have never smoked, secondhand smoke can cause heart disease and/or lung cancer. Smoking rates are highest among the American Indian (AI) population when compared to other racial or ethnic groups which puts them at serious risk for disease and death². Although California's smoking rate is lowest among the general population, the disparity largely exists with AI smokers. It's time to take action and develop prevention and cessation services to curb the high rates of smoking among the AI community.

Why are smoking rates so high in the American Indian community?

- The Tobacco Industry markets to youth using cultural images and symbols so they become long-term smokers.
- Having family and friends who smoke is more likely to influence smoking for the youth.
- Exposure to secondhand smoke puts the youth at risk to smoke.
- Youth start smoking as young as age 10 increasing the likelihood of smoking in adulthood.
- Limited prevention programs that are culturally specific to reduce initiation of smoking.
- Limited cessation programs to reduce smoking rates.
- Perceived low harm value/lack of awareness about the harmful effects associated with tobacco use.

Future American Indian tobacco programs can provide a positive health impact.

- Cigarette consumption would decrease³.
- Save more than 100,000 people from smoking related deaths⁴.
- Help more than 100,000 adults to quit!⁵
- Fewer heart attacks and strokes caused by smoking.
- Prevent 220,000 youth from smoking⁶.
- Long term health care savings of \$5.1 billion with a **\$1 tax-per-pack** of cigarettes⁷.
- Improve the health and well-being of the AI community.

Evidence has shown that increasing the price of tobacco products through tax increases is the best way to reduce tobacco consumption⁸.

Reference:

1. U.S. DHHS. [The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General](#). Atlanta: U.S. DHHS, CDC, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, OSH, 2006. 2. CDC. [Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004](#). MMWR 2008;57(45):1226–8. 3,4. Lightwood, James., Glantz, Stanton. Predicted Effect of California Tobacco Control Funding on Smoking Prevalence, Cigarette Consumption, and Healthcare Costs, 2012–2016 (2011) Center for Tobacco Control Research and Education, UCSF. 5,6. ACS. [American Cancer Society Cancer Action Network Fuels California's Yes on Prop. 29 Campaign with New Donation. ACS Cancer Action Network](#). Yes on 29. 2012. 7. CCRA, Proposition 29. [Statistics: voteYes to Save Lives](#). 8. WHO. Tobacco Free Initiative. [Other Economic Issues in Tobacco Control](#).