



National American Indian & Alaska Native

**ATTC**

Addiction Technology Transfer Center Network  
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# Addressing Addiction

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 6 ISSUE 3 FALL 2020

## The Changing Face of Tobacco: New Friend or Old Foe?

National American Indian & Alaska Native Addiction Technology Transfer Center  
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## DIRECTOR'S CORNER

Dear readers,

We are in the midst of celebrating Recovery Month by featuring recovery stories on our [twitter account](#), and we are producing a video that will be shared on our website later this month.

Culturally informed self-help groups are important in tribal communities and only one portion of a holistic process involving families and community in the healing process. Please check out our Monday virtual talking circles where professionals share with peers the challenges they have encountered throughout COVID-19. In addition, we offer our Native Veteran Resilience and Wellness: Provider Peer to Peer Support on Fridays, where we recently welcomed Suzi Landolphi, Jane Strong, and David Sonotore who shared about their work in equine therapy with veterans.

This has been a strange and demanding year, with one catastrophe after another. Primarily, we have all been dealing with the COVID-19 pandemic and the loss of close to 200,000 American lives; and secondly, we are experiencing natural disasters all over the country. Both are affecting Native communities more seriously than others. This grim situation has led to outspread and creative use of virtual platforms and telehealth to provide services to people in Native communities.

The pandemic has made us all try to observe social distancing, a demanding situation in and of itself, but while this is a tried-and-true public health method, it has led to reduced opportunities to participate in cultural ceremonies. Social distancing has also led to increased use of substances, increase in relapse rates, and reports of emotional problems like anxiety, depression, and suicide. Rise in substance use, including tobacco use, often follows disasters. In this newsletter we examine whether recent alternatives smoking tobacco like vaping and other smokeless options provide a safe alternative.



Despite all the tragedies we have witnessed and experienced this year, we have adjusted to communicating with each other in new ways. We have seen how resilient and creative Native communities have been with limited resources, how much support and consideration they have shown their neighbors and each other, and how some Native communities found ways of reducing the spread of the coronavirus through strongly encouraging the use of masks or reducing traffic and tourism. We have a lot to learn from Native communities about how to handle adversities, something they have experienced for centuries.

Through these trying times, the Tribal Opioid Response TA project has gone completely virtual through regular regional meetings as well as weekly Care and Share listening sessions. Furthermore, we have admitted the 4th cohort of mentees and mentors for the Native American & Alaska Native Leadership Academy, which will be offered both virtually and, hopefully, in a face-to-face format sometime in 2021.

Finally, I want to thank ATTC staff and consultants across the country for pulling together, for being creative and flexible in our efforts to support Native SUD professionals in such trying and unprecedented times. We could not have accomplished so much without the support from staff, consultants, and providers; we know it takes a village to get through such hard times and we know that the end is not in sight yet.

Let us continue to pull together to support Native American and Alaska Native communities and SUD providers going forward.

**Anne Helene Skinstad, PhD**

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# Smokeless Tobacco

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Contributions from  
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## Introduction

Historians vary on the origin of tobacco, but some indicate that the original tobacco was discovered about 18,000 years ago. Its role in Native communities also has a long history. Traditional tobacco has been used by Native American tribes for centuries for ceremonial, religious, or medicinal purposes. Many indigenous peoples have traditional stories of how tobacco was introduced to their communities as a sacred plant that had healing powers if used properly and was offered to elders or guests as a sign of respect or thanks. Medicine people used tobacco for both healing and blessings. A smudge of the plant was applied to the skin as a natural insect pesticide during hunting and gathering. Many tribes use tobacco in its purest form during ceremonies, today known as the tobacco plant *Nicotiana rustica*, and may include mixtures and preparations of other native plants.

## The Power of Nicotine

Nicotine, the addictive component in all tobacco products, is more addictive on a milligram-for-milligram basis than cocaine and heroin. Using nicotine, whether it is smoked, vaped, or in chew form, can become a very habitual behavior. It is estimated a daily smoker of one pack a day will self-administer six doses or puffs per cigarette, and at 20 cigarettes each day, that translates to about 44,000 doses per year. Among users of tobacco products, about 70% meet criteria for addiction. Additionally, getting addicted to nicotine can be devastating to one's health. Tobacco use is the leading cause of preventable deaths in westernized countries. Tobacco users on average have a life expectancy 10 years less than a non-tobacco user, and among Native Americans and Alaska Natives (NA/AN), the racial/ethnic group with the highest prevalence rate of tobacco use, 40% of deaths can be attributed to commercial tobacco use.<sup>1</sup>



## Snus as Harm Reduction

Snus has received a great deal of attention in Europe, particularly in Sweden and Norway, for its potential as a viable harm reduction approach to smoking cigarettes. In 1992 the European Union implemented a ban on the sale and marketing of snus. More current research literature regarding snus' relative health effects led the UK Royal College of Physicians in 2007 to conclude that the harm reduction potential of snus has a solid scientific base.<sup>3</sup> A recent review of this research literature reached a similar conclusion: "...snus appears to be a viable alternative to smoking tobacco, is acceptable to consumers and does not act as a gateway product to smoking cigarettes. Snus should therefore be regarded as a reduced risk product relative to cigarettes. Snus as an alternative to cigarettes has the potential to deliver enormous harm reduction benefits as demonstrated in Sweden, particularly in reducing the incidence of lung cancer and cardiovascular disease of which smoking is a known cause, where the product can be marketed and sold to adult smokers widely."<sup>4</sup>

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## Smokeless Tobacco

Whereas smokeless tobacco (SLT) is not as popular a form of delivering nicotine compared to smoking and vaping, it is a noteworthy topic from a public health standpoint. A person who holds the average-sized dip or chew in one's mouth for 30 minutes is delivering as much nicotine as from two to three cigarettes. One can of Copenhagen is equal to about three packs of cigarettes. SLT products are not a safe way to get nicotine; such products contain 28 cancer-causing chemicals.<sup>2</sup> These carcinogens are absorbed through the mouth and may be why gum disease and several types of cancer are linked to the use of SLT.

There are several types of SLT - chew, snuff, plug, leaf, or dip. Snus (pronounced "snooze") is a type of moist snuff that does not require spitting. It was first used in Sweden and Norway, but it is now available in the United States as well. Snus generally has lower levels of nicotine than traditional snuff brands but is not free of potential harm given its addictive properties and some links to cancer, albeit at very low prevalence rates.<sup>3,4</sup>

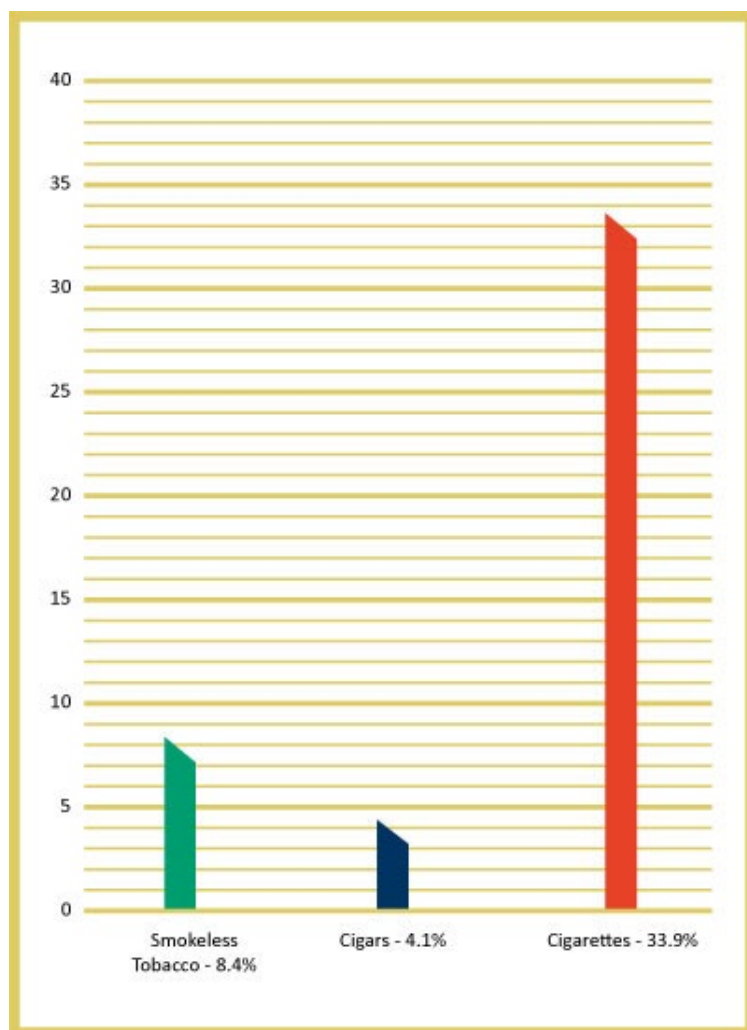
## Prevalence

The prevalence rate of smoking cigarettes by adults in the US has been on the decline since 2005,<sup>5</sup> yet use of SLT has been steady since 2003, and the sales and availability of these products have been on an increase in recent years.<sup>6</sup> About 3% of all US adults use SLT, in contrast to about 8% of NA/AN adults who use SLT products.<sup>7</sup>

Use of two or more tobacco products occurs among some tobacco users. A survey of Alaska Native tobacco users found that past 30-day dual tobacco use was reported by 10% of respondents; specifically, 9% used chew/snuff and 1.3% used e-cigarettes.<sup>8,9</sup>

Initiation of any nicotine product at an earlier age is a risk factor for greater severity of nicotine addiction and is associated with decreased quitting success.<sup>10</sup> Among NA/AN adolescents, nearly one-quarter reported using SLT, with girls reporting higher prevalence rates than boys.<sup>11</sup> These trends place Native youth as disproportionately affected by SLT-related diseases.<sup>12</sup> There are indications that among Native populations, age of onset of SLT use occurs earlier than onset of smoking. The Western Alaska Tribal Collaborative for Health (N=2,800) study found that among Alaska Natives, initiation of SLT use by age 13 was greater than for cigarette smoking (52.7% vs. 18.2%) and that women were significantly more likely to initiate SLT use by 13 years of age than men.<sup>13</sup> These findings highlight that use of SLT can be a pathway to nicotine addiction for Native youth.<sup>14</sup>

## Past Month Tobacco Use Among American Indian/Alaska Native Adults—2016

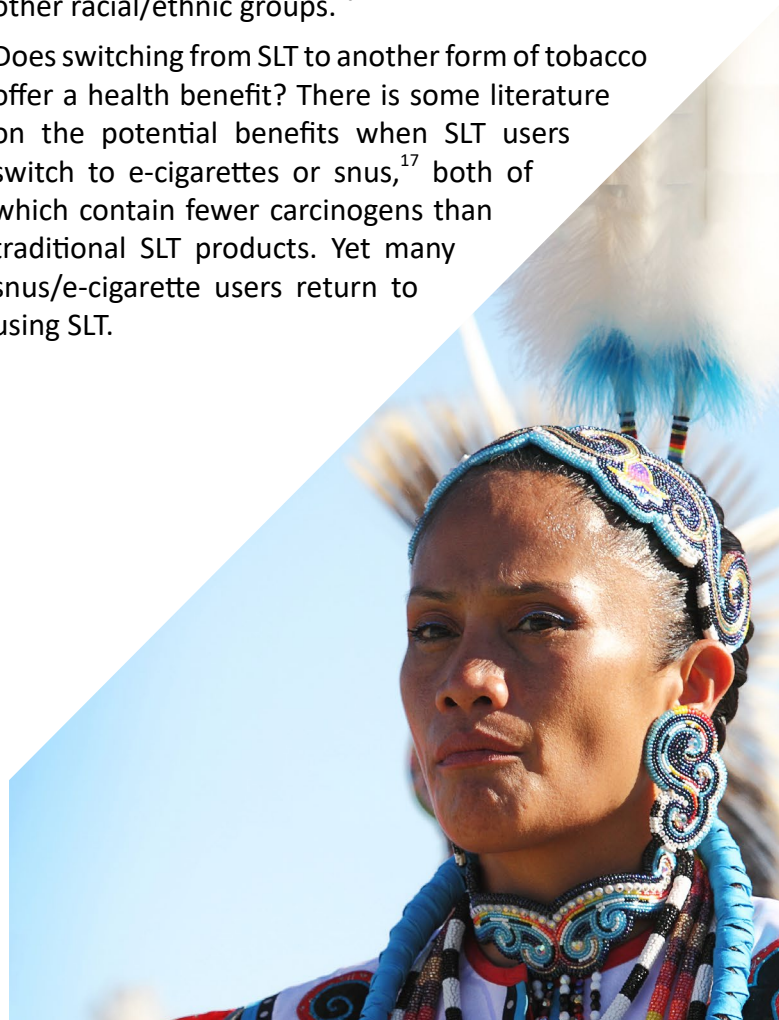


Source: Substance Abuse and Mental Health Services Administration (2016). Results from the 2016 National Survey on Drug Use and Health: Detailed Tables. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

## Safety Issues

Many experts contend that SLT products are less deadly than cigarettes; on average, they kill a lower percent of users than smoking does.<sup>2</sup> Yet SLT products are not harmless; they contain 28 cancer-causing chemicals. These carcinogens are absorbed through the mouth and may be why gum disease and several types of cancer and other disorders (e.g., periodontal and cardiovascular disease) are linked to their use. SLT-related diseases are considerably higher in NA/AN people compared to other racial/ethnic groups.<sup>16</sup>

Does switching from SLT to another form of tobacco offer a health benefit? There is some literature on the potential benefits when SLT users switch to e-cigarettes or snus,<sup>17</sup> both of which contain fewer carcinogens than traditional SLT products. Yet many snus/e-cigarette users return to using SLT.



## Raising the Legal Age

National data show that about 95% of adult smokers begin smoking before they turn 21, and nearly 80% of them are become daily smokers by that age. The Institute of Medicine (now the National Academy of Medicine) concluded that raising the minimum legal age for sale of tobacco products nationwide would likely reduce tobacco initiation, particularly among adolescents, and produce several positive health outcomes, including in fewer premature deaths.<sup>14</sup> As of this publication, 33 states have raised the minimum age to purchase tobacco to 21, which translates to “legally restricting” about 60% of youth in the US who would have been eligible at age 18 in 2020 to legally to purchase and use tobacco products.<sup>15</sup>

## Treating Addiction to Smokeless Tobacco Products

The sooner a person can stop using any tobacco products, the better. Quitting contributes to these positive health outcomes: within two years after quitting, the heart attack risk drops to near normal; within five years the lung cancer death rate decreases by almost half for a person who smokes an average of a pack a day; and within ten years of quitting, pre-cancerous cells are replaced. Yet quitting rates are relatively low among Native people compared to other racial/ethnic groups.<sup>17-20</sup> Whereas about 67% of tobacco users among other ethnic groups report “wanting to quit,” about 56% of Native Americans and Alaska Natives report that they want to quit.<sup>18</sup>

Tobacco cessation strategies range from going “cold turkey” to participating in counselor-led programs.<sup>21</sup>

Given the traditional use of tobacco among Native people, the success of cessation programs may be enhanced if the intervention is culturally tailored, has the support of elders, and includes education surrounding recreational use of tobacco.<sup>16,22,23</sup>

Moreover, Native people are more likely to remain smoke-free when they use the plant for spiritual purposes without smoking it.<sup>21</sup>

## Exploitation of tribal sovereignty

Because federally recognized tribal lands are sovereign, they are not subject to state cigarette taxes and smoke-free laws, which has prompted exploitative practices by the tobacco industry. Lempert and Glantz analyzed previously secret tobacco industry documents available at the Truth Tobacco Documents Library. Industry tactics included price reductions, coupons, giveaways, gaming promotions, charitable contributions, and sponsorships. Documents also detailed initiatives by tobacco companies to build alliances with tribal leaders to minimize concerns that they were exploiting tribal communities and to defeat tobacco control policies. Youth smoking prevention programs were encouraged, but only the ineffective ones.<sup>24</sup>

Two tribal groups in rural Montana and northeastern Montana were interviewed via focus groups about what characteristics were desired in an SLT cessation program.<sup>16</sup> Study results indicated these desirable program features: (1) a group-based format; (2) Native-specific content; and (3) program lead by a former SLT user and a Native person.<sup>24</sup>

Hale and colleagues created a one-session intervention program for Native SLT users by modifying the All Nations Snuff Out Smokeless Tobacco program. Their pilot test of the program consisted of participants with these characteristics: the mean age was 35, and the majority were male (70%) and raised on a tribal reservation (69%). Early age of onset of SLT use was common; the mean age of first SLT use was 16 years. The program focused on the following: preparing to quit, why Native people use SLT, coping with withdrawal, pharmacotherapy, traditional tobacco, stress reduction, and weight management during cessation. Among the 80 who started and were contacted for the 6-month follow-up assessment, 46% reported zero days of SLT use and an additional 13.5% indicated significant reduction in use. Continued daily use was reported by 36% of the participants.<sup>7</sup>

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## Summary

Smokeless tobacco is not a harmless tobacco product; its many carcinogen components elevate a user's risk of developing cancer and other adverse health effects. Native Americans and Alaska Natives use SLT products more often than other racial/ethnic groups do. High-risk groups include youth and pregnant women, both groups of whom have higher rates of SLT use than Native people in general. Tribal sovereignty, which enables aggressive marketing by the tobacco industry, may contribute to disparities in tobacco use and related diseases and deaths among Native people.

Desired characteristics of SLT programs include a group counseling format led by a counselor who is a former SLT user and of Native American or Alaska Native heritage. Moreover, the use of traditional tobacco in ceremonies is a protective factor against any type of tobacco abuse, and teaching clients about ceremonial-only use can promote success with SLT cessation programs.

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# Vape Generation

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## *Although the prevalence of cigarette smoking has reduced in*

the past several decades due to the hard work of public health researchers and practitioners, new commercial tobacco products pose a serious threat to public health. In the past several years, e-cigarettes have become so popular that the US Food and Drug Administration has declared an epidemic of e-cigarette use among young people. In 2018, 3.6 million middle and high school students in the US reported using e-cigarettes in the past 30 days, and 28% of high school users reported frequent use, according to the Centers for Disease Control and Prevention. As with other commercial tobacco products, there is evidence that the prevalence of e-cigarette use is higher among Native American and Alaska Native people than among the overall population.<sup>1</sup>

E-cigarettes heat a liquid (i.e. e-liquid or e-juice) that contains nicotine, propylene glycol, vegetable glycerin, and flavorants and produce an aerosol that the user inhales. E-cigarette devices have evolved substantially over the last decade. Currently, the most popular e-cigarettes are small and sleek, use a new e-liquid technology called “nicotine salts” to produce a stronger nicotine hit, and are sold in numerous flavors. Some use refillable or disposable cartridges of e-liquid (“pod vapes” – e.g. JUUL) and others are self-contained and designed for one-time use (“disposable vapes”).

E-cigarette companies have shaped the tobacco product market, developing new products and flavors, employing targeted and misleading marketing practices, manipulating prices, and fighting against local, state, and federal legislation.<sup>2</sup> In order to attract young users, e-liquids are marketed in thousands of flavors like mint, menthol, fruit, and sweets, often using the flavorants in fruit-flavored candy.<sup>3</sup> Flavored e-liquids are also marketed using bright packaging and novel names including fruit medley, watermelon rush ice, and sour worms. E-cigarette companies have also targeted young people by using young models in their advertising, throwing parties, referencing themes with youth appeal (e.g. modernity, raising social status, friendship), using celebrities and social “influencers” online (<https://www.takeapart.org>), and using cartoons and animation.<sup>4-6</sup>

These strategies repeat the marketing strategies that the tobacco industry has developed over decades to target young people (Figure 1).<sup>7</sup> For example, we know from research using the tobacco industry’s internal documents and marketing that they have marketed flavored cigarettes,<sup>8</sup> smokeless tobacco,<sup>9,10</sup> and cigars<sup>11</sup> to appeal to young people and mask the harsh taste of tobacco.<sup>12</sup> Before using cartoons to sell cigarettes was banned, the Joe Camel campaign from RJ Reynolds Tobacco Company used a cartoon camel to advertise Camel cigarettes all over the world. The Joe Camel campaign has been attributed to 2.1 million new cigarette experimenters in the US between 1988 and 1998<sup>13</sup> and disproportionately impacted adolescents,<sup>14</sup> despite RJ Reynolds denying the campaign was targeted to children. E-cigarette companies have similarly denied that their marketing targets young people. For example, according to a JUUL spokesperson: “we never designed our product to appeal to youth.”<sup>15</sup>

E-cigarette companies leveraged another long-term marketing strategy of the tobacco industry: promoting new products as “safer.” Despite an absence of scientific evidence, e-cigarettes have been marketed as safer than cigarettes and as an effective cigarette cessation aid. E-cigarette websites imply health benefits of e-cigarettes, claiming, for example, that e-cigarettes reduce or do not produce secondhand smoke and are “cleaner” than cigarettes; some e-cigarette websites have even featured doctors to promote health-related claims.<sup>16,17</sup> The tobacco industry has leveraged similar marketing strategies, introducing many “safer” cigarettes over time.<sup>18</sup>

Consistent with tobacco industry’s targeting of Native American communities, a congressional investigation found that JUUL also targeted Native American tribes.

Between December 2018 and February 2019, JUUL approached at least eight Native American tribes to promote a “switching program,” implying that JUUL was effective for smoking cessation and offering significant discounts to encourage tribal leaders to purchase JUUL devices to distribute.<sup>19</sup>

The US Food and Drug Administration has justified its decision to allow e-cigarettes to proliferate in the US based on the hope that e-cigarettes would help adult smokers quit. Some clinical trial evidence suggests that e-cigarette use, in conjunction with rigorous behavioral therapy, might help some smokers quit.<sup>20</sup> However, the body of evidence that e-cigarettes pose risk to overall public health continues to build. First, recent evidence suggests that e-cigarettes are not as safe as originally claimed, and e-cigarette use might also be getting riskier as devices and liquids change.<sup>21</sup> Second, additional evidence suggests that e-cigarettes (as used now) might not help many smokers quit smoking – many smokers who adopt e-cigarettes also continue to smoke cigarettes<sup>22,23</sup> – and they might even cause relapse in former smokers who had quit for many years.<sup>24</sup> Finally, many studies have shown that e-cigarettes contribute to future cigarette smoking among young people,<sup>25–27</sup> undermining any effect they could have on reducing smoking among adults.

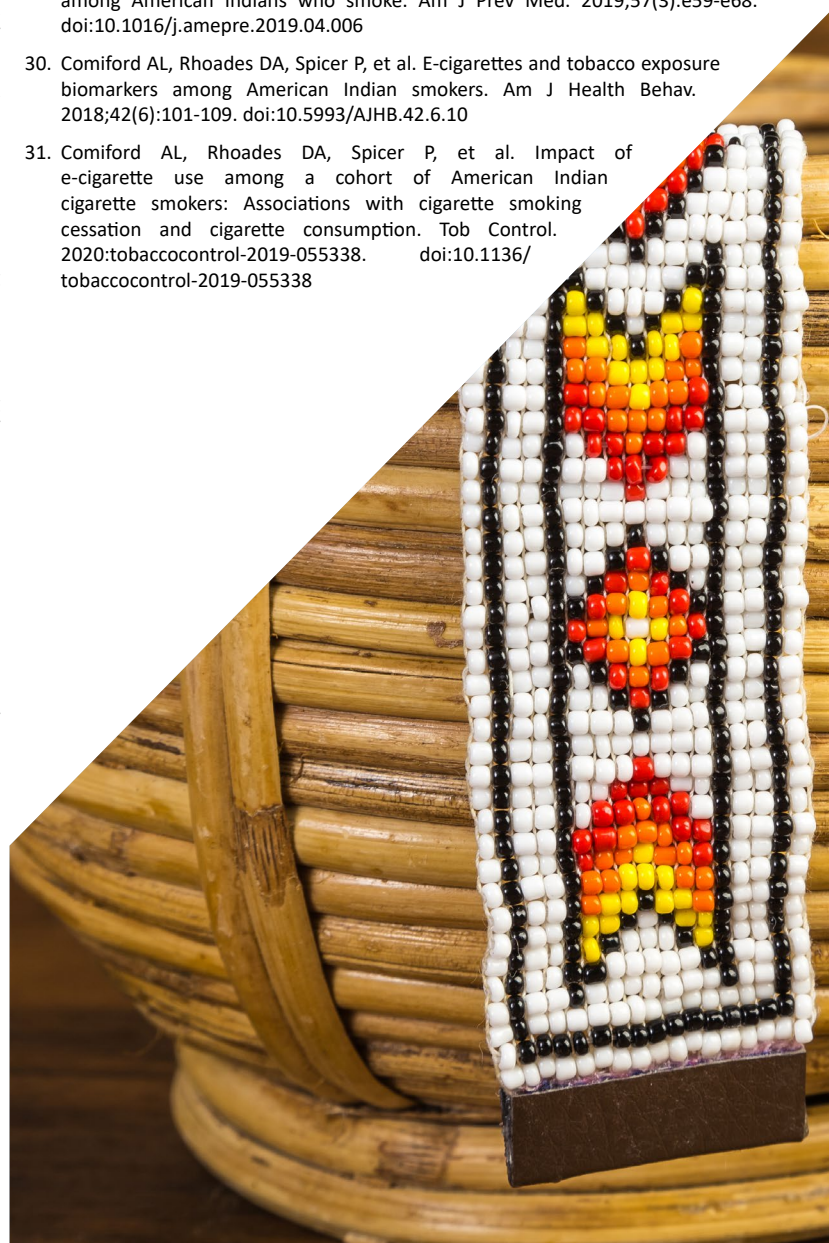
Despite the high prevalence of cigarette smoking and tobacco related disease burden among Native people and the tobacco industry’s record of targeted marketing to Native communities, there is limited research on how these communities perceive and use e-cigarettes. The research that has been done with Native populations suggests e-cigarettes are an important health concern.<sup>28</sup> For example, one research team (at a Cherokee Nation healthcare facility) found that compared to smokers who did not use e-cigarettes, smokers who used e-cigarettes had lower risk perceptions of e-cigarettes, had more confidence they could aid cigarette cessation,<sup>29</sup> and were more likely to have tried to quit smoking cigarettes;<sup>30</sup> however, they found that e-cigarette use was not associated with reductions in cigarette smoking.<sup>31</sup> Another study (at the Anchorage Native Primary Care Center) found that e-cigarettes were perceived to be safer than cigarettes and were frequently used by current smokers.<sup>28</sup>

Although e-cigarettes are marketed as a new and novel device to consume nicotine, there is little that is new about their marketing strategies. In many ways, e-cigarette marketing mirrors strategies that the commercial tobacco industry has used for years. Evidence so far suggests that e-cigarettes are not a safe alternative to cigarettes. The authors of the study above call for updated screenings, cessation messaging, and health messaging that includes e-cigarettes in healthcare facilities serving Native people, and for more research on how cultural values around tobacco use translate to e-cigarette use.<sup>28</sup> Keep It Sacred National Native Network (<http://keepitsacred.itcmi.org/>) suggests a multi-pronged approach to help Native youth avoid commercial tobacco abuse: stronger laws that restrict e-cigarette access for youth, positive environments in which social norms are free of commercial tobacco product use, and “traditional teachings on respectful, cultural use of tobacco.”

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## RECENT ACTIVITIES & UPCOMING EVENTS

Date	Event	Location
September 2020	Suicide Awareness Month: revisit our suicide webinar series from this summer on our YouTube Channel	<a href="#">Session 1</a> <a href="#">Session 2</a> <a href="#">Session 3</a>
September 2020	Recovery Month: check out our Twitter account this month for quotes from those who shared what recovery means to them	<a href="#">@NativeATTC</a>
Bi-weekly on Mondays	Virtual Native Talking Circle: Staying Connected in Challenging Times	Online - <a href="#">register</a>
Bi-weekly on Wednesdays	Native American Storytelling: Culture is Prevention	Online - <a href="#">register</a>
Bi-weekly on Wednesdays	TOR Care and Share through Technology - this a closed meeting for TOR grantees. Email <a href="mailto:jeff-ledolter@uiowa.edu">jeff-ledolter@uiowa.edu</a> for details.	
Bi-weekly on Fridays	Native Veteran Resilience and Wellness: Provider Peer to Peer Support	Online - <a href="#">register</a>
09/21	Leadership Academy 2020-2021 cohort inaugural meeting	Online
09/29	Albuquerque/Oklahoma City Regional TOR TA Meeting	Online
10/7	ESAS webinar: Clinical Evaluation: Screening	Registration coming soon
10/21	Domestic Violence Awareness webinar series: Part 1	Registration coming soon
11/4	ESAS webinar: Clinical Evaluation: Assessment	Registration coming soon
11/18	Domestic Violence Awareness webinar series: Part 2	Registration coming soon

For additional events in our Mental Health and Prevention programs, please visit their websites: MHTTC: [mhttcnetwork.org/native](http://mhttcnetwork.org/native); PTTC: [pttcnetwork.org/native](http://pttcnetwork.org/native)



*The recovery of oneself  
is a great accomplishment.  
Only look to the innocence and  
wonders of our infancy and you  
may discover the greatness of  
being as a child to the world.*

**- Sean A. Bear**



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## The Circle of Life

Like the Circle of Life, our lives are meant to begin and end in very similar ways, except for that of Spiritual Growth. Nothing happens by chance, nothing happens for no reason, and we are never put through things we cannot handle. Although, through the thick and thin of it, it seems like it; until we learn what we have come here to learn. When we can understand things from all angles and from different perspectives, and that knowledge is later combined, as with Karma, the circle is complete with much more understanding than being provided knowledge alone. In many Indigenous beliefs around the world, we believe in reincarnation, which is meant to be an educational and evolutionary process for people and nature to grow further in our true form, which is of our Spirit, and to become as much like the Creator as possible. In that fashion, we begin whole and later become whole again, yet in a much more enlightened and evolutionary state.

**Sean A. Bear 1st, BA**

**Co Director, Meskwaki Tribal Member**



National American Indian & Alaska Native

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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