



# Addressing Commercial Tobacco Use in Indigenous Communities Toolkit





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# Introduction

The American Lung Association is joining the effort to educate and build confidence among public health professionals and community-based individuals addressing commercial tobacco disparities in Indigenous communities. This information is being provided as a starting point to dismantle systemic injustices and health inequalities concerning commercial tobacco use. The following resources are by no means an end-all answer, but rather a jump start to ideas, initiatives and inspiration.

The purpose of this toolkit is to examine issues related to commercial tobacco use and nicotine dependence in Indigenous communities and to provide culturally competent strategies, tools and lessons learned that can be implemented by public health professionals, clinicians and community partners serving diverse Indigenous communities.

This toolkit presents a model that honors the vision of decolonizing tobacco among Indigenous peoples as a path to fostering wellness and achieving health equity among Indigenous communities. Collective action, rooted in cultural humility, can create the achievable and sustainable change required to address nicotine use and addiction in today's Indigenous communities.

The Lung Association would like to disclose the following regarding this toolkit, launching initially in November 2022: The American Lung Association and its consulting partners and experts in the field have opted to use the language of Indigenous communities for this public health toolkit. The term is intended to be inclusive of the diverse multitude of communities and peoples, including but not limited to people who identify as:

- Alaska Native
- American Indian
- Native American
- Native Hawaiian
- Pacific Islander, including people who identify as Chamorro, Fijian, Guamanian or Samoan.
- And those peoples and communities that may or may not be state or federally recognized as sovereign nations.

The first version of this toolkit is primarily focused on success stories in American Indian and Alaska Native Communities. The American Lung Association is intending to create future iterations and addendums to this toolkit, as funding allows. If you are interested in partnering on this series, have a specific community program or success to highlight, or have additional comments or content for inclusion in future versions of this toolkit, please [complete this brief form](#) or email [FreedomFromSmoking@Lung.org](mailto:FreedomFromSmoking@Lung.org).

Throughout this toolkit we explore basic assumptions, key concepts and methodologies to unite public health professionals in a shared understanding of the issues that Indigenous people face as they work to improve health in their communities.

This toolkit also includes success stories that demonstrate the practical aspects of reclaiming wellness through unified efforts to decolonize tobacco. These stories are meant to inspire you in your work to support the Indigenous communities you serve.



# Partners

The American Lung Association thanks the following external national partnering organizations engaged in this project who provided subject matter expertise:

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- [National LGBT Cancer Network](#)
- [National Native Network](#)
- [Oklahoma Tribal Cessation Workgroup](#)
- [Southern Plains Tribal Health Board](#)
- [Southwest Tribal Tobacco Coalition](#)



# Health Equity & Why It Matters

Indigenous people across the United States continue to use various forms of plants and organic material for medicinal and spiritual purposes. Through stories and teachings, tribes have their own origin and use of sacred tobacco. Using the tobacco plant, *Nicotiana rustica* and other plants, Indigenous people prepare their herbs through burning, smudging and offerings. For many Indigenous communities, it is important to distinguish between commercial tobacco use and tobacco use in traditional ceremonies, as some members of Native communities use tobacco for ceremonial, religious or medicinal purposes. Commercial tobacco is manufactured by companies for recreational and habitual use in cigarettes, e-cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs and other products. Commercial tobacco is mass-produced and sold for profit. It contains thousands of chemicals and produces over 7,000 chemical compounds when burned, many of which are carcinogenic, cause heart and other diseases and premature death.<sup>1</sup> For decades, the commercial tobacco industry has misappropriated Native American imagery and cultural significance into the marketing and branding of its products. The use of Native imagery and environmental elements are tactics the tobacco companies use to falsely communicate more

natural and healthy products. Depictions have included faces with headdresses, peace pipes and tribal designs. These portrayals have generated misconceptions of Native Americans and have misrepresented centuries of history, traditions and practices of Indigenous cultures while exploiting the use of sacred tobacco.

Sacred tobacco is an essential tool in ceremonies, rituals and daily routines within many Indigenous communities. Due to the complex nature of tribal cultures, tobacco has taken on many different sacred roles. For many Indigenous communities, sacred tobacco is understood to have power to heal and protect when used in a positive and prescribed way.

It is important to acknowledge that it was not until 1978 with the American Indian Religious Freedom Act that Indigenous peoples were free to practice their sacred traditions openly. Subsequently, some tribes still may only have access to commercialized tobacco for sacred use. Further, not all Indigenous communities use tobacco in their ceremonies. Understanding the background of tobacco within the distinct cultural context of an Indigenous community or tribe is foundational to providing nicotine prevention and cessation support services.

For many health providers in Indigenous communities, effective nicotine addiction treatment and commercial tobacco prevention efforts will require a paradigm shift that recognizes the unique context of tobacco within the culture of a particular community or tribe. Efforts to decolonize tobacco must account for both the beneficial sacred use of tobacco and its harmful and addictive commercial use. A clear distinction between sacred and commercial use provides the basis for a community's relationship and response to tobacco in its current setting.





# Understanding the Impact of Historical Trauma on Cultural Values, Customs and Languages

Before European colonization of the Americas, Indigenous populations thrived and established complex societies in different geographical regions across the Americas. Using the earth, plants, water and animals, the first inhabitants were able to survive and build a deep understanding of the world around them. With extensive knowledge of their unique environments, Indigenous populations have intertwined generational values and interpretations of their placement in the world that prospers today.

European colonization resulted in “devastating loss of life, disruption of tradition and enormous loss of lands for Indigenous peoples in the Americas.”<sup>2</sup> Since the beginning of colonization, many Indigenous communities have incorporated different customs, languages, values and living patterns into their daily lives. Centuries of oppression, forced relocations, military drafts and enlistments, boarding school enrollment, food rations, breaking of treaties, natural resource exploitation, laws and policies, implementation of blood quantum, etc., have all impacted future generations. Additionally, changes to food consumption, introduction to diseases, separation of people, the federal ban on cultural practices and prohibition of speaking Indigenous languages have all changed the way Indigenous communities can thrive and live harmoniously. This new way of living for Indigenous communities is directly influenced by the impact of historical trauma.

Within the past few centuries, the transition into this new way of life influenced by Western settlers and forced assimilation has altered and transformed many cultural values, customs and languages of Indigenous communities.

Many Indigenous people have been limited in participation and exposure to cultural traditions, languages and values due to the modern daily responsibilities of work, school and other obligations.

## **Influences of Historical Trauma and Modern Practices on Indigenous Health & Well-being**

The shift to a modern social structure may have limited the unique practices of Indigenous communities that promote a healthy life. Practices that may have been impacted include:

- Passing of cultural knowledge that promotes well-being
- Limited sharing of cultural values due to modern living
- Decline of Native language use
- Forced land relocations may have caused disruption of values from a specific environment
- School, work and other obligations may limit relationships with elders and others that carry cultural and language traditions
- Indigenous communities unrecognized by the federal government

## **Using Education and Traditional Knowledge as a Tool for Keeping Tobacco Sacred**

In Indigenous communities, education happens at home, in villages, in sacred areas, at cultural community gatherings and in ceremonial locations. This education might include:

- Involvement with cultural traditions that promote the teaching of values and respect for traditions, including those that involve tobacco
- Rebuilding a reverence for family and the importance of developing kinship at home once stripped by colonization
- Participating in traditional activities to promote self-esteem and positive reflection
- Encouraging only the use of sacred tobacco in ceremonies and cultural gatherings

**“Indigenous peoples of the Americas have experienced devastating collective, intergenerational massive group trauma and compounding discrimination, racism, and oppression. There is increasing evidence of emotional responses to collective trauma and losses among Indigenous peoples, which may help to inform ways of alleviating psychological suffering and unresolved grief. Tribal cultural and regional differences exist which may impact how the wounding across generations and within an individual’s lifespan are experienced and addressed.”<sup>3</sup>**

*- Heart, M. Y. H. B., Chase, J., Elkins, J., & Altschul, D. B. (2011).*

## **Reclaiming Health Through a Trauma-Informed Approach**

The loss of life, land, language, culture and identity brought about by colonialism caused overwhelming historical trauma among Indigenous groups. This trauma continues today in the form of discrimination, racism, systemic oppression and unresolved grief.

Trauma-informed care is a framework that can be used to support people with histories of trauma. Trauma-informed care acknowledges the presence of trauma symptoms and acknowledges that trauma impacts people’s coping mechanisms and life outcomes.

High-risk behaviors, including smoking, drinking and drug use as a means of coping with trauma can unintentionally lead to more trauma and unresolved grief. This process can result in a cycle of compounded adverse impacts on an individual’s mental, physical, social, emotional or spiritual health and well-being. Without effective intervention, the individual may continue to use high-risk behavioral coping mechanisms because those are the only tools seen to be within their grasp.

## **SAMHSA Six Key Principles of a Trauma-Informed Approach**

- 1** Safety
- 2** Trustworthiness and Transparency
- 3** Peer Support
- 4** Collaboration and Mutuality
- 5** Empowerment, Voice and Choice
- 6** Cultural, Historical and Gender Issues

## **Protective Factors and Resilience**

Traditional cultural values and practices can successfully support prevention efforts and nicotine addiction treatment. Trauma-informed treatment practices that consider the intergenerational impact of colonization and unresolved grief, such as the loss of land, languages and other cultural connections, lead to empowerment and bring personal and community healing.

For individuals, the most supportive protective factors for Indigenous health include self-efficacy (i.e., confidence, competence and refusal skills), connectedness to families and others, and connection to tribal culture. Resilience is often drawn upon as a grounding factor in the healing of Indigenous individuals and communities.

The need for strengths-based approaches that build protective factors within family and community environments may be more important than reducing risk factors. These may include:

- Family connectedness that fosters positive familial relationships, behavior monitoring, applied family norms and sanctions, and the discussion of problems and solutions with family members and friends
- Community control of infrastructure; sovereignty, title to their traditional lands; and the provision of services within the community
- Cultural identification that includes access and attachment to cultural history, as well as participation in traditional cultural and spiritual activities







# The Impact of Commercial Tobacco and Nicotine Dependency on Behavioral Health

Over 22% of adults in the U.S. experience a mental health disorder, yet people with mental health conditions make up 36% of all cigarettes smoked in the U.S.<sup>4</sup> This inequity is a result of the tobacco industry's long practice of targeting people with mental health conditions. Industry documents revealed cigarette donations, promotions and giveaways specifically provided to psychiatric facilities. The tobacco industry has also contributed to misinformation, funding misleading research studies that claim cigarettes will “improve your mood” or “help you relax.”

American Indian and Alaska Native peoples have been associated with higher prevalence rates of mental health conditions and psychiatric diagnoses than non-Indigenous population groups. These diagnoses include post-traumatic stress disorder (PTSD), substance use disorders and suicidal behaviors.<sup>5</sup> As a result, Indigenous communities experience a greater burden of nicotine addiction than other populations.<sup>6, 7, 8</sup>

## Quitting Can Make Behavioral Health Treatments More Effective

- Nicotine has mood-altering effects that can temporarily mask the negative symptoms of mental health disorders, putting people with such disorders at higher risk for cigarette use and nicotine addiction.<sup>7, 8</sup>
- Tobacco smoke can interact with and inhibit the effectiveness of certain medications taken by patients with behavioral health conditions, often resulting in the need for higher medication doses to achieve the same therapeutic benefit.<sup>9</sup>

Behavioral healthcare teams have a critical opportunity to concurrently address tobacco use disorder and offer treatment alongside other services that support people in the community, including people receiving substance use disorder (SUD) treatment and treatment for serious mental illness (SMI). There are safe, effective treatments for tobacco use disorder (TUD), including behavioral therapies such as evidence-based cessation counseling and FDA-approved medications. The seven FDA-approved medications include nicotine replacement therapy in the form of patches, gum, lozenges, inhaler and nasal spray as well as varenicline and bupropion.

- The nicotine dependence rate for individuals with behavioral health disorders is two to three times higher than the general population.<sup>9</sup>
- Individuals with a diagnosis of PTSD are about 22% more likely to smoke, compared to individuals without PTSD.<sup>10</sup>
- People with a serious mental illness who smoke have an increased risk of dying from cancer, lung disease and cardiovascular disease<sup>11</sup> and account for more than 200,000 (38.5%) of the 520,000 tobacco-related deaths each year.<sup>12</sup>
- About half of deaths among those hospitalized for schizophrenia, depression or bipolar disorder are from causes linked to smoking commercial tobacco.<sup>13</sup>
- Commercial tobacco use causes more deaths among individuals receiving substance use treatment than alcohol or other substance use.<sup>14</sup>
- More than 80% of youth with substance use disorders report current tobacco use, most report daily smoking and many become highly dependent, long-term tobacco users.<sup>15</sup>
- Participation in smoking cessation efforts while engaged in substance use treatment has been associated with a 25% greater likelihood of long-term abstinence.<sup>16</sup>
- 70 to 80% of individuals receiving substance use disorder treatment have expressed an interest in tobacco cessation.<sup>17</sup>

For more information, please visit American Lung Association's [Behavioral Health & Tobacco Use](#) website, which features statistics on behavioral health, mental health and commercial tobacco's role in morbidity and mortality. For additional tools and curated partner resources to support tobacco cessation work, please check out American Lung Association's [Integrating Tobacco Use Disorder Treatment in Behavioral Health Settings](#), which is based on feedback from key stakeholders, including state and local tobacco control program staff, behavioral health program staff, clinical care providers and other content experts.

# The Use of Data and Data Sovereignty in Indigenous Communities

Data are an important instrument for surveillance and control in land management and public health; however, data have also been used as a tool to disempower and marginalize Indigenous communities, which has been a common strategy to support oppressive colonization in North America.

**“Indigenous data sovereignty is the right of a nation to govern the collection, ownership, and application of its own data. It derives from tribes’ inherent right to govern their peoples, lands, and resources.”**

*- The United States Indigenous Data Sovereignty Network*

## Framing Data and Health Communications

Data is an essential element of health communication and is used to shape community norms and drive individual and collective behavior change. However, the framing of data can be overlooked when creating effective health communications, particularly those targeted to marginalized populations. Data that is communicated primarily as health outcomes can unintentionally bolster negative and harmful biases about populations that are significantly harmed by commercial tobacco. Health communications that frame data to promote health justice, rather than health outcomes, can be more effective in creating the necessary changes that reduce tobacco-related health disparities experienced by Indigenous communities and other marginalized populations.



Data framed as health outcomes tend to place blame on an individual’s personal choice, which in turn shifts the focus away from the powerful negative impacts created by tobacco industry marketing tactics and unhealthy social environments that are sanctioned by the lack of strong public health protections. As the tobacco control movement has evolved, attention has shifted away from individual choice and has been refocused on the tobacco industry’s responsibility, access to healthcare and the need for strong public health policy that offers environmental protections to youth, workers and communities at large. Framing data in a way that exposes unfair circumstances or conditions that are a concern of the community can motivate community leaders and policymakers to develop policies and protections that strive to achieve health justice and positive social norms.





## Big Tobacco Marketing Tactics

Tobacco counter-marketing campaigns and messaging can be effective in urging Indigenous youth and young people to abstain from commercial tobacco. Storytelling and advocacy made by and for Indigenous communities are effective in reestablishing norms around tobacco use. Creating messages that reflect values held by individual tribes and communities can counter the use of commercial tobacco and encourage people to reclaim the traditional and sacred use of tobacco. Indigenous youth-generated media engages other Indigenous youth, bringing a trusted voice of other peers that is both educational and aspirational.

### The Power of Messaging

- To maintain profits and ensure their economic future, tobacco companies must attract young smokers to replace smokers who die from tobacco-related illnesses.<sup>18</sup>
- The tobacco industry spends nearly \$1 million dollars per hour (\$23.0 million each day) on marketing products nationwide.<sup>19</sup>
- Research studies have found that kids are three times as sensitive to tobacco advertising as adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure.<sup>20, 21</sup>
- For decades, the tobacco industry has incorporated Native imagery and cultural significance into the branding of its products.
- The tobacco industry has used Native American culture to mislead customers into thinking that its products are natural and healthy for its own profit.
- Creating messages that reflect values held by individual tribes and communities through storytelling is a way of countering the use of commercial tobacco and encouraging people to reclaim the traditional sacred use of tobacco. The American Indian Cancer Foundation collaboration music video *Pejuta Wakan: Sacred Medicine* counters decades of the tobacco industry's oppressive appropriation and misrepresentation of Native American cultures by highlighting the importance of traditional tobacco in the lives of today's Indigenous youth.

# Best Practices

## Culturally Tailored Treatment Services – Creating Cultural Relevancy

Identifying the unique characteristics of the intended recipients of the tobacco control intervention is important because it defines its identity, which will directly inform marketing, recruiting, as well as the tailoring of strategies, materials and intervention methods. Ensuring that an intervention is culturally responsive to Indigenous communities can be accomplished by either creating a new intervention that is culturally tailored from its inception or by culturally adapting an existing intervention to a specific group. A surface level adaptation may include the use of photos that represent the intended population, as well as the use of Native languages and imagery. A deeper structural approach **embeds values, practices and traditions that reflect behaviors and views of the world that support wellness** of the intended population. These would include social, cultural, environmental and historical elements that influence health-related behaviors and practices. Developing or adapting culturally tailored interventions requires the genuine inclusion and involvement of stakeholders. This could include peer-based recruitment and delivery methods when creating or adapting materials to ensure content is relevant and significant. It is also essential to account for accessibility and to reduce effort and barriers that are identified by the participants of the intervention.



## Relationship Building and Community Engagement

With communal programs and initiatives, Indigenous communities can support and better promote healthy behaviors. By enabling tribal community members, employees and leaders to live in a commercial tobacco-free environment, the quality of care in the tribal health systems and the tribal nation as a whole are greatly enhanced.

In Indigenous communities, the word “policy” may be directly associated with historical trauma. Governments often used policies to oppress Indigenous people, and many individuals and communities have a negative relationship with the word. Within the context of historical trauma, the word “policy” represents the regulations the federal government used to further marginalize, impoverish and assimilate Indigenous communities.

To establish a positive relationship with tribal members and leadership, the Western approach to policy development must be reframed. To implement change successfully and cohesively, policy development must be collaborative and include participation from within the community. The framing must include the community and instill the community’s most important values. For communities that use sacred tobacco, incorporating its sacredness and teachings may be beneficial to support passing and implementing tobacco policy through tribal resolutions. For communities that do not use sacred tobacco, traditional values must be included to support the adoption of commercial tobacco control measures.

Policy work is possible in Indigenous communities. By listening and engaging with community members and leadership, and reframing the complexities of policy development, a community that promotes healthy living is possible. The infographic “[Sacred Traditional Tobacco for Healthy Native Communities](#)” may be helpful in visualizing potential partnerships and collaboration.

Additionally, the “[Keep Tobacco Use Sacred eGuide](#)” was designed to assist tribal communities and organizations to identify resources, learn established best practices and take action to implement comprehensive, community-based commercial tobacco prevention and control initiatives. The toolkit recognizes the significance of tribal sovereignty and the ability to mirror successful national and state policies.



## The Power of Partnership and Community Collaboration

Solving multifaceted challenges through partnerships can help to make a big problem more manageable. Partnerships enable teams to bring the best of their talents and strengths forward. Every person or organization has unique strengths that can help work toward a unified goal or solve a shared problem.

There are valuable and uniquely positioned partners at every step of the commercial tobacco control process. If all partners jointly support a person's choice to quit nicotine, their chances of staying quit can improve.

These partnerships could include:

- A school partnering with local organizations to offer tobacco cessation support or tobacco prevention education
- A teacher educating about the dangers of commercial tobacco use and nicotine dependency
- A family member helping build new routines that don't include using commercial tobacco products
- A doctor asking about commercial tobacco use at a checkup
- A workplace having a smoke/tobacco-free policy
- A pharmacist providing nicotine replacement therapy

## Community Engagement Opportunities for Commercial Tobacco Control

- [Restricting Tobacco Advertising](#) and promotions at the point-of-sale are effective strategies for counteracting the tobacco industry's efforts to attract new, current and recently quit smokers.
- [Secondhand Smoke Protections](#), provided by tribal resolutions and other formal tribal government policies, reduce the impact of secondhand smoke and aerosol and de-normalize commercial tobacco use.

- [Smokefree Casinos](#) protect the health of casino workers and open the doors to new patrons with higher disposable incomes. Financial benefits include lower cleaning and maintenance costs, fewer employee sick days from secondhand smoke and aerosol exposure, and potentially lower health insurance costs. During the COVID-19 pandemic, many tribal communities instituted voluntary prohibitions on smoking in casinos located on sovereign tribal lands.
- [Smokefree Parks](#), playgrounds and other recreational areas reduce the negative health effects of secondhand smoke and aerosol exposure and help to de-normalize commercial tobacco use, especially in the eyes of children.
- [Sales Restrictions on All Flavored Tobacco Products](#) protect young people from nicotine addiction. Flavors play a big role in the youth e-cigarette epidemic. Close to 85% of youth who vape use flavored products.
- [Smokefree Multi-unit Housing](#) policies reduce serious health threats to children and adults. Secondhand smoke and aerosol can drift from other units and common areas and travel through doorways, cracks in walls, electrical lines, plumbing and ventilation systems.
- [Smoke and Vape-free Homes and Cars](#) can protect children from everyday exposure to secondhand and thirdhand smoke and aerosol. Many states and communities have passed clean indoor air laws, but family rules against smoking and vaping in homes and cars are often overlooked when it comes to protecting children in their most frequented environments.
- [Tobacco-Free Campuses](#) protect employees and students from exposure to secondhand smoke and aerosol on college campuses while preparing students to meet the expectations of healthy work environments.

For additional resources to support commercial tobacco-free policy implementation, please visit American Lung Association's [Property Managers Guide to Adopting a Smokefree and Commercial Tobacco-Free Policy](#).

## Inspiration: Success Stories

### Engaging Public Health Professionals: 2022 National Tribal Tobacco Conference

As a unifying effort to reduce commercial tobacco use, to reclaim sacred tobacco use and to help achieve health equity for Indigenous people, the National Tribal Tobacco Conference emerged to bring together tribal health representatives, public health professionals, researchers and allies from across the United States to build on the successes and to learn from the setbacks in reducing commercial tobacco use among Indigenous persons.

This conference, along with many other similar events and initiatives, utilized the power of partnership and collaboration throughout the process to plan a successful event:

- [The National Native Network](#) kicked off planning by collecting ideas and feedback on the commercial tobacco prevention and control needs of Indigenous people via a roundtable event.
- The Network is made up of **partners** including tribes, tribal organizations and health programs working to decrease commercial tobacco use and cancer health disparities among American Indians and Alaska Natives.
- The Network is **jointly funded** by the [Office on Smoking and Health](#) and [Division of Cancer Prevention and Control](#).
- The roundtable included a **diverse range of attendees**, including Indigenous community members, public health professionals and tribal smoking cessation experts from across the country.

One outcome of the roundtable event is that it identified the need for a conference focused on reducing commercial tobacco use among American Indian and Alaska Native tribes.

To address this need, the collaborations continued. A **conference steering committee** including Indigenous public health professionals, community liaisons and allies representing major stakeholders in Indigenous health began meeting biweekly to organize and plan the conference. The committee invited presenters from across the country to **share their knowledge** with the audience and spread their experiences and successes to inspire and instruct their Indigenous brothers and sisters.

**“Using a holistic approach, we focused on getting things done by working with the environment and surroundings.... Instead of using just facts, we show the process of how it comes back to the individual.”**

*- SEARHC Representative*

### Furthering Health Systems Change: SEARHC – Southeast Alaska Regional Health Consortium

In the state of Alaska, there are 229 recognized tribes and one reservation. Many Alaska tribal villages are rural and miles away from big cities and towns. Some communities have limited access to health centers, grocery stores, gas stations and other essential services. If accessible, some items may be very expensive due to limited supply and cost of shipping. Additionally, many Alaska tribal villages and communities are only accessible by plane, snowmachine or boat. With the introduction of tobacco from Western traders centuries ago, Alaska tribal communities have culturally and socially accepted commercial tobacco. Although tobacco is not part of any ceremonial, religious or medicinal use in Alaska, it is still utilized in traditional activities, like hunting, berry gathering and fishing. Alaska Natives in the northern and southwestern part of the state often use a unique form of smokeless tobacco called iq'mik, which is made from the ashes of a tree fungus, loose left tobacco and coffee.

Before the [Southeast Alaska Regional Health Consortium](#) (SEARHC) had the ability to complete electronic referrals for cessation services for patients, SEARHC could only process fax and physical referrals. Due to Alaska's vast geography, access to health resources was limited and distance made it challenging for physical referrals to be processed quickly. As a result, patients often had to wait several weeks to receive the commercial tobacco cessation kits or resources. It's important to provide immediate support to people who use commercial tobacco and want to quit when their motivation is present. If the tobacco user must wait for support services, it is possible they may no longer be motivated to quit.





Using electronic health record (EHR) systems and electronic referrals for commercial tobacco treatment services is a proven systems-level change that can help people recovery from nicotine dependence. After approval from SEARHC leadership, the electronic referral system was tested with patients and was a huge success. After the test run, SEARHC implemented the electronic referral system into additional health centers, including clinics in tribal villages and communities. All staff and employees who use the EHR system complete a training series that provides guidance on how to promote the well-being of all patients seeking to quit nicotine. The new electronic referral system is successful and breaking many barriers in rural Alaska.

### **Key Tactics Used to Reach, Involve and Mobilize the Community**

The electronic referral system helps advance health equity in rural settings. An electronic health record system (EHR) allows for a quicker and more streamlined referral process; however, some community members who are less familiar with advancing technologies still prefer the clinics to use physical or fax referrals. In these situations, the EHR system acts as a complementary referral service to the preexisting physical and fax options. Direct entry of electronic referrals

allows patients to pick up commercial tobacco cessation resources such as nicotine replacement toolkits from their local pharmacy. In addition, a new policy allows pharmacies to distribute nicotine replacement therapy kits without a referral. The nicotine replacement toolkits distributed by local pharmacies are tracked in the electronic referral system and can be accessed by different providers including doctors, behavioral health clinicians, counselors, etc. Using the patient's electronic record, SEARHC is able to confirm whether patients receive cessation information and resources the same day of entry.

The current data are still being analyzed by SEARHC, the [State of Alaska Department of Health](#) and [Alaska's Tobacco's Quitline 1-800-QUIT-NOW](#).

For additional information on utilizing EHR Systems and other system-level changes to support commercial tobacco cessation, visit the [American Lung's Resource Hub for Effective Tobacco Cessation Coverage and Health Systems Change](#) – this site hosts a library of resources including factsheets, case studies, webcasts, podcasts, toolkits, public health roadmaps and more.

**“To implement change, you have to be sensitive to the community and you have to explain why we need adapt to protect the children and elders from commercial tobacco.”**

*- Copper River Native Association Health Representative*

## **Serving Rural Populations: The Copper River Native Association (CRNA) Tobacco Prevention and Control Program**

Due to the high rate of commercial tobacco use in Alaska Native communities and exposure of Alaska Native adults and children to secondhand smoke, the Copper River Valley Region recognized the need for commercial tobacco and secondhand smoke education and prevention in the region. In addition, the Copper River Valley Region recognizes the commercial tobacco prevalence in workplaces and homes, which has resulted in adverse health effects for Alaska Native adults and children.

The Copper River Native Association (CRNA) Tobacco Prevention and Control Program serves multiple Native Alaska Villages in the Copper River Valley. Over time, CRNA developed programs and resources to educate on the dangers of commercial tobacco and secondhand smoke for youth groups, Head Start programs, health fairs, home school programs, business owners, government programs, tribal entities and others. CRNA trained staff to assist community members with finding the best possible option to quit commercial tobacco use. Partnering with the [Southcentral Foundation for Alaska Native/American Indian and Alaska's Tobacco Quit Line \(1-800-784-8669\)](#), CRNA can issue referrals for individuals to receive a telephone call, text or online counseling and nicotine patches, gum and lozenges.

Prior to the COVID-19 pandemic, CRNA offered in-person educational presentations about the dangers of e-cigarettes, secondhand and thirdhand smoke exposure, commercial tobacco addiction, smoke-free housing (tenants/landlords) and assistance with smoke-free workplace policy adoption. Community members highly valued the in-person intervention when it was available due to unreliable internet access and the sense of community created at in-person events.

With support from CRNA and as defined in Section 4 of the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, 25 U.S.C. 450b, eight Alaska Native Villages in the Copper River Valley Region passed the Resolution for the Control and Elimination of Tobacco in the Work Place and Enclosed Public Places.

In addition, all the Copper River Valley Region villages that passed the resolution must have signs prohibiting the use of commercial tobacco indoors and within 20 feet from any entrance.

## **The Impact**

Within the different villages and communities, there is now an electronic referral system for tobacco cessation. After each referral submission, a Copper River Native Association staff reaches out to the individual seeking cessation support. Close bonds in the community led people to request cessation support from known and trusted CRNA staff. To help strengthen bonds of newer CRNA staff with the village members, new staff will shadow the requested, trusted CRNA employees on their cessation support outings.

The villages sought a more permanent wellness initiative after introduction to cessation support visits. CRNA developed a new community wellness program in direct response to community interest following the beneficial changes the villages made to live a healthy and nicotine-free lifestyle. In person wellness education and support is always preferred, but in light of the COVID-19 pandemic, CRNA shifted to different outlets that could be offered within the COVID safety protocols, including the local newspaper, social media, website and physical education kits for students and community members.

## Engaging Indigenous Youth: Project SUN (Stop the Use of Nicotine)

Most evidence-based interventions are not tested with culturally diverse populations. Indigenous youth have unique needs that are often overlooked by schools, social services and healthcare systems. Consequently, unique opportunities for support may also be missed. Culturally tailored interventions, thoughtfully designed or adapted for Indigenous youth, can address these needs and improve health outcomes.

Project SUN (Stop the Use of Nicotine) is a tobacco use cessation program for American Indian teens, developed by the Department of Population and Public Health Sciences (DPPHS), at the University of Southern California's Keck School of Medicine. Project SUN is a deep structural cultural adaptation of [Project EX](#), an existing evidence-based cessation intervention for youth.

Project SUN is presented as an eight-session curriculum delivered over a six-week period and emphasizes coping with stress, dealing with nicotine withdrawal, practicing relaxation techniques and avoiding relapse; however, the curriculum has been “indigenized” to ensure that the intervention is culturally responsive to Native youth. Cultural practices, such as use of the talking circle, are included in the session activities. Values, practices and traditions that resonate with Indigenous youth, including the differences between sacred and recreational tobacco use, are also embedded within the strategies and activities of the curriculum, providing a necessary cultural context.

Activities incorporated within the Project SUN curriculum encourage students to assemble facts and discover their beliefs about commercial tobacco use to help them draw logical conclusions that will support them with personal decision-making for wellness. Importantly, the curriculum highlights the making of a personal commitment to quit the use of nicotine and compels students to review their commitment throughout the program.

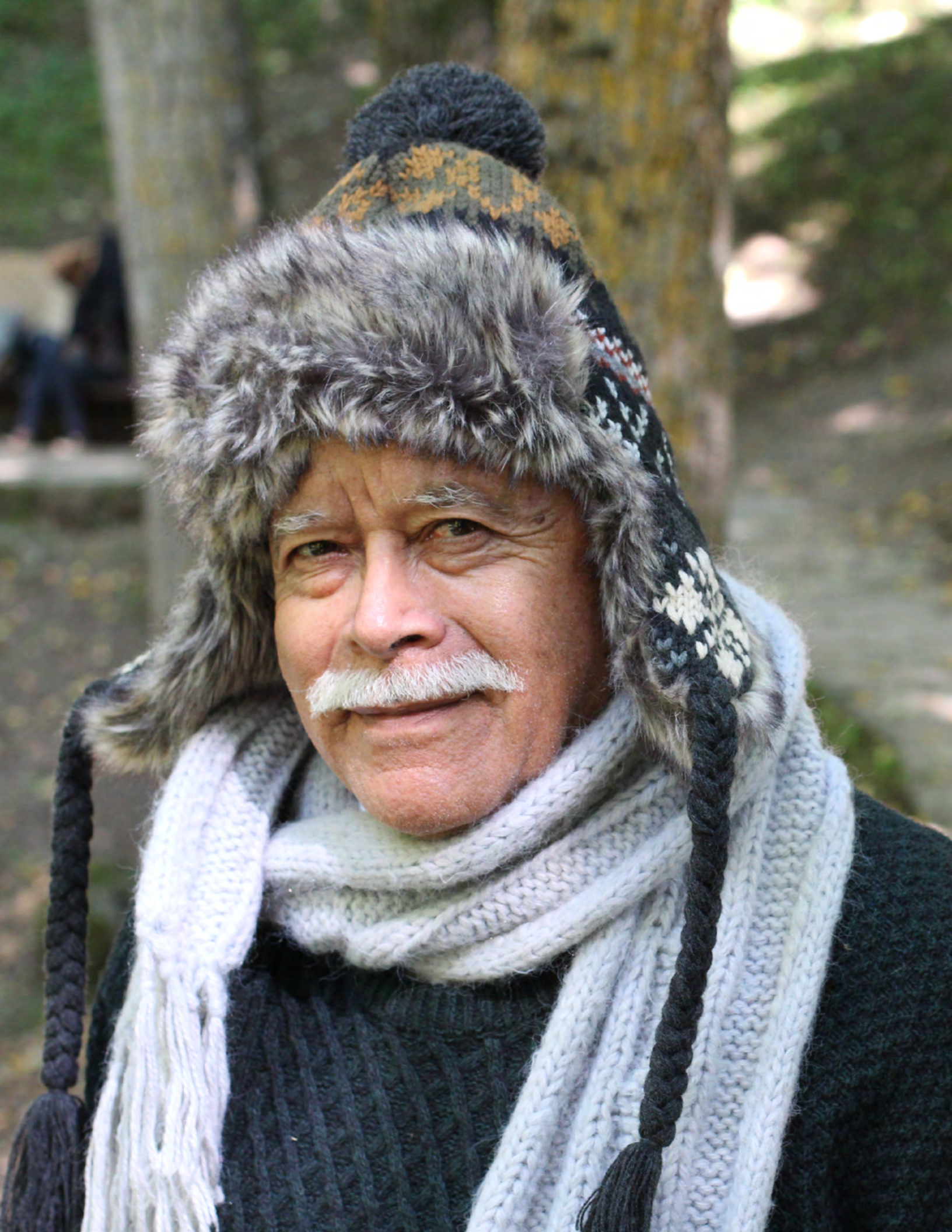
Using pre- and post-surveys, Indigenous youth from tribal, rural and urban areas across California self-reported the benefit of participating in Project SUN, through prevention, intervention or direct cessation components of the curriculum. After participating in the pilot phase of the project,

youth in one rural community were impressed by the possibility of a non-punitive alternative for themselves or their peers when in violation of their school's commercial tobacco policy. This has led to the creation of a new pilot project driven and directed by those very youth who will now engage with their area's school boards to create a series of culturally relevant intervention and cessation services.



For more information about implementing Project SUN in your school-based clinic or classroom setting, please [email](#) the team.







## Youth Empowerment Programming: RurAL CAP RurAL CAP: Youth Empowering Alaskans' Health (YEAH)

“Change can begin from the smallest source in the community...” - RurAL CAP Representative, sharing about how a project can grow.

The Rural Alaska Community Action Program (RurAL CAP) strives to address the local challenges in Alaska communities and villages through community wellness, youth development, tribal justice and victim service initiatives.

The mission of RurAL CAP is to empower low-income Alaskans through advocacy, education, affordable housing and direct services that respect the unique values and cultures of the diverse Alaska communities and Indigenous villages. RurAL CAP's vision is to have a healthy and sustainable community that will allow the vibrant Indigenous cultures to thrive.

Since 2018, the Rural Alaska Community Action Program (RurAL CAP) hosts the annual Youth Encouraging Alaska's Health (YEAH) Summit. The conference is led by youth volunteers and encourages youth to cultivate leadership, foster creativity and develop self-esteem while addressing the use of commercial tobacco and nicotine addiction.

In addition to building a tobacco-free Alaska, RurAL CAP recruits YEAH Teen Ambassadors each year. This statewide youth advocacy coalition recruits volunteers between the ages of 12 and 18 to educate communities and schools about the negative impact of commercial tobacco. While the ambassadors develop their educational projects, they are also organizing their content to present at the annual YEAH Summit. RurAL CAP hopes that upon completion of their projects, the YEAH volunteers will continue to take leadership in their community to prevent commercial tobacco use among youth.

## Tactics Used to Reach, Involve and Mobilize the Community

Before planning the annual YEAH Summit, RurAL CAP health representatives deliver in-person outreach to different communities and villages. During these in-person gatherings, the outreach representatives will specifically engage with youth to present on the topics of commercial tobacco, secondhand and thirdhand smoke exposure, e-cigarettes and the YEAH Teen Ambassador Program.

In addition, RurAL CAP health representatives begin the recruitment process with a YEAH introduction and a request for youth to participate. Selected volunteers participate in training workshops in interpersonal communication, public speaking, online engagement, foundation in commercial tobacco work and advocacy and digital media production.

YEAH Teen Ambassadors work includes:

- Monthly communication for YEAH updates and technical support
- Commercial tobacco education and prevention in-person or virtual activities
- Involvement with national tobacco prevention days
- Participation in local and regional events (e.g., health fairs, school events, etc.)
- YEAH Summit planning and preparation
- Video development that will be shared with schools, communities, public events, etc.

At the conclusion of the annual YEAH Summit, youth participants will take away the tools learned during their program to live and promote a healthy and nicotine-free lifestyle. At the end of their service, YEAH Teen Ambassadors will continue to serve as leaders for building a tobacco-free Alaska and will use the knowledge gained back to their schools and communities to encourage their peers and others to end commercial tobacco addiction.

**YEAH Teen Ambassador Carrie Damian shares her video titled “Voices,” where she recalls her experience when vape products made their appearance in her village.**

## RurAL CAP: Resilient Alaska Youth (RAY) – AmeriCorps Program

RurAL CAP's Resilient Alaska Youth (RAY) AmeriCorps program addresses the high rates of youth substance use and suicide in rural Alaska. Through different projects that cultivate resiliency, support relationship building and provide cultural identity, RAY is able to mobilize youth in different ways, including commercial tobacco and suicide prevention projects.

Using Project Venture, an evidence-based model recognized by SAMSHA and the National Registry of Evidence-Based Programs and Practices, the goal for RAY is to implement efficient and effective youth programming in different rural communities. Project Venture utilizes a strengths-based approach of using a concept of indirect and positive experiential learning. This method is considered a powerful and culturally appropriate means of education and development for Indigenous youth. Project Venture successes include reduction of risky behaviors, substance abuse, teen pregnancy, violence, depression and anxiety; and an increase in positive youth development indicators, such as competency, character and confidence.

### Key Tactics Used to Reach, Involve and Mobilize the Community:

RAY's primary goal is to establish youth groups and peer-to-peer intervention within tribal communities and villages. Through these youth groups, participants can establish relationships with community partners and adults to develop protective factors and build resiliency. The long-term goal is to build youth confidence to say "no" to different addictive substances and to live a healthy life.

RAY AmeriCorps members are recruited from different communities and are sponsored by a community partner. These community partners include tribal or city councils, schools or health clinics. During the project, the RAY AmeriCorps members are supervised by their sponsor and work closely with community members. Members are provided with comprehensive support and training.

A student asked  
**“Why did you drive all the way out here?”**

A RurAL CAP project representative responded with,  
**“You’re worth it. If we don’t put time into you, who will?”**

### The Impact:

RAY's main objective is to engage Alaska youth. Through multiple settings, RAY AmeriCorps members facilitate youth learning, growth and resilience through robust youth programming. RAY programs are provided in schools, after-school and out-of-school programs.

- **In-School Program:** youth participants engage in positive activities in classroom environments. These activities allow youth to build skills and to gain interest in the after-school programming.
- **After-School Program:** youth are supported outside of the classroom and in a safe environment. Youth are still challenged and engage in activities that allow them to thrive.
- **Out-Of-School Program:** RAY AmeriCorps members gain training and support to host multi-day overnight trips with youth and community volunteers.





## Smoke-free Spaces: Nítch' Éí Bee Íiná – Air is Life

The U.S. Surgeon General has found that there is no safe level of exposure to commercial tobacco secondhand smoke. Secondhand smoke causes lung cancer and heart disease and worsens existing health conditions including asthma and COPD. Gaming facility employees often suffer more severe secondhand smoke exposure than other workers. Eliminating smoking and vaping in indoor spaces is the only way to effectively protect employees and patrons from the dangers of secondhand smoke and e-cigarette aerosols. State and municipal clean indoor air laws have often exempted casinos. Additionally, as sovereign nations, tribes have not benefited from the protections provided by state clean indoor air laws, which has created a disparity in public health standards that negatively affects the health of casino workers and guests.

In November 2021, the “Nítch' Éí Bee Íiná – Air is Life Act of 2021” was signed into law, which prohibits the use of commercial tobacco products, including combustible cigarettes, pipes, cigars, e-cigarettes and smokeless tobacco products, in enclosed and indoor areas on the Navajo Nation. The new law does not restrict commercial tobacco use in private residences unless operated for childcare, adult daycare, healthcare or home offices. Importantly, the Act does not prohibit using commercial tobacco or *dził notáh*, also known as mountain smoke, for ceremonial or cultural purposes within the Navajo Nation.

### Perseverance:

This monumental accomplishment came from humble beginnings, starting in 2006 when a small group of people came together and received a grant from the CDC to reduce smoking and smokeless tobacco use within the Navajo Nation. Years of perseverance, education, collaboration and grassroots efforts went into making the Act possible.

### Timeline

- 2006 – “Team Navajo” is founded and begins work to reduce smoking and smokeless tobacco use within Navajo Nation with funding from a CDC grant
- 2008 – Clean indoor air legislation vetoed by Navajo Nation President, citing potential for negative impacts on gaming gross revenue receipts
- 2009 – Clean indoor air legislation reintroduced, exempting casinos, but does not make it for a vote by the Council
- 2011 – A clean indoor air legislation, exempting casinos, is vetoed by the Navajo Nation President who supported a more complete law to protect the health and well-being of Navajo Nation
- 2014 – A traditional healer group within Navajo Nation adopted a commercial tobacco policy banning commercial tobacco within its ceremonies
- 2017 – The Air is Life Health Coalition attempted a Peoples Initiative through a public referendum but was unable to come up with the necessary number of signatures in the limited time available
- 2020 – The Navajo Gaming venues closed due to COVID-19 restrictions
- 2021 – Navajo Nation Gaming Enterprise casinos reopened as smoke-free to abide by COVID-19 safety protocols
- November 6, 2021 – The Navajo Nation Nítch' Éí Bee Íiná – Air is Life Act of 2021 is signed into law by the Navajo Nation President

To support the adoption of this policy, public opinion data specific to the Diné people was collected through surveys, focus groups and interviews. The information collected was presented at community presentations and prevention activities.

Traditional healers also played a significant role in the passage of the Act. The Team Navajo Health Coalition and the [Air is Life Health Coalition](#) provided education and resources to two distinct Navajo traditional healer organizations in the Navajo Nation.

Making the distinction between “Dził Nát’oh” or sacred tobacco and commercial tobacco sets essential groundwork for commercial tobacco prevention activities to be culturally appropriate and relevant for the Navajo people. By speaking about the harmful use of commercial tobacco and advocating for the ceremonial use of Dził Nát’oh in Navajo Nation, the traditional healers continue to be a vital voice in decolonizing and reclaiming tobacco for the Navajo people.

A digital story project that included the traditional healer groups was produced that included four educational videos, “[Navajo Traditional Healer Perspectives on Commercial Tobacco: A Digital Story Project](#),” which has been successfully used to raise community awareness and support for the Navajo Air is Life Act of 2021.

Tribal sovereignty and strong public health policy are key to the decolonization of tobacco. By saying no to the tobacco industry and passing the Navajo Air is Life Act, the Navajo people are exercising tribal sovereignty.







## Resources: Professional Development Trainings

### For Professionals Working with Adults

#### **Beginner: Tobacco Basics**

The American Lung Association's Tobacco Basics is a free one-hour online course including five learning modules designed to lay the foundation in understanding the toll of commercial tobacco use in the U.S. In this course, participants will learn the difference between commercial tobacco products, including e-cigarettes and vaping devices; the effects of commercial tobacco use on the human body and brain; nicotine dependence and why quitting is so challenging; proven policies that protect public health from the toll of commercial tobacco; and the programs available to help all commercial tobacco users successfully quit for good.

#### **Intermediate: How To Help People Quit**

The American Lung Association's How To Help People Quit training is a free, one-hour online course including four interactive learning modules designed to further enhance understanding of the Lung Association's core beliefs about tobacco cessation, as well as understanding behavior changes, interventions and treatment needed to help people quit for good. Specifically, participants of this course will enhance their skill set in recognizing types of resistance to change, conducting brief interventions, utilizing principles of Motivational Interviewing to resolve uncertainty, identify FDA-approved medications to help individuals break tobacco dependency, and connect quitters with American Lung Association's tobacco cessation resources for both youth and adults. Become a lung champion and complete this course to be a navigator of the cessation process, increase effective quit attempts, lead efforts toward fostering healthier tobacco-free generations and further build tobacco-free communities.



### **Advanced: Freedom From Smoking Facilitator Training**

Those trained and certified as Freedom From Smoking® Facilitators will have the ability to provide commercial tobacco users who are ready to quit with a strong proven-effective cessation program to end their addiction to nicotine and begin new tobacco free lives in a supportive group setting, led by a trained, certified facilitator. Since it was first introduced over 40 years ago, the American Lung Association's Freedom From Smoking program has helped over one million Americans end their addiction to nicotine and begin new tobacco-free lives. Freedom From Smoking is based on proven addiction and behavior change models (including the Social Cognitive Theory, Transtheoretical Model and Motivational Interviewing). The program offers a structured, systematic approach to quitting, and its positive messaging emphasizes the benefits of better health. The Freedom From Smoking facilitator training is an eight-hour interactive course designed to prepare individuals to lead FFS groups. The facilitator training explains nicotine addiction, reviews program content and implementation strategies, and builds facilitator skills for conducting group processes with adults. Facilitator Training registrants will learn and experience

- How to facilitate eight interactive group sessions
- Strategies to overcome challenges that may arise
- Equipping participants in how to address potential roadblocks

Cost to participate in the facilitator training is \$400, which includes the three-year Freedom From Smoking facilitator certification and recertification opportunities at no cost. All interested individuals must not have used commercial tobacco in any form for 12 months or longer.

### **Advanced: Ask, Advise, Refer to Quit Don't Switch**

The American Lung Association's Ask, Advise, Refer to Quit Don't Switch is a free one-hour on-demand training that is based on the CDC's Ask-Advise-Refer model and utilizes updated tools and strategies for conducting an effective brief tobacco intervention with patients identified as tobacco users, including e-cigarettes. This online course seeks to target healthcare professionals who may have direct contact and may initiate a brief tobacco intervention.

## **For Professionals Working with Youth**

### **Beginner: Tobacco Basics**

The American Lung Association's Tobacco Basics is a free one-hour online course including five learning modules designed to lay the foundation in understanding the toll of commercial tobacco use in the U.S. In this course, participants will learn the difference between commercial tobacco products, including e-cigarettes and vaping devices; the effects of commercial tobacco use on the human body and brain; nicotine dependence and why quitting is so challenging; proven policies that protect public health from the toll of commercial tobacco; and the programs available to help all commercial tobacco users successfully quit for good.

### **Intermediate: INDEPTH – Alternative to Suspension Facilitator Training**

The American Lung Association's INDEPTH® (Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health) program is a free on-demand alternative to suspension or citation program that is offered as an option to students who face suspension for violation of school tobacco use policies. This free three module certification training prepares adults to implement the four-module INDEPTH course for students ages 14-19. Upon successful completion of the INDEPTH training, facilitators will receive three-year certification and access the INDEPTH Facilitator Guide and resources to plan and implement the program.

### **Advanced: Not On Tobacco Facilitator Training**

The American Lung Association's Not On Tobacco® (N-O-T) Facilitator Training is a six-hour course designed to prepare school and community organizations to implement the N-O-T youth tobacco cessation program delivered in a group-format cessation programming for youth ages 14-19 in a school or community-based setting. Not On Tobacco (N-O-T) is an evidence-based approach to help youth ages 14-19 quit or reduce their tobacco use, including e-cigarettes. The N-O-T Facilitator Training Course consists of three INDEPTH modules and six N-O-T modules. Upon successful completion, you will receive three-year certification and access the N-O-T Facilitator Guide, Participant Workbook and additional program resources. The cost is \$400 per person for this behavior modification facilitator certification course.

### **Advanced: Ask-Counsel-Treat (ACT) For Youth Cessation**

The American Lung Association's ACT to Address Youth Cessation Training is a free one-hour on-demand, online course that provides an overview for healthcare professionals, school personnel and community members in youth/adolescent supportive roles in conducting a brief intervention for teens who use commercial tobacco. Based on the [American Academy of Pediatrics' Youth Tobacco Cessation: Considerations for Clinicians](#), the session outlines the steps of Ask, Counsel, Treat and provides guidance, support and best practices for effectively delivering ACT as a brief intervention for adolescents who identify as commercial tobacco users, including e-cigarettes.

### **Advanced: Vape Free Schools Initiative**

If you are an educator committed to helping students navigate the youth vaping epidemic, we have programs to help you in your efforts. Participating in the American Lung Association Vape-Free Schools initiative means that your school is a leader in supporting students affected by e-cigarettes, offering clear guidance, education and cessation. Completion of INDEPTH or N-O-T facilitator training courses along with a school policy assessment and review supports allows schools and organizations to be recognized by the American Lung Association as a member of the Vape-Free Schools Initiative.









## Resources: General Education

American Lung Association's general education materials can be culturally tailored to best reflect the Indigenous community you are working to serve. To have any of the following resources redesigned to include culturally competent language, imagery or artwork from the specific region and/or community you wish to serve, please complete our [request form](#) and allow up to four weeks for our design team to tailor those pieces you've requested.

- [Health Benefits of Quitting Tobacco Use](#)
- [Secondhand Smoke one pager](#)
- [Secondhand Aerosol one pager](#)
- [E-Cigarette Health Risk Fact Sheet](#)
- [Thirdhand Smoke one pager](#)
- [Is LC Screening Right for Me?](#)
- [Lung Cancer Resources](#)

## Resources: Program Referral

American Lung Association's program referral materials can be culturally tailored to best reflect the Indigenous community you are working to serve. To have any of the following resources redesigned to include culturally competent language, imagery, photos or artwork from the specific region and/or community you wish to serve, please complete our [request form](#) and allow up to four weeks for our design team to tailor those pieces you've requested.

- [Tobacco Programs Postcard \(adults\)](#)
- [Teen Cessation Program one-pager \(youth\)](#)
- [NOT for Me QR Code Referral Postcard](#)

## Resources: Commercial Tobacco Treatment Quick Reference Guides for Public Health Professionals

- [Advising on Cessation Medication](#)
- [Getting Ready for Your Next Office Visit – Quitting Tobacco Use](#)
- [Ask-Advise-Refer \(AAR\)](#)
- [Why It's Hard to Quit](#)
- [Stages of Change](#)
- [Using Scaling to Assess Readiness to Quit](#)
- [Motivational Interviewing](#)
- [Quit Attempts](#)
- [Tips to Quit](#)
- [Building a Tobacco Treatment Plan](#)
- [Youth Cessation: Ask-Counsel-Treat \(ACT\)](#)
- [Should My Patient Get Screened?](#)



# Resources: Technical Assistance for Furthering Health Systems Change

The [American Lung Association Tobacco Cessation Technical Assistance \(TA\) Team](#) is here to provide expert support to public health professionals and their partners who are working to improve tobacco cessation efforts in their communities. If you have questions about tobacco cessation coverage and/or health systems change, please email the Team at: [CessationTA@lung.org](mailto:CessationTA@lung.org) and visit [Lung.org/CessationTA](http://Lung.org/CessationTA).

## Resources: Partnering Organization Resources

- [Air Is Life Coalition](#) – Educating the public on the dangers and risks of secondhand smoke.
- [Americans for Nonsmokers' Rights](#) – Promoting smoke-free air through prevention education programs, information dissemination, technical assistance, training and lobbying.
- [Black Hills Center for American Indian Health](#) – Improving the health and wellness of American Indian tribes, communities and peoples through research, service, education and philanthropy.
- [Breathe Easy with Smokefree Casinos](#) – A toolkit for implementing smoke-free workplaces with a focus on the health and safety of the gaming and hospitality workforce.
- [ChangeLab Solutions Tobacco Disparities Framing Project Training](#) – Designed to help you use evidence-based framing to effectively communicate about tobacco-product related disparities.
- [FDA Next Legends Campaign](#) – A youth e-cigarette prevention campaign that aims to educate Indigenous youth, ages 12-17, about the harms of vaping.
- [Five Myths and Facts About People Smoking with Mental Illness and Addiction](#) – Six-minute video from Dartmouth that debunks myths about smoking and quitting in people with mental illness and addiction.
- [Historical trauma among Indigenous peoples of the Americas: concepts, research and clinical considerations](#) – A review of the conceptual framework of historical trauma, current efforts to measure the impact of historical trauma upon emotional distress and research, as well as clinical innovations aimed at addressing historical trauma among Indigenous peoples of the Americas.
- [Historical trauma as public narrative: A conceptual review of how history impacts present-day health](#) – A critical review of historical trauma and how it influences the health of individuals and communities.
- [Indigenous Governance Database](#) – Policy Brief: Data Governance for Native Nation Rebuilding.
- [Library from Georgia State University](#) – Provides examples of successful counter tobacco marketing campaigns as well as guidelines for creating new ones.
- [Native Land Information System](#) – One of the main goals of the NLIS is to empower Native Lands through data and support Native efforts to build stronger sovereign research capacity.
- [Project Venture](#) – Works through empowering Native youth to find adventure with an Indigenous mind.
- [Reclaiming Sacred Tobacco](#) – An award-winning Minnesota documentary that discusses the paradigm shift necessary to support nicotine addiction treatment in Indigenous communities.
- [RurAL CAP's Resilient Alaska Youth AmeriCorps Program](#) – Supports youth through in-school, after school and out-of-school activities in rural Alaska schools, tribal governments, city governments or youth serving non-profits.
- [Rural Health Information Hub](#) – Offers a comprehensive toolkit for health promotion and disease prevention in rural communities.
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#) – A paper created for all people working in healthcare at any level to build a framework to better inform and support integration of trauma-informed care to all sectors.



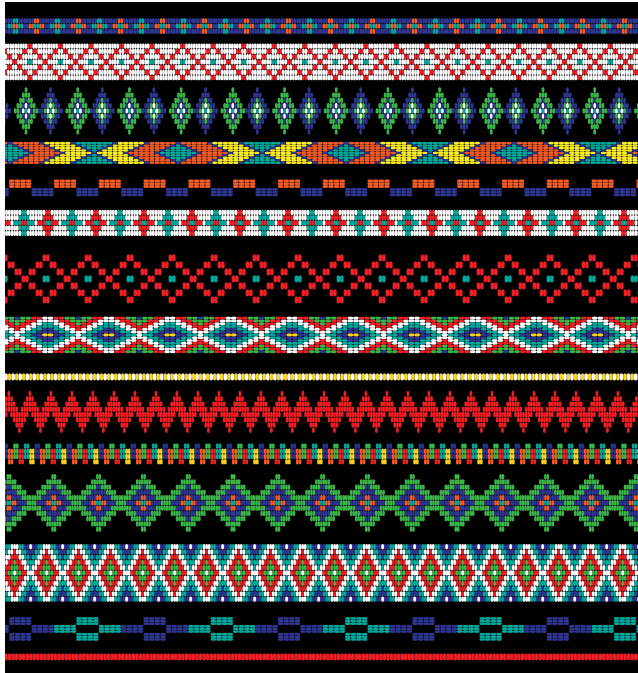


- [Smoking Cessation for Individuals with Serious Mental Illness](#) – SAMHSA infographic with mental health and tobacco statistics and succinct steps to quit.
- [Tips for Disaster Responders: Understanding Historical Trauma When Responding to an Event in Indian Country](#) – Tip sheet from SAMHSA for how non-tribal members can approach best serving Indigenous communities from a response that honors the Native experience.
- [Tobacco Cessation within American Indian and Alaska Native Communities](#) – A toolkit from the American Indian Cancer Foundation designed for providers, clinic teams and public health professionals.
- [Tobacco Where You Live: Native Communities](#) – CDC resource that provides resources to help you:
  - Develop strong relationships with Native leaders and members
  - Communicate the harms of commercial tobacco and respect the use of sacred tobacco
  - Work with tribes to tailor strategies to reflect their unique cultures, capacities and challenges
- [Two-Spirit And LGBTQ Indigenous Health](#) – A fact-sheet from Rainbow Health to introduce settler service providers to two-spirit and LGBTQ Indigenous health concerns as indicated in current research.
- [Youth Engagement Tips for Professionals](#) – Resource from [Youth.gov](#) for successful engagement with youth for healthy lives, sharing what healthcare professionals can do to engage teens.

# Terminology

- **Ceremonial Use** – when sacred tobacco is used as an offering or gift to the spirits or creator. Also, can be used to strengthen the house or tipi, as a form of binding a contract, for marriage ceremonies, for naming ceremonies, as showing appreciation and other private ceremonies.
- **Commercial Tobacco** – Commercial tobacco is manufactured by companies for recreational and habitual use in cigarettes, e-cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs and other products. Commercial tobacco is mass-produced and sold for profit. It contains thousands of chemicals and produces over 7,000 chemical compounds when burned, many of which are carcinogenic, cause heart and other diseases and premature death.<sup>22</sup> The American Lung Association recognizes and understands that many American Indian and Alaska Native communities consider tobacco to be sacred. Tobacco products as used in this guide refers to manufactured, commercial tobacco products and not to the traditional practices and use of tobacco seen in American Indian and Alaska Native communities. Ceremonial tobacco is natural, has no additives and is not flavored.
- **Electronic Nicotine Delivery Systems (ENDS)** – are devices allowing users to inhale an aerosol containing nicotine or other substances. ENDS are tobacco products. Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs) and e-pipes are some of the many terms used to describe them.
- **Gift** – when sacred tobacco is given to someone or to an animal or plant. This is a way of saying thank you and exchanging what is being asked for.
- **GONA & GOAN Model** – is an engagement model that successfully weaves together Indigenous protective factors, collective healing from historical and cultural trauma and healthy behavior is the Gathering of Native Americans (GONA) or Gathering of Alaska Natives (GOAN) Model. The GONA/GOAN model involves a wide range of community members in the planning process and reaches out to the whole community to join together and build the capacity necessary to sustain a community-wide effort to address and prevent community-identified issues. The GONA/GOAN is also a journey of healing and transformation. It is as much about healing the past as it is about building for the future. Strengthening and implementing these family and community approaches can support prevention efforts that can positively impact the long-term damage of colonialism, including the diminished access that modern-day Indigenous people may have to systems of traditional knowledge.
- **Historical Trauma** – refers to a complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation or circumstance. **To Learn more, please visit:**
  - [Trauma | The Administration for Children and Families \(hhs.gov\)](#)
  - [Psychiatry.org - Indigenous People](#)
- **Nicotine** – is the highly addictive and toxic chemical compound present in the tobacco plant. It is colorless and odorless.
- **Nicotine Replacement Therapies (NRTs)** – such as gum, patches, inhalers, nasal spray and lozenges are an FDA approved treatment to help tobacco users quit. These products provide a lower level of nicotine that can help reduce recovery symptoms while the person transitions to a new tobacco-free life. Nicotine replacement therapies are not tobacco products.





- **Offering** – when sacred tobacco is used to pray to the different directions, spirits and creator.
- **Sacred Tobacco** – sometimes referred to as “ceremonial tobacco,” or “traditional tobacco.” A plant that is found naturally or grown in tribal communities for prayer, smudging, medicinal use, gifting and offering. Sacred tobacco is sacred and ought to be used with respect. Additionally, sometimes “ceremonial and Traditional tobacco” does not include the nicotiana plant but is still referred to as ceremonial or traditional tobacco. It is important to note that non-tribal communities and mainstream culture may use the term “traditional tobacco” to distinguish commercial cigarettes, cigars and chewing tobacco from emerging novel nicotine products, such as e-cigarettes, vape products, nicotine dissolvable products, etc.
- **Social Determinants of Health** – are conditions in the places where people live, learn, work, worship and play that affect a wide range of health risks and outcomes.
- **Smudge** – using smoke created from burning medicinal or sacred plants is an aspect of some Indigenous cultures.
- **Tobacco Products** – are any product containing, made of or derived from tobacco or nicotine that are intended for human consumption and include cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, snus or electronic smoking devices. They can be smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means.
- **Tribal Social Use** – when sacred tobacco is used for intertribal and interpersonal gatherings, marriage counseling, forming relations, political or diplomatic gatherings.
- **Two-Spirit** – refers to a person who identifies as having both a masculine and a feminine spirit and is used by some Indigenous people to describe their sexual, gender and/or spiritual identity. As an umbrella term it may encompass same-sex attraction and a wide variety of gender variance, including people who might be described in Western culture as gay, lesbian, bisexual, transsexual, transgender, gender queer, cross-dressers or who have multiple gender identities. Two-spirit can also include relationships that could be considered poly. [The creation of the term “two-spirit”](#) is attributed to Elder Myra Laramée, who proposed its use during the Third Annual Inter-tribal Native American, First Nations, Gay and Lesbian American Conference, held in Winnipeg in 1990. The term is a translation of the Anishinaabemowin term *niizh manidoowag*, two spirits. Two-spirit people may also use terms from their Indigenous language to describe same-sex attraction or gender variance, such as *winkt* (Lakota) or *nàdlee-hé* (Diné). Some Indigenous languages do not have terms to describe sexual identities such as gay, lesbian or bisexual. Many Indigenous languages are verb-focused and describe what people do rather than how they identify. [Learn more here](#). Access a factsheet on: [Two-Spirit And Lgbtq Indigenous Health](#).

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