

Urban American Indian Tobacco Prevention & Education Network

UAITPEN Newsletter

December 2006

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UAITPEN Evaluation Team Meeting

On Friday, December 1, 2006 the Evaluation team for the UAITPEN met for the first time. In attendance were myself, Becky Wright, UAITPEN coordinator, Lori Johnson, Siletz Tribes' Portland office, Karen Kitchen, Portland Public Schools Indian Education Program, Norma Trimble, Open Circle Ministries, and Suzie Kuerschner, contractor for the NPAIHB as well as an early childhood development expert.

Our State TPEP grant representative, Luci Longoria was present to introduce the project, and Carrie Furrer and Jelani Greenidge from NPC Research were in attendance as our facilitators for the evaluation planning process. Thank you everyone who has been involved in this project so far!

It was a very productive meet-

ing, during which we discussed the needs of the Urban American Indian community in regards to tobacco, what activities the UAITPEN currently engages in and how those activities relate to the needs of the community, as well as a lot of discussion of the process and how we can make all these pieces fit together.

Participants gained skills in developing a logic model which helps make connections between the program and the goals and needs of the community, as well as what to look at to evaluate the program. It was a great meeting of the minds, and a lot of ideas were presented and explored during this meeting.

If you would like to be part of the next step for the evaluation team, please contact me and let me know at 503-224-1044 x238,



or bwright@naranorthwest.org.

Our next evaluation meeting will be held sometime in January of 2007. An email will be sent out to the Network email list.

New medication for tobacco cessation

You may have heard of Chantix a new prescription drug used for quitting smoking. According to studies, Chantix helps smokers quit with a rate of about 44% (compared to Zyban at 30%). This medication blocks nicotine from attaching to receptors that release dopamine, a chemical that gives feelings of pleasure. By doing this, the

smoker no longer gains pleasure from their cigarette. The most common side affect is nausea, although it generally is not severe enough to make the patient quit using it. The product also comes with a cessation support plan called GETQUIT that provides counseling and guidance for up to one year. If you know someone that has a

hard time quitting smoking, this may be the medication for them. You can get more info at www.chantix.com, or ask your doctor.

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**The Tobacco
X-Files:
Radioactive
cigarettes?
Prevention ads
that increase
smoking?**



Tobacco Facts

Tribal Health Center goes 100% smokefree

Yeah! The Alaska Native Medical Center in Anchorage, Alaska has banned tobacco use on its property completely, not even allowing employees and visitors to their facilities to smoke or use chewing tobacco in their cars in the parking lots. This affects over 3300 employees at 22 buildings in Anchorage and across Alaska, and over 600,000 patients who visit the facilities each year.

Employees not only can't smoke on the property, they also cannot come to work smelling like cigarettes nor have any tobacco products visible on their person. Repeated violations will lead to discipline and possible dismissal. This is a tough stance on tobacco use, but one that will eventually shift norms to make use of tobacco less acceptable. Currently as many as 75% of Alaskan Natives are smokers, a much higher rate than any other population or geographic area in the US.

Smoking in movies = higher smoking rates

According to an article in the December issue of the *Archives of Pediatrics and Adolescent Medicine*, cigarette ads and smoking scenes in movies and on t.v. more than double the chances that children will start smoking. Exposure to positive images of smoking increases the odds that a child will smoke in the future by 90%. One way to counter this would be to require R ratings on movies that show smoking. Since studios want to avoid R ratings if possible, there will be a drastic drop in movies that portray smoking. Currently, movies show smoking at a much higher rate than exists in the population, making it look like a normal behavior to engage in.

Tobacco ads increase youth smoking rates

In another study looking at marketing of cigarettes to youth, researchers examined the relationship between Philip Morris sponsored tobacco prevention ads and smoking behavior among youth. It was found that the Phillip Morris ads directed at youth do not change smoking attitudes and behaviors, but the ads targeting parents actually encourage youth to smoke. Specifically, 10th and 12th graders exposed to the industry's parent-targeted ads were more likely to approve of smoking, more likely to say they planned to smoke in the future, and more likely to have smoked in the past 30 days. So called prevention messages by Phillip Morris are clearly more marketing tricks entailed by the company.

Radioactive smokes?

What does a former KGB agent's death have to do with tobacco? The poison that killed former

KGB agent Alexander V. Litvinenko this November in London was radioactive polonium 210. This same poison can be found in cigarettes, and the tobacco industry has known it is a component of their tobacco since the 1960s. There's no way to know how many people have been killed from the polonium 210 in their cigarettes because there are over 4000 chemicals in cigarette smoke, but it is widely known that polonium 210 is thousands of times more radioactive than the nuclear fuels used in early atomic bombs. If someone smokes a pack-and-a-half each day, the radiation dose is equivalent to 300 chest X-rays. If ingesting arsenic and cyanide with each cigarette isn't enough of a deterrent to prevent smoking, maybe radioactive poison is!

Oregon tobacco stats

Although rates of smoking have dropped for the State of Oregon in the general population, there are still 18 Oregonians dying every day from tobacco use, meaning almost 7000 Oregonians die each year due to tobacco use. Additionally, 800 people die each year in Oregon from exposure to secondhand smoke. Over 1 in 5 deaths in Oregon are tobacco related. In the American Indian/Alaskan Native population, at least every 2 in 5 deaths are tobacco related, and lung cancer is our number one type of cancer.

Increased TPEP funding

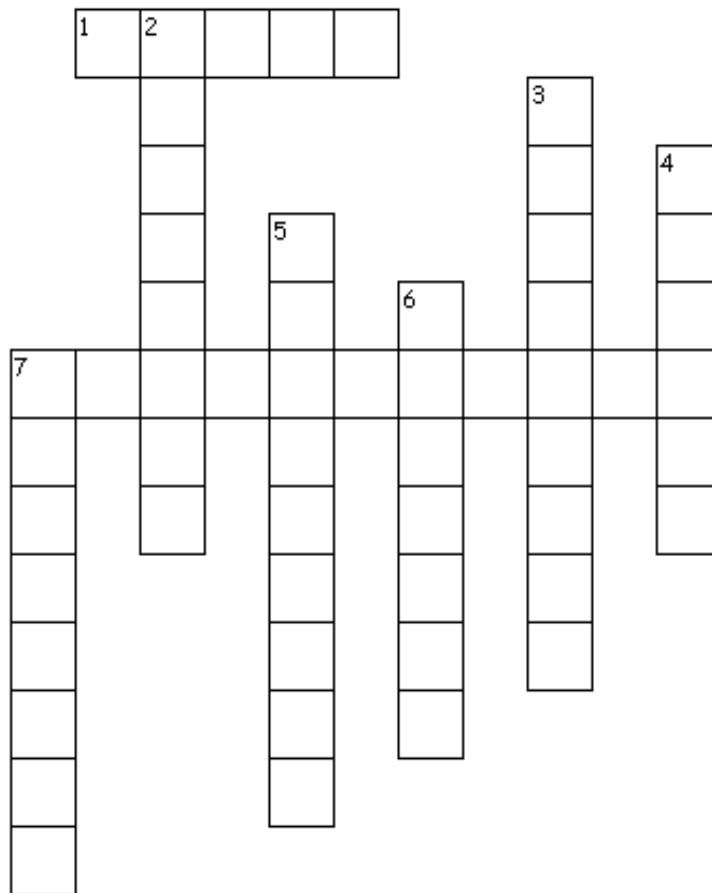
Governor Kulongoski's proposed 2007-2009 biennium budget includes an increase in tobacco prevention and education program (TPEP) funding, from the current \$8 up to \$34 million per biennium. The increased spending on TPEP would be funded through increasing the State cigarette tax by 84.5 cents per pack and adding a tax to other tobacco products (such as spit tobacco). This increase will make the Washington State and Oregon State cigarette tax equal. The increased tobacco tax will also provide funds to provide health care for Oregon's uninsured children.

Oregon Quit Line

The Oregon Quit Line is a wonderful resource for anyone attempting to quit smoking. Even better, the use of a nicotine replacement therapy in conjunction with this program increases the success rate. So how great is it that the Oregon Quit Line is offering free nicotine patches when you enroll in their program, at least through this spring (with hopes to continue indefinitely). Let everyone you know of this wonderful, free service to Oregon residents. **1-800-Quit-Now** is the national number which will automatically connect your local Quit Line.



The UAITPEN Crossword Puzzle



Questions for the crossword puzzle come from articles in this issue of the UAITPEN Newsletter. Answers are at the bottom of page 5. Have fun!

Down

- 2. Tobacco industry parent-targeted smoking prevention ads _____ the number of youth who smoke.
- 3. *Nicotiana* _____, also known as Coyote tobacco, is indigenous to Oregon.
- 4. The tribal health center in Anchorage, _____ recently went 100% smokefree on all their facilities.
- 5. The governor of Oregon wants to increase the _____ tax by 84.5 cents.
- 6. Two out of every five deaths in the American Indian/Alaskan Native population are related to _____ use.
- 7. Radioactive _____ 210 is found in commercial tobacco.

Across

- 1. Secondhand Smoke _____ 800 Oregonians each year.
- 7. Portland city council is considering a ban of smoking within 25 feet of _____.



Smokefree Portland Parks?

by Kylie Meiner

Have you heard that the Portland City Council is considering banning smoking at Pioneer Courthouse Square and within 25 feet of playgrounds? Members of the Tobacco-Free Tri-Counties Coalition, staffed by Multnomah County's Tobacco Prevention Program, recently testified in favor of these new rules introduced by Commissioner Dan Saltzman at a hearing on November 29, 2006. Coalition members thanked the Commissioner and City Council for taking steps toward reducing secondhand smoke, a serious health hazard, in places where children play and people gather. Students from Lincoln High School pointed out that it would be great for the Council to make additional areas smokefree, especially sports fields, to protect student athletes and spectators during school events. Representatives from Upstream Public Health, the Urban American Indian Tobacco Prevention Network, and the American

Lung Association of Oregon echoed these messages with encouragement to consider going even further to protect the community's health by expanding the smokefree zones beyond playgrounds. Besides reducing secondhand smoke exposure, smokefree rules are a proven way to reduce youth initiation of tobacco use and helping tobacco users quit. As a result of the Coalition's testimony, several members of the City Council said they would like to postpone the second hearing of the ordinance to allow them to consider expanding the smokefree rules to other areas in parks, or even 100% of parks grounds, and to provide enough time for public comment. The City Council will be holding another hearing on January 11, 2007, at 2 pm, which you are welcome to come to.

Special note for direct service providers: This is a great opportunity to talk to your clients who smoke about how important it is to not smoke around their children. Children are especially vulnerable to the health effects of secondhand smoke, which causes asthma and asthma attacks, ear infections, respiratory tract infections, and sudden infant death syndrome, to name a few. Please practice the 5A's: **ask** your clients if they smoke, **advise** them to quit, **assess** their readiness to quit, **assist** them by providing appropriate therapies, and **arrange** for follow-up. The free Oregon Tobacco Quit Line, which provides free phone counseling and nicotine replacement therapy, can be reached at 1-800-QUIT-NOW.

Contact Dan Saltzman and let him hear your opinion on smokefree parks and playgrounds:
 Dan Saltzman
 Portland City Commissioner
 1221 SW 4th Ave. Rm. 230
 Portland, Oregon 97204
 Phone: 503 823-4151
 email: dsaltzman@ci.portland.or.us



Indigenous tobacco plants to Oregon

Nicotiana Tabacum is currently the type of tobacco used in most commercial tobacco products. This type of tobacco plant is actually not indigenous to the US, having been imported from Bermuda in the early 1600's by James Rolfe. In looking at tobacco control in Native communities, I think it is important to make a distinction between the product in commercial cigarettes and what may have been traditionally used before European contact, so we don't confuse our addictions with our traditions.



Nicotiana attenuata
"coyote tobacco"

Because we are in the northwest, I wanted to find out what tobacco plants grow naturally here. In Oregon, there are three native types of tobacco. They are called *Nicotiana quadrivalvis* (Indian tobacco), *Nicotiana acuminata* (manyflower tobacco) and *Nicotiana attenuata* (coyote tobacco). *Nicotiana quadrivalvis* and *Nicotiana acuminata* are found in very limited areas of the state,

whereas *Nicotiana attenuata* can be found in almost half the state, primarily in the Mid and SE Oregon.



Nicotiana acuminata
"manyflower tobacco"

I was unable to find any reference to indigenous uses of any of these tobacco plants except for *Nicotiana attenuata*. According to the University of Michigan's database of Native American Ethnobotany, coyote tobacco was used as a cold remedy, a wash for aches and pains, an emetic, a respiratory aid, and a tuberculosis remedy by the Oregon Paiutes of the Warm Springs Indian Reservation.



Nicotiana quadrivalvis
"Indian tobacco"



Upcoming events

December 31: NARAs New Years Sobriety Powwow, Oregon Convention Center, Grand Entries 1pm and 6pm.

January 9th: Statewide Strategic Planning Session for the Oregon Tobacco Prevention & Education Program (TPEP). Time and location TBA.

January 18th: Movie & chat at the Q Center, located at 1028 SE Water Ave, 6-8pm. Collaboration between UAITPEN & Breathe Free, the LGBTQ TPEP program.

January 20: 8th Annual Traditional Winter Powwow at Portland Community college-Sylvania. Grand Entries 1pm and 7pm.

February: Northern Plain Tobacco Prevention Program will host a two day training around Native- and Tribal-specific tobacco prevention policy development. The training will be held in South Dakota, date TBA.

March 16-17: Keep Tobacco Sacred: Honoring and Celebrating our Responsibility. Conference sponsored by the Native American Tobacco Coalition of Montana. Location TBA.

Great American Smoke Out, November 16th



To celebrate the Great American Smoke Out, the UAITPEN joined forces with the Tobacco Free Coalition of Oregon (TOFCO), Breathe Free (the local LGBTQ Tobacco Prevention Program), the Asian Health Network, the Northwest Portland Area Indian Health Board, American Lung Association of Oregon, Multnomah County Health Department and group of PSU students. For a couple hours during the lunch hour we set up at Portland State University to educate students and staff about secondhand smoke exposure in entertainment venues, such as bars,

bingos, casinos and bowling alleys. The message we used for this event was "Everyone deserves the right to breathe clean air," highlighting the fact that Oregon's Smokefree Workplaces law does not apply to over 35,000 Oregon employees in the previously mentioned venues.

For our community, the most notable place where we are lacking protections in the workplaces is at casinos. Rightfully so, tribally owned business are not under the jurisdiction of the state laws. However, this means we need to work on creating our own policies to protect ourselves. Not counting casinos, approximately 800 AI/AN Oregonians are exposed to cigarette smoke in the workplace. If we included the numbers of our casino employees, that number would dramatically in-

crease.

At the UAITPEN table, we provided information about secondhand smoke, how to quit smoking and traditional tobacco. We sat next to the National Tribal Tobacco Prevention Network (NTTPN) who provided very nice, culturally specific quit kits, containing helpful quit tips, along with bath salts, incense, tooth picks and more. Thank you to Norma Trimble (Open Circle Ministries) and Teresa White (NTTPN) for their help with tabling!

The event was kicked off by Tabitha Engle from TOFCO speaking about the problem, secondhand smoke exposure to employees and customers, and providing a solution of passing legislature to ensure protection of all Oregon workplaces. We heard testimony from students and entertainers who have experienced working in bars and restaurants that allow smoking. We were then soothed by the Carri Bella Combo's jazz tunes as waiters in gas masks served up cake and menus outlining the dangers of secondhand smoke to attendees of the event.

It was a great way to combine efforts of multiple agencies pursuing tobacco control, and to support the American Cancer Society's Annual Great American Smoke Out.

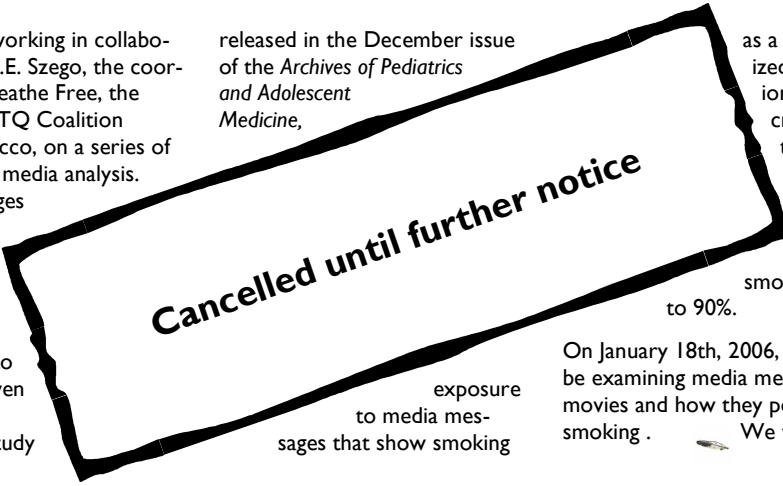
Upcoming Network Event - January 18th



I have been working in collaboration with R.E. Szego, the coordinator of Breathe Free, the Oregon LGBTQ Coalition Against Tobacco, on a series of events about media analysis.

Media messages permeate our society, from movies to television, newspapers to magazines, even in music. As seen in the study

released in the December issue of the *Archives of Pediatrics and Adolescent Medicine*,



as a normalized behavior increases the likelihood that teens will smoke by up to 90%.

exposure to media messages that show smoking

On January 18th, 2006, we will be examining media messages in movies and how they portray smoking. We will learn

Conference Updates

A very special part of my job is the privilege to attend conferences that educate me about the cutting edge of tobacco control and prevention. Here is a quick summary of a couple trainings I was able to attend this quarter.

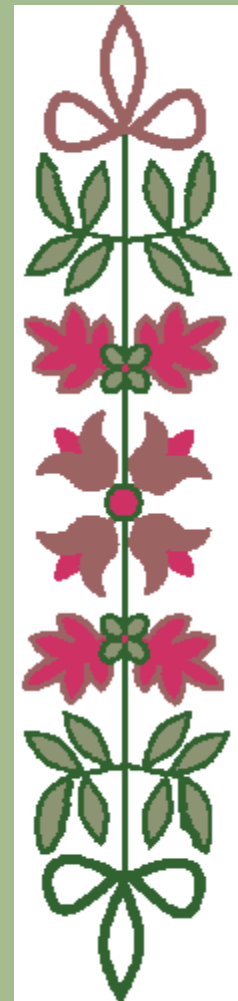
Tobacco Prevention, Education & Policy: Where We Learn, Work and Play! Oregon State TPEP Annual Meeting, October 12-13, 2006.

I attended the State TPEP annual meeting during three gorgeous fall days on the coast in Newport, Oregon. The first day was a Tobacco 101 presentation for all new TPEP grantees (such as me). It was a very brief overview of commercial tobacco: types, contents, health effects, marketing tactics by the tobacco industry, and prevention tactics in tobacco control. We also received a quick rundown of the history of tobacco control in Oregon. A lasting statistic that I heard during this presentation is that for every 8 smokers that die due to tobacco, 1 non-smoker dies from tobacco. It is important to remember that the marketing of commercial tobacco is intense; for instance, last year the tobacco industry spent \$162.7 million dollars in Oregon alone for promotion of its products.

Throughout the conference we heard from speakers discussing many topics, including reducing adolescent use of commercial tobacco, Washington state's youth tobacco prevention campaign, how tobacco advertising discriminates against the Latino community (and other communities) and coalition development.

3rd Annual Spit Tobacco Summit at the Mayo Clinic, October 16-18, 2006.

After the annual state TPEP conference, I had the enormous pleasure of flying to cold Rochester, Minnesota to attend a three day conference focusing on Spit tobacco. The program was a two day conference titled "Spit Tobacco: Advancing Understanding and Building Collaboration" and a half-day workshop on "Clinical Applications for Treatment of Tobacco Use." We heard from a variety of people throughout the course of the conference, learning about the statistics of spit tobacco use, how the commercial tobacco industry is taking advantage of increasing smokefree policies by developing smokeless tobacco products, what some states and organizations are doing to fight spit tobacco (such as Wyoming State's "Through With Chew" campaign), and what options there are for tobacco use cessation. There was an emphasis during this conference on American Indian and Alaska Native experiences with tobacco. We heard from Lawrence Shorty, MPH, and Lori New Breast on traditional tobacco use and tribal specific tobacco control programs, and Caroline Renner, MPH, and Felicia Schanche Hodge, DrPH, informed us on research and interventions targeting American Indian/Alaskan Native communities around the US. Having the opportunity to meet with other Native people working to reduce the toll of commercial tobacco in our communities was the single most important part of this conference.



**Among all Nations
All Peoples
Tobacco Addiction
Is a Killer**

**40% of all Native deaths are tobacco related
STOP THIS OPPRESSION**

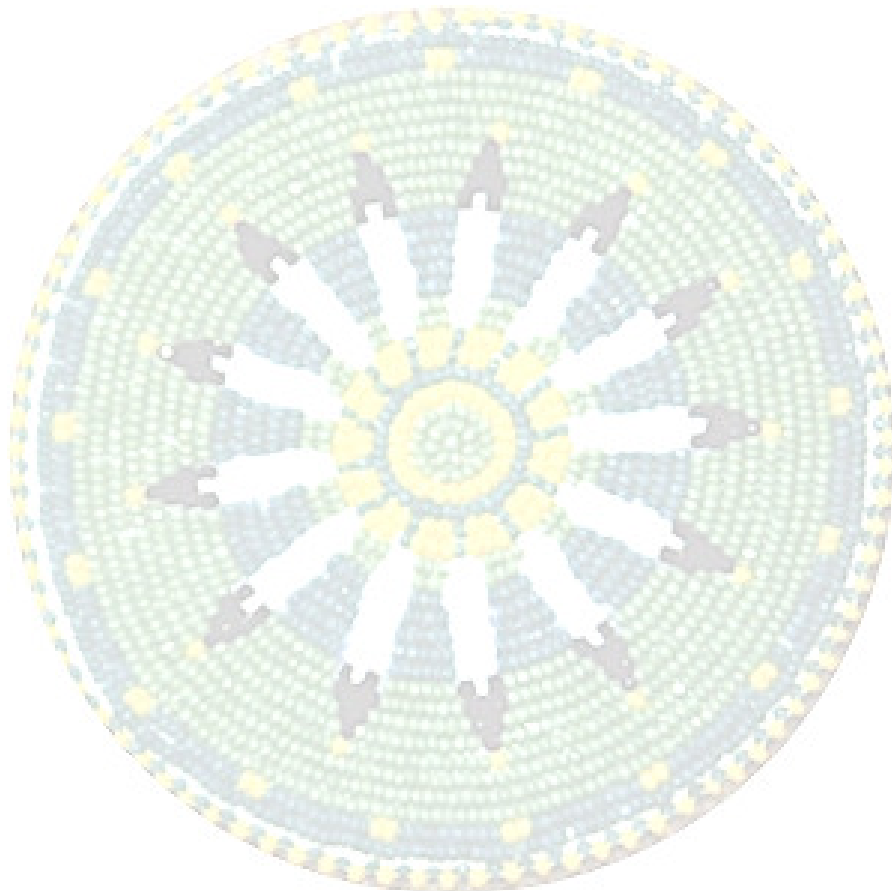
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**NATIVE AMERICAN
REHABILITATION
ASSOCIATION
(NARA) OF THE
NORTHWEST, INC.**

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My thoughts on tobacco policy in our community

A large part of the grant that funds the Tobacco Prevention & Education Program is policy driven; meaning the emphasis of my work is on creating policy change that will positively impact the needs of the Urban Indian community around the issue of tobacco. The three areas to focus on are reduced exposure to secondhand smoke, prevention of youth smoking, and cessation. I see two big areas in the Urban Indian community that need to be addressed, and could be addressed through policy.

The first is the tobacco use policy at NARA. For most Urban Indians, NARA is where health care is received. There are also many other wellness services that NARA provides to the community, including family wellness programs and addiction treatment. Tobacco

addiction affects our community at extremely high rates, with over 44% of our people smoking. This is also the number one preventable cause of death. If we create policy at NARA that acknowledges the need to promote wellness in all areas of our lives, it will include becoming a smokefree facility to protect all of our employees and clients.

Another area we need to work on is at our community events. Too often, as you try to leave an indoor powwow, you are walking through a cloud of cigarette smoke. At Delta Park Powwow, our largest community event each year, you find people sitting on the bleachers, or standing at the edge of the dance arena, exposing all our children, elders, dancers and drummers to secondhand smoke. Secondhand smoke is a

poison, and it has been determined that there is no safe level of exposure to it. We need to protect our community from this poison by creating community events that are drug, alcohol and *smoke* free events.

We can acknowledge and accept traditional uses of tobacco while we make our health center and community events smokefree! If you would like to help work on a policy issue, please let me know.

Let's work together in the coming new year to benefit the health and wellness of our community!

Respectfully,
Becky

