

Amendment 4078 – studies the factors responsible for the high prevalence of tobacco use among Indians.

Smoking is the leading cause of preventable death in the United States.¹

Smoking accounts for over 400,000 deaths in the United States each year, and is a major risk factor for the four leading causes of death: heart disease, cancer, stroke, and chronic obstructive pulmonary disease.²

Native Americans are at great risk of suffering from tobacco-related death and disease because they have the **highest prevalence** of tobacco use **compared to any other population group** in the United States.

Amendment 4078 would require the Department of Health and Human Services to commission an independent study to determine the possible causes for the high prevalence of tobacco use among Indians. This data will allow tribes, the Indian Health Service, and policy makers to improve prevention efforts and help improve the health of Indians.

“Native Americans Adults More Likely To Smoke Than Any Other Group.”

Smoking among Native Americans is more than one-third higher than it is among the population at large. Native Americans are more likely than any other racial/ethnic subgroup to be current smokers. According to the 2005 National Health Interview Survey, 32 percent of Native American adults currently smoke, compared to 21.9 percent of Whites, 21.5 percent of African-Americans, 16.2 percent of Hispanics, and 13.3 percent of Asian-Americans. Overall, 20.9 percent of U.S. adults are current smokers.³

¹ *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*, PHS publication 1103, 1964, http://www.cdc.gov/tobacco/sgr/sgr_1964/sgr64.htm. McGinnis, JM, et al., “Actual causes of death in the United States,” *Journal of the American Medical Association (JAMA)* 270:2207-2212, 1993.

² U.S. Centers for Disease Control & Prevention (CDC), “Smoking attributable mortality and years of potential life lost—United States, 1988,” *Morbidity & Mortality Weekly Report (MMWR)* 40(4): 62,71, February 1, 1991, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001886.htm>. McGinnis, JM, et al., “Actual causes of death in the United States,” *JAMA* 270:2207-2212, 1993.

³ CDC, “Cigarette Smoking Among Adults—United States, 2005,” *MMWR* 55(42):1145-1148, October 27, 2006.

Native American men have the highest smoking prevalence among all racial/ethnic subgroups – 37.5 percent.⁴

Tobacco use during pregnancy is one of the key preventable causes of adverse pregnancy outcomes. The prevalence of cigarette smoking has declined since 1978 in women of reproductive age (18 to 44 years old) in every subgroup of the American population, except among Native American women.⁵ According to the National Center for Health Statistics, 18.2 percent of American Indian women smoked during their pregnancy, compared to 13.8 percent of white women.⁶

“Smoking Among Native American Youth Is More Than Double The Rate Of All U.S. High School Students”

Current cigarette use among high school students in National Bureau of Indian Affairs (BIA) funded schools is 56.5 percent,⁷ more than double the smoking prevalence rate among all U.S. high school students (22.9 percent).⁸

80 percent of Native American youth compared to 88 percent of other youth reported that they thought their parents would strongly disapprove of their smoking one or more packs of cigarettes each day. Also, fewer Native American youth (77 percent) report they strongly or somewhat disapproved of someone their age smoking one or more packs per day than other racial/ethnic groups' youth (85 percent). Research has shown that youths who disapprove of peers' cigarette use are less likely to use cigarettes themselves.⁹

<http://www.cdc.gov/mmwr/PDF/wk/mm5542.pdf>.

⁴ CDC, Cigarette Smoking Among Adults—United States, 2005,” *MMWR* 55(42):1145-1148, October 27, 2006.

<http://www.cdc.gov/mmwr/PDF/wk/mm5542.pdf>

⁵ U.S. Department of Health and Human Services (HHS), *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General*, 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

⁶ CDC, National Center for Health Statistics, *Vital Statistics Reports, Births: Final Data for 2004* 55(1), September 29, 2006, http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf.

⁷ CDC, “Tobacco, Alcohol, and Other Drug Use Among High School Students in Bureau of Indian Affairs-Funded Schools—United States, 2001,” *MMWR* 52(44):1070-1072, November 7, 2003, <http://www.cdc.gov/mmwr/PDF/wk/mm5244.pdf>.

⁸ CDC, “Tobacco Use Among Middle & High School Students—United States, 2002,” *MMWR* 52(45):1096-1098, November 14, 2003, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5245a2.htm>.

⁹ Simons-Morton, et al., “Peer and parent influences on smoking and drinking among early adolescents,” *Health Education & Behavior*, 28(1), 2001.

“Native Americans Also Have The Highest Rates of Smokeless Tobacco Use And Pipe And Cigar Smoking, Of Any Other Population Group”

The most recent data available from the National Health Interview Survey (NHIS, 1991) indicate that prevalence of **smokeless** tobacco use has been **highest among Native American** men and women, compared to other racial/ethnic subgroups. 5.4 percent of Native American adults (8.1 percent of men and 2.5 percent of women) were current smokeless tobacco users, compared to 2.9 percent for the overall U.S population (5.6 percent of men and 0.6 percent of women).¹⁰

According to aggregated data from the 1987 and 1991 NHIS, the prevalence of current pipe and cigar use has also been higher among Native Americans than among other racial/ethnic subgroups. However, the NHIS did not distinguish between ceremonial and addictive daily pipe smoking which may contribute to the higher prevalence rates among this group.¹¹ This amendment could help Congress learn more about the factors affecting pipe smoking.

Nationally, Native American youth living on reservations have the highest smokeless tobacco use than any other group. Again, these children seem to have early, frequent, and heavy use of chewing tobacco and snuff.¹² Approximately 1 in 5 Native American students in BIA funded schools are current users of smokeless tobacco¹³, compared to 1 in 12 students at all U.S. high schools.¹⁴

“High Tobacco Use Among Indians Has Deadly Health Consequences”

Cardiovascular disease is the leading cause of death among Native Americans, and tobacco use is an important risk factor.¹⁵

¹⁰ CDC, “Use of Smokeless Tobacco Among Adults—United States, 1991,” *MMWR* 42(14):263-266, <http://www.cdc.gov/mmwr/PDF/wk/mm4214.pdf>.

¹¹ HHS, *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General*, 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

¹² Schinke, et al 1989, Surgeon General’s Report 1994, and Schinke 1987, according to the Learning Center’s Tobacco and Native Americans page.

¹³ CDC, “Tobacco, Alcohol, and Other Drug Use Among High School Students in Bureau of Indian Affairs-Funded Schools—United States, 2001,” *MMWR* 52(44):1070-1072, November 7, 2003, <http://www.cdc.gov/mmwr/PDF/wk/mm5244.pdf>.

¹⁴ CDC, “Youth Risk Behavior Surveillance—United States, 2001,” *MMWR* 51(SS-4), June 28, 2002, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001886.htm>.

¹⁵ HHS, *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General*, 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

Cancer is the second leading cause of death for those age 45 and older and the third leading cause of death for all ages of Native Americans, and lung cancer is the leading cause of cancer death.¹⁶,
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Native Americans experienced an increase in respiratory cancer death rates between 1990 and 1995, the only subgroup of the four major U.S. racial/ethnic subgroups to experience such an increase.¹⁸

The 2007 annual report on the status of cancer in the U.S. found that there is wide variation in Native American cancer surveillance, and that region-specific data is needed to fully understand the disease burden among this population group. Regional variations in cancer rates likely reflect geographic variations in risk factors and screening. For example, among Native Americans, regional lung cancer rates mirrored regional smoking prevalence rates.¹⁹

For all these reasons, it is critical that Congress learn more about the factors that cause higher tobacco-usage amongst Native American populations.

¹⁶ Association of American Indian Physicians, Cancer Resources, http://www.aaip.org/indian_health/cancer.htm.

¹⁷ HHS, *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General*, 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

¹⁸ Association of American Indian Physicians, Cancer Resources, http://www.aaip.org/indian_health/cancer.htm.

¹⁹ Espy, DK, et al., "Annual Report to the Nation on the Status of Cancer, 1975-2004, Featuring Cancer in American Indians and Alaska Natives," *Cancer* (DOI: 10.1002/cncr.23044) Published online, October 15, 2007; Print issue date, November 15, 2007, <http://www3.interscience.wiley.com/cgi-bin/fulltext/116330621/HTMLSTARTW?CRETRY=1&SRETRY=0>.