



**EASTERN BAND OF CHEROKEE PUBLIC HEALTH AND HUMAN SERVICES DIVISION**  
**HEALTH PRIORITY ISSUES: FACTS AND RESOURCES**  
**JUNE 1, 2019**

## **EBCI HEALTH PRIORITY – TOBACCO USE**



*Commercial tobacco use may be defined as any habitual use of the tobacco plant leaf and its products. The predominant use of tobacco across the US is by smoke inhalation of cigarettes, electronic cigarettes, pipes, and cigars. Smokeless tobacco refers to a variety of tobacco products that are either sniffed, sucked, or chewed. Electronic cigarettes, also sometimes referred to as e-cigs, vape pens, and vapes, are devices that produce an aerosol by heating a liquid that usually contains nicotine flavorings and other chemicals.*

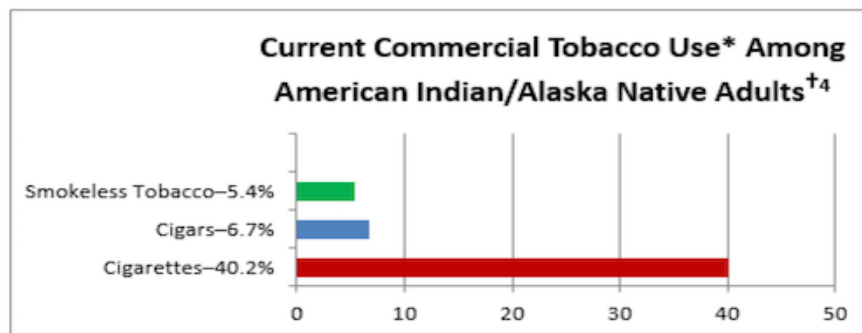
*In Native communities across the US, commercial tobacco use is distinct from traditional or sacred tobacco use, i.e., use of tobacco grown or harvested by AI/AN for ceremonial and/or medicinal purposes. This report is concerned with commercial tobacco use, nicotine addiction., and their effects.*

### **Data Highlights**

#### **Health Indicators**

Commercial tobacco use harms nearly every organ of the body, causes many different diseases, and reduces the overall health of the smoker. Quitting commercial tobacco lowers the risk of smoking-related diseases and can add years to life. Cigarette smoking, the main use of commercial tobacco, is the leading preventable cause of death in the United States. Cigarette smoking causes more than 480,000 deaths each year in the United States, which is nearly equivalent to one out of every five deaths in the United States.

American Indians/Alaska Natives (AI/AN) have the highest prevalence of commercial tobacco use compared to all other racial/ethnic groups in the US. In 2013, 43.8% of AI/AN adults reported current use of commercial tobacco. Traditional tobacco use is not included in the below data.



\* "Current Use" is defined as self-reported consumption of cigarettes, cigars, or smokeless tobacco in the past month.

† Data taken from the National Survey on Drug Use and Health, 2013, and refer to American Indians/Alaska Natives aged 18 years and older.

Due to the high prevalence of tobacco use, AI/AN have a higher risk of commercial tobacco-related disease and death.<sup>3</sup> The risk of cardiovascular disease, lung cancer, and diabetes are all increased by commercial tobacco use.<sup>3</sup> Commercial tobacco smokers have a 30-40% higher risk of contracting diabetes than their non-smoking counterparts.<sup>3</sup>

In EBCI, 32.4% of active clinical patients used commercial tobacco in 2016, significantly greater than in NC (22%) and nationwide (21%).<sup>4</sup> EBCI's percentage has risen slightly since 2007, while North Carolina and United States percentages have decreased.

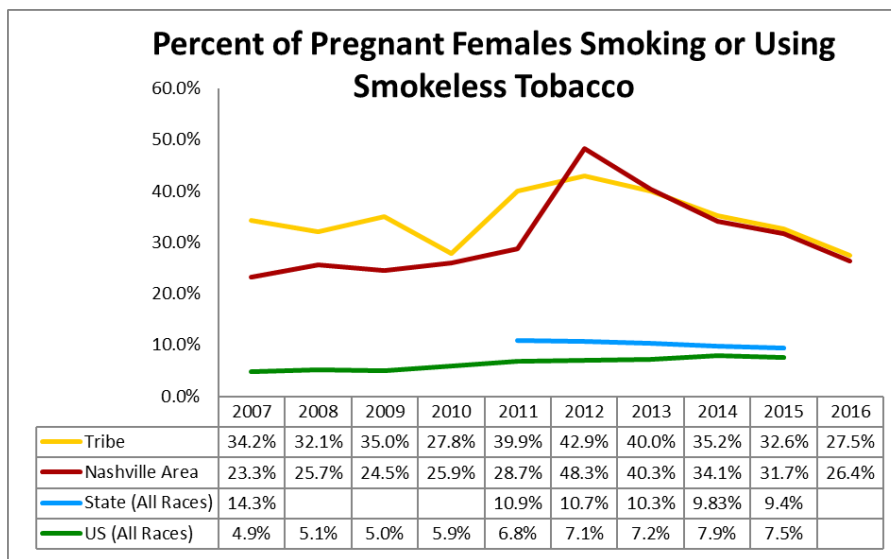
PERCENTAGE OF CURRENT TOBACCO USERS (SMOKING AND SMOKELESS TOBACCO)										
Active Clinical Population										
Population Group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
EBCI Tribe	30.5	30.3	34.1	29.8	32.0	38.2	35.2	36.1	33.2	32.4
Nashville Area	20.5	22.6	23.1	23.8	24.2	32.3	29.3	35.1	34.1	32.3
Indian Health Service	n/a	29.0	26.0	27.0	31.6	30.7	28.6	28.1	27.4	25.7
North Carolina	31.0	31.6	20.3	19.8	n/a	20.9	24.6	23.5	23.9	22.0
United States	29.1	28.5	33.1	32.8	n/a	19.6	23.2	22.2	21.4	21.0

Source: TEC Request, CRS

Source for NC/US: Taken from BRFSS data tool on 1/11/2017. Please note, in 2011-2012 there was no smokeless data for BRFSS.

The categories in the smokeless question 'Every day' and 'Some days' were combined into 'yes'.

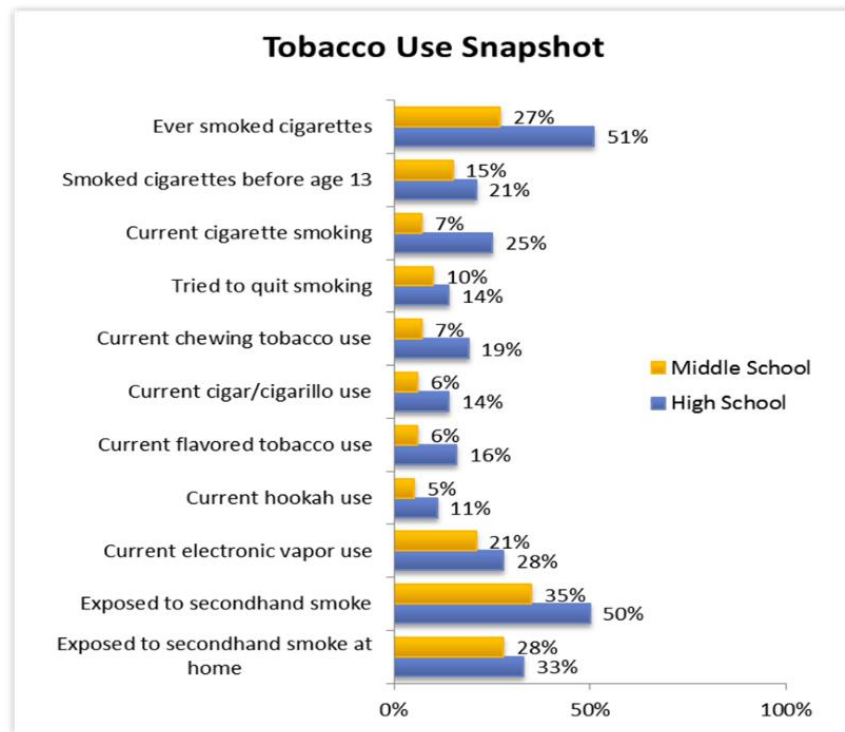
Using commercial tobacco while pregnant can lead to additional health problems, including premature birth, birth defects such as cleft lip or cleft palate, problems with the placenta, and sudden infant death syndrome (SIDS).<sup>5</sup> With 27.5% of EBCI's pregnant women smoking or using smokeless tobacco in 2016, commercial tobacco use while pregnant is a significant health issue in EBCI. The use of e-cigarettes is not a safe alternative to cigarettes, especially while pregnant. Nicotine in e-cigarettes can affect the babies brain and lung development and flavorings can affect fetal brain and lung development.<sup>5</sup>



Source: TEC Request: Cherokee and Nashville Area taken from CRS reports. Reports are in Citation Folder. State and US taken from data queried from CDC Wonder on 1/9/2018. Full data in Citation Folder.

## Understanding the Issue

In the 2016 Cherokee Central Schools Youth Risk and Resiliency Survey, 51% of high school students and 27% of middle school students admitted to having ever smoked a cigarette. Current cigarette use was 25% of high school students and 7% of middle school. This data includes only commercial tobacco use.



The 2013 and 2016 Elder Survey of those 55 and older by the National Resource Center on Native American Aging shows that EBCI elders smoke less than the tribal aggregate and less than the national average.

Do you smoke cigarettes now?						
	2013			2016		
	EBCI	Aggregate	Nation	EBCI	Aggregate	Nation
Yes, everyday	16.7	18.3	19.5	13.6	17.5	19.5
Yes, some days	4.1	6.1	5.9	5.6	7.3	5.9
No	79.3	75.6	74.5	80.9	75.3	74.5
Source: Elder Survey Data (2013 and 2016) reports provided by Abby Holmes						
EBCI: n = 289 in 2013 and 187 in 2016						

For the 2012 and 2015 Healthy Impact phone survey, the self-reported tobacco use rates for AI/AN in the Western North Carolina Region were the highest out of all populations and higher than Western North Carolina, North Carolina, and United States rates. E-cigarette use was also higher for AI/AN in the WNC region.

SELF-REPORTED TOBACCO USE												
Self-Reported Responses to Healthy Impact Phone Survey												
Current Smokers												
WNC Region	White	AI/AN	Black	Hispanic	WNC	NC	US	Cherokee	Graham	Haywood	Jackson	Swain
2012	19.5%	40.9%	27.4%	22.1%	20.6%	19.8%	16.6%	19.9%	27.5%	19.6%	26.2%	29.0%
2015	19.2%	32.9%	28.7%	5.6%	19.3%	20.3%	14.9%	16.7%	20.1%	24.1%	22.0%	28.6%
Currently Use Smokeless Tobacco Products												
WNC Region	White	AI/AN	Black	Hispanic	WNC	NC	US	Cherokee	Graham	Haywood	Jackson	Swain
2012	5.3%	1.5%	4.9%	4.4%	5.2%	n/a	2.8%	8.9%	8.2%	4.6%	5.7%	4.7%
2015	4.4%	5.5%	0.2%	3.2%	4.3%	4.3%	4.0%	5.0%	14.9%	11.2%	4.3%	8.7%
Currently Use E-Cigarettes												
WNC Region	White	AI/AN	Black	Hispanic	WNC	NC	US	Cherokee	Graham	Haywood	Jackson	Swain
2015	6.8%	13.3%	2.0%	1.2%	6.6%	n/a	n/a	1.7%	4.1%	5.3%	6.6%	7.6%

Source: WNC Healthy Impact Phone Survey 2012 and 2015

In the 2017 Tribal Community Health Survey, 26.66% of respondents stated that they currently use tobacco products including cigarettes, cigars, e-cigarettes, vaping, chewing tobacco, snuff, dip, or tobacco for ceremonial use. Of that 26.66%, 77.74% said they smoked cigarettes or cigars, 6.04% said they used e-cigarettes or vaporizers, 19.62% said they used chewing tobacco, snuff, snus, or dip, and 4.53% said they use tobacco for ceremonial purposes. Also, of the 26.66% that currently use tobacco products, 63.39% said that they are either interested or may be interested in quitting tobacco.

### **Specific Populations At Risk**

Commercial tobacco-related disparities affect many different populations based on socially determined circumstances and characteristics like age, disability, education, income, occupation, geographic location, race, ethnicity (including AI/AN), sex, sexual orientation, gender identity, mental health status, substance abuse, and military status.<sup>6</sup> These groups have a higher prevalence of tobacco use (the proportion of a population group that uses tobacco), lower cessation rates, and poorer health outcomes.<sup>6</sup> Tobacco-related disparities have also been reported among people who are homeless and those who are incarcerated.<sup>6</sup>

### **Health Resources available/needed**

Among the available state and national level commercial tobacco cessation resources are:

- Smoke-free [www.smokefree.gov](http://www.smokefree.gov)
- QuitlineNC [www.quitlinenc.com](http://www.quitlinenc.com), 1-800-QUIT-NOW (1-800-784-8669)
- North Carolina Tobacco Prevention and Control Branch  
<https://www.tobaccopreventionandcontrol.ncdhhs.gov/>
- National Native Network [www.keepitsacred.org](http://www.keepitsacred.org)

- CDC, Tobacco Use and Pregnancy: Resources <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/resources.htm>
- Campaign for Tobacco-Free Kids <https://www.tobaccofreekids.org/>
- Be Tobacco Free [www.betobaccofree.hhs.gov](http://www.betobaccofree.hhs.gov)

In EBCI, Cherokee Indian Hospital Authority offers tobacco cessation counseling, cessation medication, and outside referrals. PHHS' Tsalagi Public Health offers a women's wellness program that focuses on disease prevention including tobacco cessation. Tsalagi Public Health also provides maternity care coordination and provides resources and necessary support services for expectant mothers.

#### References:

1. <https://www.ncbi.nlm.nih.gov/books/NBK362/>
2. [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm)
3. <https://www.cdc.gov/tobacco/disparities/american-indians/index.htm>
4. Current tobacco use Secondary Data Workbook
5. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>
6. <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/pdfs/bp-health-equity.pdf>