

Tobacco Prevention: Looking Beyond the Statistics

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What is the harm in a little pinch of snuff or chewing tobacco a few times of day? According to the National Institutes of Health's National Cancer Institute (NCI), the Surgeon General concluded as early as 1986 that the use of smokeless tobacco "is not a safe substitute for smoking cigarettes."

Smokeless tobacco can cause cancer of the throat, larynx, and esophagus, as well as the lip, tongue, cheeks, gum, and the floor and roof of the mouth. Chewing tobacco and snuff can lead to nicotine addiction and dependence, and can cause a number of noncancerous conditions such as high blood pressure, gum disease, loss of bone in the jaw, and tooth decay.

Chewing tobacco and snuff contain 28 cancer-causing agents, including formaldehyde, used in embalming fluid, polonium, which gives off radiation, and the highly addictive nicotine. One can of snuff delivers about as much nicotine as 60 cigarettes.

Despite the warnings, smokeless tobacco use was extensive among American Indian adolescents on the Blackfeet Reservation in northwestern Montana. That is, until the Indian Health Service's (IHS) Blackfeet Dental Department (BDD) intervened in 1988 to raise awareness about the dangers of smokeless tobacco. "Students as young as six years old were found purchasing and using smokeless tobacco products. They would bring tobacco to Head Start to share with their friends," according to Julie Rattler, a registered dental hygienist at the Browning clinic—one of two BDD clinics operated by the IHS in Montana. "Much of the smokeless tobacco used by the adolescents was without their parents' or guardians' consent." In January 1988, the Blackfeet Tribal

Council was the first in the U.S. to pass a resolution banning the sale of tobacco products to minors and limiting the public utilization of these products to traditional use. Six months later, the BDD surveyed 11-19-year-olds through the Reservation school systems and found that almost 94 percent used smokeless tobacco products.

The BDD targeted sixth and eleventh graders in the fall of 1988 as a part of a community-wide health education program on the hazards of smokeless tobacco. Methods used to reach students:

- As part of Montana's *Tobacco Free by the Year 2000* educational program, students are being followed over the course of 12 years and given special tobacco prevention educational material.
- Presentations were made at all of the Blackfeet Reservation schools (grades K-12). Each grade received age-specific information in the form of videos, handouts and verbal reinforcements. By the

end of the first year nearly 100 percent of the students had received educational material.

- Literature and posters on the hazards of tobacco usage and secondhand smoke were placed in strategic locations on the reservation. Public service announcements were aired on the local radio station.
- Various tribal, federal and state government departments, and the local school and community college systems distributed pamphlets and showed tobacco education videos.
- The *Spitting Image Smokeless Tobacco Teaching Guide* was developed by the Indian State Board of Health for use as a permanent part of the middle school curriculum.

By 1995, when the BDD added smoking prevention objectives to its program, the percentage of sixth graders who had experimented with and used smokeless tobacco had decreased, but those who had either tried smoking or were smokers had increased.

In 1999, data indicated the number of students who tried smokeless tobacco products decreased by almost 20 percent since the study's inception. The percentage of students who were smokeless tobacco users remained about the same. However, those who experimented with smoking or smoked rose between 1989-99.

"We may be witnessing an increase in cigarette smoking because it's easier for young people to access cigarettes since the passage of the Tribal resolutions and state laws regulating the sale and possession of smokeless tobacco products to and by minors," Rattler said. There have been some small victories for the BDD. "We've experienced some frustrations too," said Rattler. "But we must constantly look at our community to see anything positive which helps us to be more optimistic."

Ten years ago, according to Rattler, teachers were smoking in classrooms with students present. Now, that is never done. In fact, many have quit smoking. Ten years ago you could go into the Tribal Offices and the majority of adults, including employees, were smoking or using smokeless tobacco right inside the buildings. Now there are just a few standing outside in the back. "You need to look continually at the small improvements for gratification. And, we must continue to provide the education needed to precipitate change", Rattler concluded.

For more information on tobacco and cancer, contact the NCI's Cancer Information Service at 1-800-422-6237. You can access NCI's Web site at <http://www.nci.nih.gov>. ❖

Surgeon General's Report on Tobacco

The 1998 Surgeon General's Report, *Tobacco Use Among U.S. Racial and Ethnic Minority Groups*, published by the Centers for Disease Control and Prevention, indicates that rates of tobacco-related cancers other than lung cancer vary widely among members or racial and ethnic groups, and are particularly high among African American men. This is the first report in the 34-year history of Surgeon General's studies on tobacco use to focus on the impact on African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics.

To view a copy of the report, browse the CDC's Web site at: <http://www.cdc.gov/nccdphp/osh/sgrminorities.htm>. ❖

