

American Indians, Alaska Natives and Tobacco Fact Sheet

ADULTS

- In 2007, thirty-six percent (36.4%) of adult American Indians and Alaska Natives smoked. When broken down by gender, 36.7% of American Indian/Alaska Native men smoked, while 36.0% of American Indian/Alaska Native women smoked.¹
- Smoking rates are higher among American Indian and Alaska Native adults than among adults in other racial/ethnic groups. Twenty-one percent (21.4%) of Whites, 19.8% of blacks, 13.3% of Hispanics and 9.6% of Asian Americans smoke.¹
- Forty-one percent (41%) of American Indians who ever smoked have quit, compared with 37% of African Americans, 43% of Hispanics, 45% of Asians and 51% of Whites.²

YOUTH

- Data suggests that, among seniors in high school, American Indians and Alaska Natives had higher rates of tobacco use than all other youth. In 2000, smoking rates in senior year of high school were 38% among white youth, 33% among Asian American youth, 27% among Hispanic youth and 21% among African American youth.³
- From 1996 through 2000, the smoking rate among American Indians in grade 12 was estimated to be 46%.⁴

SACRED TOBACCO USE

- Tobacco plays an important role in American Indian cultures. Historically, tobacco is used in religious and other ceremonies, in healing, and in storytelling. Tobacco is considered a sacred gift of the earth to many American Indians. Traditional use of tobacco by American Indians does not resemble the common cigarette smoking which results in disease and death; inhalation of tobacco smoke was not appropriate in ceremonial contexts.^{4,5}

HEALTH IMPACT

- In the U.S., tobacco use is associated with the two leading causes of death (i.e., heart disease and cancer) among American Indian and Alaskan Native adults.⁶
- **Cardiovascular Disease** — Cardiovascular disease is the primary cause of death in the U.S. and among American Indians and Alaska Natives. Heart disease and stroke together accounted for about 38% of all deaths among American Indians and Alaska Natives in 2002.⁷ It is estimated that as many as 30% of deaths in the U.S. from cardiovascular disease are a result of tobacco use.⁸ Because people who identify themselves as American Indian or Alaska Native on self-administered surveys are sometimes reported as white on a death certificate, these figures are likely to underestimate the number who died.
- **Heart Disease** — In 2002, heart disease killed about 2,000 American Indians and Alaska Natives.⁷ Smoking is a major cause of heart disease.⁹
- **Stroke** — Stroke is the third leading cause of death in the U.S. and the fifth among American Indians and Alaska Natives. Death certificate data indicate that in 2002 nearly 600 American Indians/Alaska Natives died of stroke.⁷ It is likely that these numbers underestimate the real number of stroke deaths among this group.⁹ Smoking increases the risk for stroke.¹⁰
- **Cancer** — Cancer is the second leading cause of death in the U.S. and among American Indians and Alaska Natives. Nearly 18% of American Indian deaths are attributable to cancer. Over 2,000 American Indian/Alaska Natives died of cancer in 2002.⁷ Cigarette smoking is a major cause of cancer.⁹

- **Lung Cancer** — About 500 American Indians died of lung cancer in 1998; 300 men and 200 women. American Indian men have lower death rates for lung cancer than African American and white men, but higher death rates than Asian American or Hispanic men.¹¹

SOURCES

¹CDC. Cigarette Smoking Among Adults—United States, 2007. MMWR 2008; 57(45); 1221-1226.

²CDC. Cigarette Smoking Among Adults—United States, 2000. MMWR 2002; 51(29);642-645.

³Wallace JM, Bachman JG, O'Malley OM, Johnston LD, Schulenberg JE, Cooper SM. Tobacco, alcohol, and illicit drug use: racial and ethnic differences among U.S. high school seniors. Public Health Rep 2002;117 Suppl 1:S67-S75.

⁴U.S. Department of Health and Human Services. Tobacco Use Among U.S. Racial/Ethnic Minority Groups- African Americans, American Indians, and Alaska Natives, American Indians and Pacific Islanders, and Hispanics: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

⁵National Cancer Institute. Changing Adolescent Smoking Prevalence; Where it is and Why. Smoking and Tobacco Control Monograph No. 14. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health.

⁶CDC. Tobacco, alcohol, and other drug use among high school students in Bureau of Indian Affairs-funded schools--United States, 2001. MMWR 2003;52(44);1070-2.

⁷Anderson R, Smith B. Deaths: Leading Causes for 2002. National Vital Statistics Reports 2005; 53(17).

⁸McGinnis JM, Foege WH. Actual Causes of Death in the United States. JAMA. 1993; 270:2207-12.

⁹U.S. Department of Health and Human Services. The Health Benefits of Smoking Cessation: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1990.

¹⁰U.S. Department of Health and Human Services. Reducing the Health Consequences of Smoking - 25 Years of Progress: A Report of the Surgeon General. Atlanta, GA: Centers for Disease Control, 1989.

¹¹CDC. Recent Trends in Mortality Rates for Four Major Cancers, by Sex and Race/Ethnicity- United States, 1990-1998. MMWR 2002;51:49-53.