

**Factors that Influence the Risk of Tobacco Use Among American Indian and Alaska Native
Youth: A Literature Review**

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Research Question: What are the main risk factors that lead to higher rates of tobacco use among American Indian and Alaska Native adolescents compared to other minorities and non-Hispanic whites?

INTRODUCTION

In the United States, the detrimental effects of tobacco use have impacted the country for many decades. Although rates of tobacco use in the general population are consistently declining, tobacco use remains the leading cause of preventable disease and death. Specifically, tobacco use is responsible for one in five deaths in the United States and causes almost 500,000 deaths annually (CDC, 2021). Tobacco use is associated with many health issues, such as heart disease, stroke, lung cancer, chronic obstructive pulmonary disease, asthma, and multiple forms of cancer. Approximately 90% of lung cancer deaths and 80% of COPD deaths are related to tobacco use, highlighting its profound health implications (CDC, 2021). Tobacco products exist in many forms, including cigarettes, cigars, smokeless tobacco, and e-cigarettes. Over recent decades, tobacco use has become less popular as people become more aware of the negative health impacts it causes and increasing regulations aim to curb tobacco use on the local, state, and federal levels. Policies implemented on the federal level have worked to protect people from secondhand smoke in public areas, limit tobacco sales to those who are only 21 and older, and regulate the marketing and distribution of tobacco products (CDC, 2022b). Outside of federal policies, tobacco regulation can vary based on state and local ordinances, influencing the overall effectiveness of regulation attempts.

While tobacco use has declined in the general population, the declining rates have not been consistent across all age groups. For example, tobacco use has increased by 11% among

high school students from 2002 to 2019, and e-cigarette use specifically has increased by a dramatic 1,733% during this same period and 33% from 2018 to 2019 alone (ALA, 2018). Furthermore, tobacco use varies by race and ethnicity, with Black men reporting the highest smoking rates among men of any other racial or ethnic group and American Indians and Alaska Natives having the highest smoking rates overall (ALA, 2022). When comparing tobacco use across populations, it is evident that rates are declining more rapidly in those who do not identify as American Indian and Alaska Native. In addition to having the highest rates of tobacco use, lung cancer is the leading cause of death for American Indians/Alaska Natives, which reflects the damaging toll that high rates of tobacco use have on this population (CDC, 2019). American Indian and Alaska Native youth also have the highest rates of tobacco use among youth of all races and ethnicities. Among high school students in the U.S., 16.2% of American Indians and Alaska Natives report using tobacco compared to 5.8% of all other students (CDPH, 2021). Additionally, smoking begins at a younger age in AI/AN youth, and the diagnosis of lung cancer cases occurs at an earlier age on average. In American Indian and Alaska Native populations, the diagnosis of 23% of lung cancer cases happens before the age of 60 compared to 16% among non-Hispanic Whites (CDC, 2019). With tobacco use rates increasing in youth and remaining exceptionally high in AI/AN populations, addressing this public health issue and its underlying causes is critical.

It is particularly concerning that racial disparities exist in tobacco use and related deaths. This issue is multifaceted, and several factors relate racial disparities to commercial tobacco use. Arguably, one of the main reasons for varying tobacco use rates by race is due to the aggressive marketing and advertising tactics by tobacco companies that aim to target specific populations. The tobacco industry specifically targets American Indian and Alaska Native people through

advertising that utilizes language and imagery that have an important meaning in tribal culture, and they often reduce the prices of tobacco sold on tribal lands (CDC, 2022c). Traditional tobacco is commonly used for spiritual and medicinal purposes and is not typically inhaled or smoked. Instead, it is used by burning it in a bowl as a part of prayer or sprinkling it for healing, and the tobacco industry frequently misrepresents this distinction to persuade AI/AN people to use addictive commercial tobacco products as well (CDC, 2022c).

In addition to aggressive marketing by the tobacco industry, AI/AN populations experience many other disparities that could influence their use of tobacco. Populations living on tribal lands or reservations often have a much lower socioeconomic status, less access to resources, and worse health outcomes overall. Indigenous populations have the highest poverty rates of all racial and ethnic groups, and they also experience many other types of stressors, such as racism, violence, and traumatic life events that can increase the risk of tobacco use (CDC, 2022c). Tobacco use prevention programs and healthcare services are also significantly lacking in American Indian and Alaska Native populations. This lack of services may increase the risk of beginning smoking and decrease one's ability to quit smoking successfully (CDC, 2022a). Because tobacco use is most prevalent among American Indian and Alaska Native youth and has many detrimental health effects, it is vital to understand and address the disparities contributing to this issue. Overall, this review aims to examine the main risk factors that cause American Indian and Alaska Native youth to have the highest rates of tobacco use among all other populations.

METHODS

An extensive search was conducted in two databases to obtain the available literature regarding this topic. The two databases utilized for this review were PubMed and PsycInfo. Both

of these databases provide an extensive amount of reliable, peer-reviewed literature related to public health issues. PubMed, overseen by the National Center for Biotechnology Information within the National Institutes of Health, contains over 34 million sources relevant to biomedical and health sciences, making it an essential source of information for this literature review.

PscyInfo is a database managed by the American Psychological Association, and it contains over five million peer-reviewed sources that span 2,400 journals in the behavioral and social sciences.

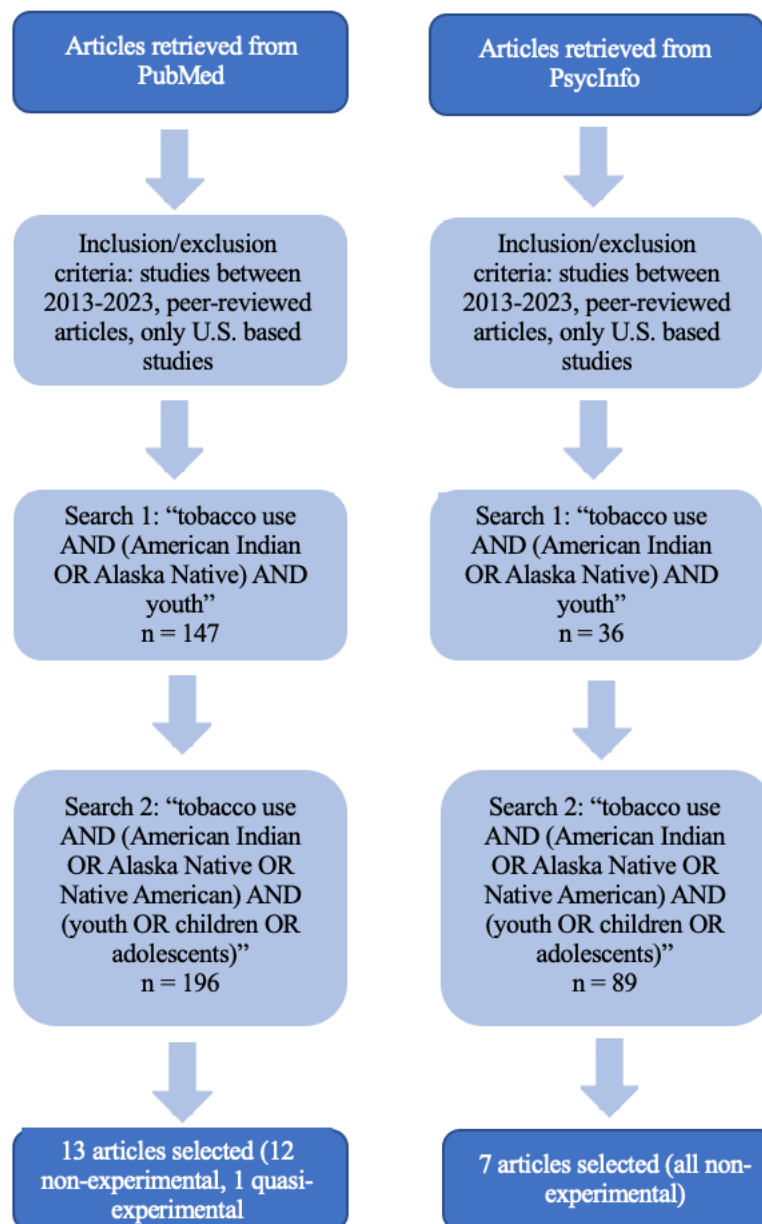
Both databases were searched using the same terms, inclusion criteria, and exclusion criteria.

Overall, 13 articles were obtained from PubMed, and seven were obtained from PscyInfo.

The first search conducted in PubMed was “tobacco use AND (American Indian OR Alaska Native) AND youth.” A publication range of 2013-2023 was used for an inclusion criterion, and the search was limited to peer-reviewed articles. Literature reviews, meta-analyses, and studies on indigenous populations outside of the U.S. were excluded. This search returned 147 results. A second search was then conducted to consider varying language about the topic and obtain more results. The second search included “American Indian OR Alaska Native OR Native American” and “youth OR children OR adolescents.” The second search populated 196 articles. Thirteen articles were selected after this search by first reviewing the titles of the articles. If they did not mention American Indian/Alaska Native, tobacco use, or a specific type of tobacco use in the title, then the article was not considered. If the title mentioned “substance use” within American Indian/Alaska Native populations but not tobacco use specifically, then the abstract was examined to clarify if tobacco use was one of the primary substances studied. Additionally, some articles only mentioned tobacco use but not American Indian/Alaska Native in the title. In these instances, the abstract was read to ensure that American Indians and Alaska

Natives were one of the main populations studied. An overview of this search process can be seen in Figure 1.

Figure 1. Article selection process



An identical search was conducted in PsycInfo using the same search terms and article review methods described above and as detailed in Figure 1. The first search produced 36 articles. After including the additional terms as described for the second search, 89 results were

found. From these 89 articles, seven were selected using the review method that was previously outlined.

RESULTS

The twenty articles selected for this literature review provide important information about the factors that lead to higher rates of tobacco use among American Indian and Alaska Native youth compared to other racial and ethnic groups. Of the 20 selected articles, 19 are non-experimental, and one is quasi-experimental. Seventeen of the 19 non-experimental articles used cross-sectional designs, and the remaining two used longitudinal designs. After reviewing the available literature, it was evident that the risk factors for tobacco use in AI/AN youth can be categorized into four main themes. The four themes highlighted are ethnic and cultural identity, socioeconomic influences, regional and geographic influences, and historical trauma and discrimination. Each of these themes has a significant role in influencing the risk of tobacco use in this population.

Ethnic Identity, Culture, and Spirituality

Traditional tobacco use has commonly been part of everyday life for American Indian and Alaska Native communities for hundreds of years. In tribal cultures, traditional tobacco is considered sacred and thought to have healing properties, so it is commonly used in ceremonies and religious practices. American Indian youth who have a strong sense of spirituality and regularly use traditional tobacco may be more likely to use commercial tobacco and smoke cigarettes than those who do not participate in religious activities due to their familiarity and experience with traditional tobacco (Morrell et al., 2020; Unger et al., 2020). In contrast to spiritual identity, multiple studies have found that a strong ethnic and cultural identity is protective against tobacco use in Indigenous youth (Greenfield et al., 2018; Soto et al., 2015;

Unger et al., 2020; Usera, 2017). Studies that have focused on the role of ethnic identity in reducing tobacco use have shown that a strong ethnic identity gives youth a sense of community and belonging, respect for others and their own traditions, opportunities for cultural engagement, and social cohesion; moreover, these important protective factors against tobacco use help AI/AN youth distinguish the differences in traditional and commercial tobacco (Greenfield et al., 2018; Morrell et al., 2020). Embracing one's cultural identity by participating in cultural activities and speaking the native language are also associated with lower risks of tobacco use, further highlighting the negative association between ethnic identity and the likelihood of tobacco use (Greenfield et al., 2018).

Another cultural aspect of tobacco use in AI/AN youth is the overall attitudes and perceptions within tribal communities towards tobacco. Because both traditional and commercial tobacco use is quite common among American Indian and Alaska Native adults, many Indigenous people view tobacco use as culturally acceptable. This view on tobacco has led American Indian adolescents to be less likely to disapprove of their peers smoking and less likely to think that their parents would disapprove of them smoking (Epperson et al., 2022). Additionally, Indigenous populations are more likely to have favorable parental and adolescent attitudes toward substance use due to its cultural significance, and youth are more likely to have friends or peers that use substances (Morrell et al., 2020). Because it is more common for American Indian youth to have peers who use tobacco, they are more likely to be exposed to tobacco and initiate tobacco use in social situations and at school or extracurricular settings than adolescents of other ethnicities (Rollins et al., 2017). Furthermore, certain behaviors at school increase tobacco use among AI/AN youth, including antisocial behaviors, oppositional

behaviors, and experiences of bullying; in contrast, students who exhibit or encourage prosocial behaviors have a lower risk for tobacco use (Kulis et al., 2016).

Creating smoke-free environments at home is another critical issue regarding tobacco use and American Indian adolescents. Because tobacco use has strong cultural ties in their community, many Native elders commonly use it in their own homes which can expose children to harmful secondhand smoke. American Indian households with children or grandchildren more commonly have smoke-free homes and tighter rules around tobacco use. However, families with older adults in the home often have more relaxed rules around tobacco use due to their desire to respect the elders in their community (Kegler et al., 2019). Other studies emphasize that AI/AN adults believe smoking is harmful to youth, but it should not be heavily regulated for those over 21 (Soto et al., 2022). Because reservations and tribal lands are sovereign, they often are not subject to stricter state and local tobacco policies. Even though AI/AN adults believe tobacco use is harmful, they are frequently unfavorable of widescale policies that regulate tobacco due to the oppression they have experienced over many centuries and their desire to remain sovereign (Soto et al., 2022). These cultural attitudes toward tobacco regulation can make tobacco more accessible to youth, specifically at tobacco retailers on or near tribal lands (Begay et al., 2020). Furthermore, lax tobacco regulations allow retailers to purposefully exploit Native imagery and cultural symbols to target American Indian youth by increasing the appeal of commercial tobacco and encouraging it as a substitution for traditional tobacco in cultural practices (Lempert & Glantz, 2019; Seo & Chang, 2022).

In terms of gender differences in tobacco use, data has shown that there are not significant differences in tobacco use between male and female AI/AN youth (Odani et al., 2018). However, American Indian males are more likely to use multiple substances in addition to

tobacco and more commonly transition to other substances after initiation of tobacco use than females (Lynne-Landsman et al., 2016).

Historical Trauma and Discrimination

While many studies have shown that ethnic identity is protective against tobacco use in American Indian youth, it has a dynamic relationship with historical trauma. Researchers have discovered that as AI/AN youth develop their ethnic identity and engage in more cultural activities, they become more aware of the historical oppression and traumatic events they have faced. This historical trauma mediates the relationship between cultural involvement and tobacco use and increases the risk of smoking (Soto et al., 2015). Because historical trauma can mediate tobacco use, it is important to address how AI/AN youth cope with the historical trauma they are exposed to while developing their ethnic identity (Soto et al., 2015). The historical racism that American Indian and Alaska Native populations have faced has led AI/AN youth to be more likely to experience perceived discrimination and racial microaggressions from their peers, and this is also linked to an increased risk for cigarette use within this population (Dickerson et al., 2019).

Socioeconomic Influences

There are also many socioeconomic influences that factor into tobacco use among Indigenous youth. Tribal communities often experience high rates of poverty, neighborhood disadvantage, and economic hardships, and these stressful life events are directly associated with an increased risk for tobacco use (Soto et al., 2015). The opposite effects of high income within AI/AN families can also be seen, as higher per capita income is negatively associated with tobacco use and nicotine dependence (Hautala et al., 2019). Furthermore, American Indian youth are more likely to consider smoking harmful and understand the adverse health effects of tobacco

use if their parents have high incomes, and having parents with high incomes is protective against cigarette smoking for AI/AN youth (Epperson et al., 2022). Living in two-parent households is also associated with lower odds of tobacco use, purportedly due to increased social support and higher household incomes than single-parent families (Morrell et al., 2020). Additionally, tribal communities with higher percentages of the population living in poverty or isolation are more likely to have tobacco retailers who sell illegally to minors, which increases the access and availability of tobacco to those who are underage (Lee et al., 2016).

Regional and Geographic Influences

Another significant risk factor for tobacco use in Indigenous youth is the varying regional and geographic influences on Native populations throughout the country. Geographic influences are rather complicated because there are hundreds of tribes throughout the U.S., and many communities have different cultures and experiences. One of the primary geographic influences seen is rurality. For example, American Indian students are significantly more likely to report tobacco use and engage in e-cigarette use if they live in rural areas compared to those who live in urban areas (Da Rosa et al., 2020). Isolation caused by rurality also significantly affects tobacco use in AI/AN youth. American Indian youth living in urban areas experience lower rates of tobacco use than those who are socially isolated on reservations or in rural areas (Lynne-Landsman et al., 2016).

Additionally, there are differences in tobacco use by geographic region within the United States. Compared to White youth, significant disparities exist in the prevalence of tobacco use in American Indian youth in the Upper Great Lakes, Southeast, and Northeast, but not in the Southwest or Northwest U.S. (Spillane et al., 2020). Another study had similar findings and showed that tobacco use rates did not significantly differ between AI/AN students and non-

Native students at Southwest universities, but they did in the country as a whole, which further highlights the impact of regional influences on the use of traditional and commercial tobacco (Greenfield et al., 2018).

DISCUSSION

Overall, this review's results uncover many of the systemic issues present within the U.S. today that negatively impact American Indian populations and cause them to experience worse health outcomes and a higher prevalence of substance use. The risk factors for tobacco use within AI/AN youth exist at all levels—individual, social, community, and societal. As this review has addressed, ethnic identity and culture, socioeconomic status, historical trauma and discrimination, and geographic influences have the most prominent role in tobacco use among youth within this population. Because American Indian and Alaska Native peoples have been strategically disadvantaged for many years and still are in many instances, these issues must first be approached at the larger societal level.

Since the Indian Removal Act of 1830, American Indian and Alaska Native people have been historically disadvantaged as their culture, traditions, and languages have been taken away from them. Due to their displacement and isolation, Indigenous populations are still largely left without the needed resources to thrive in today's society, contributing to their socioeconomic status and historical trauma. According to the U.S. Department of Housing and Urban Development, AI/AN populations have much lower socioeconomic conditions than the general population (HUD, 2022). Specifically, the AI/AN population in the U.S. has a poverty rate of 26%, 17% of families are single-parent households, and only 13% have a bachelor's degree or higher. In contrast, non-AI/AN populations have a poverty rate of 14% overall, 9.5% of homes are single-parent households, and 28% have a bachelor's degree or higher. Additionally, the

average AI/AN household income was \$49,000 compared to \$71,000 for non-AI/AN households (HUD, 2022). The worse socioeconomic conditions that American Indian populations face are significant due to their association with poorer health outcomes and increased tobacco use, as seen in this review.

Even after Indigenous populations were forced from their homes, they were still continually oppressed, and attempts were made to strip them of their cultural identity long after. In 1883, the Indian Religious Crimes Code was passed to outlaw American Indian religious participation and ceremonies. This law remained in place until 1978, when the American Indian Religious Freedom Act was passed (MNDPH, 2023). During this time, American Indian populations could not access or use traditional tobacco. They instead resorted to using more addictive and harmful commercial tobacco products, which may be a reason for their higher rates of tobacco use today. As some Indigenous populations have regained their sovereignty, they often are not subject to local and state laws and understandably do not have favorable views of federal regulations. Consequentially, tribal nations are less likely to have regulations regarding retail sales of tobacco and secondhand smoke, making AI/AN youth more vulnerable to tobacco use and decreasing the health of all (MNDPH, 2022).

Today, there are almost 600 federally recognized American Indian and Alaska Native tribes within the United States, and each is unique and has its own values, culture, and history (Cook, 2023). The wide variety of tribes is one of the main reasons why regional influences have such drastic effects on the health and behaviors of American Indian populations, and this is seen in the varying rates of tobacco use among AI/AN youth in different areas throughout the country. As this review has discussed, Native populations in the Western U.S. often have lower rates of tobacco use than those in the Northern Plains or the Eastern U.S. The differences in tobacco use

by region are most likely tied to the historical context of tobacco within each region. For example, tobacco was widely grown in the Northern Plains by Native populations during the 17th century. During the 18th century, the French began cultivating new tobacco strains in the region that were brought in from South America. These new strains were often easier to smoke and more addictive, and the Indigenous people in the area were exposed to the new strains through trade with the French (Kunitz, 2016).

In contrast, Native Americans in the Southwest during the same time were not exposed to the different strains of tobacco that were being brought in by the French. Instead, Spain declared a monopoly on tobacco production during this time, further restricting their access to tobacco (Kunitz, 2016). Another historical factor that could explain the differences in tobacco use by region is that those in the Northern Plains and the East were more likely to engage in trading and alliances with other tribes and Europeans than those in the Southwest. A common practice known as the calumet ceremony became popular to commemorate and establish peace with others, and this ceremony involved smoking tobacco with a pipe and sharing the pipe with one another. The cultural significance of this ceremony could have increased the use of tobacco in American Indian populations, and the lack of the ceremony in tribes in the Southwest could explain some of the geographic differences in tobacco use still seen today (Kunitz, 2016).

While these historical events may be responsible for some of the variations in tobacco use, they are only a small piece of the puzzle, and there are many more large and small regional differences present throughout the country impacting Native populations today. Because of the large number of tribes and the differences in each, it can be difficult to effectively quantify and study tobacco use in the American Indian population as a whole. Therefore, future studies and

prevention programs would benefit by focusing on these regional variations and specific tribes or areas.

Implications

As research has shown that AI/AN youth use tobacco more frequently, at a younger age, and before other substances, it is important that interventions and health education programs focus on educating American Indian students about tobacco use at an early age (Lynne-Landsman et al., 2016). Furthermore, the most effective tobacco prevention programs are age appropriate and culturally relevant. Because ethnic identity is protective against tobacco use in AI/AN youth, programs should engage Indigenous youth and help develop their ethnic identity by providing opportunities for cultural activities, knowledge of their history, and a sense of community. At the same time, successful programs have emphasized the importance of traditional tobacco and its differences from commercial tobacco. If AI/AN youth understand and respect the significance of traditional tobacco, they are less likely to use commercial tobacco (MNDPH, 2023).

Because socioeconomic status is one of the main factors that influences health outcomes and substance use, policies are needed on the federal and state level to allocate additional resources to Indigenous populations to ensure they have the economic development needed to sustain healthy communities. Additionally, many Indigenous communities need additional funding and resources to maintain their public health system and carry out tobacco prevention campaigns. Simultaneously, the healthcare system of AI/AN populations should be supported to ensure Native communities receive the needed resources to help those in their community successfully quit commercial tobacco use and substance use, as well as being able to treat chronic conditions related to higher rates of tobacco use.

Lastly, further research is needed at the community level to better understand the regional, cultural, and environmental factors of tobacco use in American Indian youth. If more research is conducted on a community level to focus on specific areas and tribes, better prevention programs and culturally relevant solutions can be created.

Limitations

One of the limitations of this review is that it focuses on tobacco use as a whole and does not explicitly address the different types of tobacco use in AI/AN youth. As certain types of tobacco use, such as e-cigarettes, are becoming more popular among adolescents, the findings surrounding this topic may change. This review also primarily examined articles that were non-experimental, which makes it difficult to assess causality. Due to the nature of tobacco use, experimental studies are unethical and usually cannot be conducted. Other limitations are the relatively small sample sizes of the studies included and the fact that most of the studies were confined to a small geographic area, which makes it difficult to generalize the results to AI/AN populations as a whole. Finally, there is a limited amount of literature available about this topic, so the full scope of this problem may not have been adequately addressed, or there may be risk factors that have yet to be uncovered.

Conclusion

The available literature highlights the cultural significance of tobacco use among AI/AN youth and the influence that historical trauma, low socioeconomic status, and regional differences have on tobacco use in this population. This paper emphasizes the need for further research on the socioeconomic, historical, and cultural impacts of tobacco use on American Indian youth. By further understanding how socioeconomic status is tied to health outcomes and substance use and examining the historical and cultural impacts of systemic oppression on

AI/AN populations, more successful interventions can be created and implemented to improve the health of all Indigenous communities. Additionally, more targeted, culturally relevant interventions are needed to lower the prevalence of tobacco use in American Indian youth. Most importantly, action is needed on the policy and societal level to reduce barriers and achieve better outcomes overall for American Indian and Alaska Native people while still ensuring their sovereignty.

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