

Advocating For Smoke-Free California Casinos in a “Good Way”

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CALIFORNIA TRIBES HAVE a long and rich history of traditional tobacco grown for medicinal and ceremonial use. Traditional tobacco can improve health and assist in spiritual growth when used in a sacred and respectful manner. Traditional tobacco is not to be mistaken for commercial tobacco products, such as cigarettes and chewing tobacco, and it is important to recognize the history and value of traditional tobacco before we can begin talking about commercial tobacco. As many of us already know and as countless epidemiological studies have shown, smoking cigarettes and chewing tobacco leads to disease and death. Even non-smokers exposed to secondhand smoke are affected. Each year in the United States approximately 53,000 non-smokers die from exposure to secondhand smoke.¹

In California, American Indians and Alaska Natives (AI/ANs) are 28 percent more likely to visit the hospital for tobacco-related hospital reasons than Anglo-Americans.² Data from a recent California Health Interview Survey shows that smoking prevalence within California AI/AN populations ranges from 22 to 29 percent.³ These figures are higher than the statewide average, as well as higher than all other ethnic groups in the state. However, smoking rates can vary greatly by region or tribe. For instance, a recent survey found that 39 percent of adult American Indians residing in northern California are smokers.⁴

Results from a 2005 survey of adult American Indians among select tribes in northern California found that most respondents agreed on having smoke-free indoor work areas (see table).

When asked specifically about smoking in casinos and bingo halls, however, a lower percentage of respondents agreed with smoking restrictions. These results show that gaming facilities are perceived as somehow different, even though to their employees they are the same as indoor work areas. Certainly this shows a need to change community perception (at least among northern California American Indians) on secondhand smoke exposure.

Many California tribes have experienced economic growth through gaming. Of the 107 federally recognized tribes in California, 57 operate gaming establishments.⁵ Since tribes are sovereign nations, tribal casinos are not subject to federal or state indoor-smoking policies. On average, one in four tribal casino workers are American Indian or Alaska Native.⁶

The California Rural Indian Health Board (CRIHB) and the United Indian Health Services (UIHS) were established in 1969 and 1970, respectively. In the 1990s, both organizations started working with tribal casinos to establish smoke-free policies. CRIHB and UIHS are guided by grassroots community members, and both programs provide education on the dangers of secondhand smoke and work with tribes to adopt smoke-free policies for tribal offices. Some tribes even adopted such policies before it was a State of California mandate.

CRIHB and UIHS began their smoke-free casino efforts by surveying and interviewing customers, potential customers, workers, managers, and tribal council members. Over and over again,



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results showed that the majority of people preferred and supported smoke-free entertainment. Workers were very supportive of their places of employment offering smoke-free entertainment, but management and tribal council members were skeptical. They were concerned about losing their customers, even though the majority of smokers stated that they would still visit a casino more often or the same amount if their favorite casino were to offer smoke-free entertainment.

Providing smoke-free entertainment is not only still profitable, but it also carries a cost-savings benefit. Smoke-free casinos would save money in maintenance and repair costs, as well as preventing loss of labor and a high employee turnover rate due secondhand smoke exposure and its related illnesses.

At UIHS, programs specifically aimed at establishing smoke-free casino entertainment

have included developing educational materials addressing ventilation systems and their lack of efficiency in removing secondhand smoke, and creating a brochure advertising local smoke-free casinos. UIHS's efforts within their service area of Humboldt and Del Norte Counties have resulted in many successes, such as smoke-free bingo, card rooms, slot rooms, restaurants, and event centers. UIHS is definitely making a difference in moving forward with the goal of all casinos being entirely smoke-free.

The Tobacco Education and Prevention Technical Support Center (TEPTS) has been a part of CRIHB since 2000 and is currently funded through 2010 by the Centers for Disease Control and Prevention's Office on Smoking and Health. TEPTS has maintained a Tribal Tobacco Policy training module and presentation and recently completed an educational DVD entitled *Nathan's*

Story: The Impact of Secondhand Smoke on an American Indian Tribal Casino Worker. This short film is available to tribal leaders, advocates, and community members for educational use. *Nathan's Story* is a heart-wrenching narrative of the harmful health effects of secondhand smoke exposure in the workplace, and includes many facts about secondhand smoke.

With the assistance of national American Indian tobacco education advocates and the G&G Advertising firm, CRIHB has also developed the promotional image "Not Everyone Enjoys Smoke" to address secondhand smoke in California tribal casinos. The image (see illustration), which was evaluated for cultural appropriateness to respect the sovereignty of gaming tribes, is available on posters, T-shirts, and on a deck of playing cards.

Both CRIHB and UIHS continue to face challenges presented by casino management and tribal council members. As in the past, they listen to these concerns and try to propose solutions that will address these challenges while still advocating smoke-free entertainment within casinos.

Possibly the biggest challenge has been assisting other organizations who would like to work with casinos to offer smoke-free entertainment. Many of these organizations are overzealous in their intentions and tend to overstep boundaries. In the early years, most non-Native entities did not understand sovereignty and how it affects tribes. Indeed, while the issue of sovereignty is complicated, it is clear that tribes can choose to be smoke-free or not. Many tactics that have been used to move the state of California toward a smoke-free environment simply do not succeed when working with tribes. In fact, they can even have the opposite effect; anyone working with American Indian people knows that once you show disrespect toward a person, a tribe, or a community, the door of opportunity is closed. Both CRIHB and UIHS understand and respect tribal sovereignty when addressing the secondhand smoke issue, and it is paramount that county, state, and federal agencies, as well as other programs working with tribes, also understand and respect tribal sovereignty before advocating for smoke-free tribal casinos.

CRIHB and UIHS tobacco programs have been an integral part of educating organizations about sovereignty and remain among the best approaches that can be taken with tribes in order to gain their trust and convince them to make

Table 1. Sample of Adult Northern California American Indian Opinions on Smoking Policy by Smoking Status, 2005.

	SMOKING STATUS	
	Current Non-Smoker	Current Smoker
Do you think smoking should be allowed in indoor work areas? *		
Allowed in all areas	2 (2%)	1 (1%)
Allowed in some areas	13 (11%)	22 (29%)
Not allowed at all	100 (87%)	54 (70%)
Do you think smoking should be allowed in casinos or bingo halls? *		
Allowed in all areas	1 (1%)	16 (20%)
Allowed in some areas	42 (36%)	46 (58%)
Not allowed at all	72 (63%)	17 (22%)

* Chi-square is significant at $p < .05\%$

these important changes. It is vital to work with tribal governments; we do not advocate pushing, coercing, guilt, or mandating tribes to make change. Good change comes with education, understanding each other's needs, and mutual respect. This is how it is done in a "good way." ▼

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- 1 www.tobacco.org/resources/Health/021022glantz.html, June 2008.
- 2 Garcia, Kao, Crouch, Korenbrot. "Disparities in Causes of Severe Morbidity: Hospitalizations of American Indian and Alaska Natives who use Tribal Health Programs," *American Indian Health in California Report Series*, Volume 1, Report 3 (June 2007).
- 3 California Health Interview Survey: American Indian/Alaska Native Self-reported and Enrolled in a federal or state-recognized American Indian tribe, 2005 data, www.chis.ucla.edu, June 2008.
- 4 Schweigman, Mecado, and Garrow. "Commercial Tobacco Use, Opinion, and Risk Perception Among Three California American Indian Communities," manuscript in progress.
- 5 Marks, Contreras. "Lands of Opportunity: Social and Economic Effects of Tribal Gaming on Localities," *Policy Matters*, Volume 1, no. 4 (Summer 2007).
- 6 www.indiangaming.org/library/indian-gaming-facts/index.shtml, June 2008.