



American Indian Health Commission for Washington State
“Improving Indian Health through Tribal–State Collaboration”

**The American Indian Health Commission for Washington State
Resolution #2019-03**

TITLE: Support for the American Indian Health Commission’s position on Washington State Tobacco and Vaping 21 Policy and Recommendations

WHEREAS, the American Indian Health Commission (AIHC) of Washington State is a tribal non-profit organization in which delegates from 29 federally-recognized Washington Tribes, two Urban Indian Health Providers, and the American Indian Community Center serve by resolution to identify, prioritize, voice and act on Indian health issues common to all; and

WHEREAS, the mission of the AIHC is to improve the health of AI/AN populations in Washington State so all Indian people of Washington State have access to quality, culturally-appropriate health care as a standard of life; and

WHEREAS, the health and wellness of AI/AN populations in Washington State is a primary goal of the AIHC which is supported by activities designed to prevent and reduce adverse health conditions and health disparities in Tribal and Urban Indian communities; and

WHEREAS, the AIHC has a unique and groundbreaking history of providing leadership and collaborative partnerships among tribal, urban Indian, and state leaders, and other partners to address and improve AI/AN health status; and

WHEREAS, improving the health of Native Youth to promote the health of all AN/AN people for generations to come is a primary goal of AIHC’s commercial tobacco and vape use prevention and control efforts; and

WHEREAS, the harmful effects of commercial tobacco use remain the most preventable cause of illness and death and disproportionately affect AI/AN people in Washington State. Many AI/AN lives are being cut short by high rates of disease often caused by commercial tobacco use. The effects of commercial tobacco and vape use including:

- In WA State, AI/AN 10th graders tobacco/vape use is 27.1% vs. 15.9% for White 10th graders and is higher than any other racial/ethnic group.ⁱ
- In the US, there is an E-cigarette epidemic; since 2014 e-cigarettes have been the most commonly used tobacco product by youth.ⁱⁱ
- In WA State, AI/AN adult smoking rates have increased from 30% in 2010 to 35.2% in 2016.ⁱⁱⁱ



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- 19% of AI/AN pregnant women smoked during the third trimester of pregnancy compared to 7% of pregnant women in WA state.^{iv}
- AI/ANs in Washington State have disproportionate rates of low birth weight and infant mortality. Both can be attributed to smoking.^v
- 8,000 Washingtonians die each year due to tobacco use. It kills more people each year than AIDS, suicide, drugs, car crashes, fires, homicide and alcohol; combined.^{vi}
- Smoking causes heart disease, emphysema, acute myeloid leukemia and cancer of the mouth, esophagus, larynx, lung, stomach, kidney, bladder and pancreas.^{vii}
- Smoking also causes reduced fertility, low birth weight in newborns, and cancer of the cervix.^{viii}
- Use of nicotine at a young age impacts brain development and increases the risk of developing addictive behaviors;^{ix} and

WHEREAS, commercial tobacco and nicotine products are extremely addictive and high Adverse Childhood Experiences (ACEs) have been significantly associated with high smoking rates (cite)^x;

WHEREAS, about 95 percent of adult smokers start before age 21. A 2015 Institute of Medicine report found that having Tobacco 21 ordinances nationally would eventually reduce the smoking rate by about 12 percent, there would be approximately 223,000 fewer premature deaths and 4.2 million fewer years of life lost for those born between 2000 and 2019^{xi}; and

WHEREAS, the Washington State Legislature is considering HB1074/SB5057 which proposes to protect youth from the harmful effects of tobacco and vaping products by increasing the minimum legal age of sale of tobacco and vapor products from 18 to 21 to reduce youth access. If passed Washington State would join six other states in successfully raising the legal age of sale of tobacco to 21; and;

WHEREAS, the Center for Disease Control recommends that Washington State invest over \$60 million a year for Tobacco prevention and control. However, the State's investment has fallen from \$54 million to \$3.4 million in the current budget; and

WHEREAS, Laws that penalize for youth purchase, use and/or possession have not proven to be effective enforcement measures and detract from more effective control strategies. And penalizing for underage tobacco and vape product possession would likely disproportionately harm racial and ethnic minorities, LGBTQ and other youth who tend to use these products at higher rates. This means that any punishment is likely to disproportionately fall on youth already most affected by tobacco and vape use disparities; and



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WHEREAS, raising the legal age to purchase tobacco and vaping product 21 will protect our future generations by reducing commercial tobacco and vape use related to high rates of disease and death; and

WHEREAS, it is the sovereign right of Indian nations and tribes to exercise their inherent authority to determine the health and social policy within their own territories; and

THEREFORE, BE IT RESOLVED, AIHC supports raising the legal age to purchase Tobacco and Vaping products to age 21 policy with the following recommendations:

- The state of Washington should provide additional funding for Youth Prevention and Cessation Programs. The additional funding should be made available through the Department of Health for comprehensive support to develop and implement sustainable, culturally specific, and trauma-informed tobacco prevention and cessation programs to support affected Native youth and other disproportionately affected populations.
- Any penalties related to the sales, purchase, or possession should be levied only on the retailer and not under aged purchasers.
- Provisions to ensure safe and legal access and use of ceremonial tobacco for Native American youth should be considered in the enforcement standards.
- Tribes are sovereign nations and have the authority to determine laws and policies within their territories.

BE IT FURTHER RESOLVED, that the AIHC and its member Tribes/UIHP’s in Washington State do fully support the AIHC’s position on Tobacco and Vaping 21 policy.

CERTIFICATION

The foregoing resolution was introduced at the meeting of the American Indian Health Commission, held at the Tulalip Health Center on February 21, 2019 with a quorum present.

Stephen Kutz, AIHC Chair

Charlene Nelson, AIHC Secretary



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ⁱ 2016 Washington State Healthy Youth Survey

ⁱⁱ Surgeon General’s Advisory on E-cigarette Use among Youth <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>

ⁱⁱⁱ 2016 Washington State Behavioral Risk Factor Surveillance System

^{iv} WA State Pregnancy Risk Assessment Monitoring System (PRAMS), 2012-2014

^v Id.

^{vi} Federal court ordered statements. (*United States v. Philip Morris USA Inc., et al*)

^{vii} Id.

^{viii} Id.

^{ix} Goriounova, N. A., & Mansvelter, H. D. (2012). Short- and long-term consequences of nicotine exposure during adolescence for prefrontal cortex neuronal network function. *Cold Spring Harbor perspectives in medicine*, 2(12), a012120. doi:10.1101/cshperspect.a012120

^x Cite

^{xi} 2015, Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products

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