

# **Issues Specific to Native Americans**

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# Considerations for Native Americans

- Recognize diversity between tribes
  - language, culture, and customs
- Research shows variations in patterns, beliefs, and interventions
- Generalizations are prone to significant clinical assessment and treatment implications
- Consider historical trauma, perception of medical advice, etc.
- Research has focused on “risk factors” versus “strength-based” focus

Whitesell, N. The American Journal of Drug and Alcohol Abuse, 2012; 38(5): 376–382. Epidemiology and etiology of substance use among american indians and alaska natives: risk, protection, and implications for prevention.

# **Some Ceremonial Uses of Tobacco**

- **Honor & welcome guests**
- **Purify the mind and/or heal the body**
- **Bless food crops & bless the hunt**
- **Give thanks to Mother Earth**
- **Communicate with the Spirits**
- **Peace treaties & agreements between tribes**
- **For storytelling**

# Healing & Medicinal Uses

- Protection from bad/evil spirits
- Relief for pains & aches such as headaches, earaches, toothaches
- Remedy for open wounds
- Bring balance to life
- Clarify thoughts



# **Information Related to Native Americans**

- **Limited access to tobacco control**
- **Lack of resources**
- **Poor public health infrastructure**
- **Lack of culturally relevant tobacco prevention and cessation services**

# Assessment

- Previous quit attempt(s)
- Previous relapse(s)
- Support
- Tribal meaning of tobacco

# Treatment for Native Americans

- For which purpose or in what context is tobacco used?
- How frequently?
- What product is being used?
- What is the meaning of use?

***“Counseling patients to quit smoking without understanding the cultural context may not only be ineffective, but also offensive and counter-productive.”***

Margalit. R., et al. Lakota elders' views on traditional versus commercial/addictive tobacco use; oral history depicting a fundamental distinction. J Community Health. January 2013



# Other Assessment Issues

- **Support**
- **Barriers/Challenges**
- **Coping Skills**





# Support Mechanisms for Native Americans

- **Best support:**
  - **Family**
- **Biggest barriers:**
  - **Friends**
  - **Social situations**
  - **Stressors**



Choi, W., Daley, C., James, A., Thomas, J. Schupbach, R., Segraves, M., Barnoskie, R., Ahluwalia, J. (2006). Beliefs and attitudes regarding smoking cessation among american indians: A pilot study. Ethnicity & Disease, 16. 35-40.

# Utilize E-P-E

- **Elicit – “Is it okay if I express my concerns?”**
- **Provide – “What we know is...”**
- **Elicit – “What are your thoughts about that?”**

# Materials Tips

- **“Government” looking brochures and pamphlets may be a turn-off**
- **Useful to have a lot of color and a lot of pictures**
- **Bullets vs. paragraphs**
- **Testimonials from other Natives**
- **No graphs or charts**

Daley, C. M., James, A. S., Barnoskie, R. S., Segraves, M., Schupbach, R. and Choi, W. S. (2006), “Tobacco Has a Purpose, Not Just a Past”: Feasibility of Developing a Culturally Appropriate Smoking Cessation Program for a Pan-Tribal Native Population. *Medical Anthropology Quarterly*, 20: 421–440. doi: 10.1525/maq.2006.20.4.421

**Carl** - *“Our entire tribe is known for good genes. In fact, many people have commented on how healthy we are compared to other tribes. I’m not concerned about cancer.”*

- A.** Reflective Listening followed by an open-ended question.
- B.** Open-ended question followed by a closed question.
- C.** Closed question followed by two open-ended questions.

# Case Study - Jacy

- 39 year-old male
- Dr. referred him saying, “He must quit smoking because of his chronic bronchitis”
- Hx of 24 yrs of smoking, 2 1/2 ppd
- Four previous quit attempts on his own. Longest abstinence 1.5 days
- Refuses medication. Speaks of the addiction model as ‘evil.’ Believes nothing can control him.
- Uses tobacco as “smudge”

**John -“I’m not interested in trying to quit. Smoking helps me relax, and I don’t have any health problems from it.”**

- A.** “You really should reconsider because eventually you will have health problems if you don’t quit. It’s almost a guarantee that if you keep smoking, you will have problems from it.”
- B.** “One benefit you get from smoking is that it helps you relax, and since you’re not experiencing any health effects from tobacco, quitting isn’t a priority for you. Would it be okay with you if I expressed my concerns?”
- C.** “John, I can help you quit! There are a number of medications available, so please at least give it a try!”



# Case Study - Sarah

- **32 year-old female**
- **Children and family are pressuring her to quit**
- **Hx of 17 yrs of smoking, 1 ppd**
- **Tried to quit with Nicorette Gum last year. Relapsed after two days**
- **Elders have always discouraged prescription medications. She is very leery of taking any medication for smoking cessation**
- **Recently lost 45 pounds and is very concerned about weight gain**



**Stacy** – *“I really do want to quit. I was able to quit once before for 2 years, so I know I can do it.”*

**A.** Desire and Reason

**B.** Reason and Need

**C.** Desire and Ability

**D.** Desire and Taking Steps

