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Original article

Perceptions of ceremonial and nonceremonial uses of tobacco by American-Indian adolescents in California

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Abstract

Background: American-Indian adolescents have the highest tobacco use prevalence of all ethnic groups in the United States. Although much has been written about the role of tobacco in traditional Native-American cultures, little is known about modern-day perceptions of tobacco among American-Indian adolescents.

Methods: This study conducted focus groups of 40 American-Indian adolescents in urban and rural areas of Southern California. Participants discussed the role of traditional ceremonial tobacco use in their lives, the use of commercial tobacco as a substitute for sacred tobacco, the perceived safety of traditional versus commercial tobacco, and the perceptions of American-Indian imagery in tobacco advertising.

Results: Many American-Indian adolescents may be introduced to traditional tobacco use at early ages. Smoking is viewed as a sign of respect for the elders, but there are acceptable ways for adolescents to participate in ceremonies without inhaling smoke. Commercial cigarettes often are substituted for homegrown tobacco at ceremonies and events. Traditional tobacco was perceived as less dangerous than commercial tobacco because it does not contain chemical additives. However, respondents still perceived that smoking traditional tobacco and breathing tobacco smoke conferred health hazards. Participants found the use of American-Indian imagery in tobacco advertising offensive and stereotypical. Indian casinos were mentioned frequently as places where smoking occurred.

Conclusions: Continued health education efforts are needed to decrease habitual use of commercial tobacco products and secondhand smoke exposure among American-Indian youth. Further research is needed to identify ways for American-Indian youth to participate in their cultural traditions while minimizing their risk for tobacco-related diseases.

Keywords: American-Indian; Native-American; Adolescents; Smoking; Tobacco

Among all ethnic groups in the United States, American-Indian adolescents have the highest prevalence of tobacco use. In 2002, 31% of American-Indian adolescents ages 12 to 17 years reported smoking in the past month, as compared with 18% of Caucasians, 12% of Hispanics, 9% of African-Americans, and 4% of Asian-Americans [1]. The smoking prevalence among American-Indians varies across regions and tribes, with the highest smoking prevalence occurring among those living in Alaska and the North Plains, and the lowest smoking prevalence occurring in the Southwestern United States [2]. Many reasons for the increased risk for tobacco use among American-Indian adolescents have been hypothesized including peer influences, parental influences, easier access to tobacco, perceptions of

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Table 1
Focus group locations

Focus group number	Date	Location	Number of participants	
			Girls	Boys
1	4/12/04	Southern California Indian Center, Commerce, CA	5	6
2	4/16/04	United American Indian Involvement, Inc., Los Angeles, CA	9	1
3	4/30/04	All Tribes American Indian Charter School, Valley Center, CA	4	6
4	4/30/04	All Tribes American Indian Charter School, Valley Center, CA	0	3
5	5/13/04	Torres Martinez Tribal Temporary Assistance for Needy Families (TANIF) Program, Los Angeles, CA	2	4

positive effects of tobacco, stressful life experiences, and the traditional role in some tribes of sacred tobacco in ceremonies [3–6].

Smoking prevention for American-Indian adolescents requires a culturally competent and age-appropriate approach that is administered within the context of adolescent life. Tobacco has been used ceremonially by many American-Indian cultures for thousands of years to facilitate communication with the spirits, to show respect for the dead, and to cure numerous ailments [7]. When used occasionally for sacred ceremonies, it is considered a healing herb [7,8]. Many ceremonies do not require the tobacco to be smoked or ingested; it can be burned in the open air as an offering to the Creator, or it can be given to another person as a gift. When it is smoked, it is intended to be smoked occasionally, during or after a ceremony, rather than on a daily basis [8,9].

Anecdotal evidence has suggested that some modern-day American-Indians use commercial tobacco (e.g., cigarettes or packaged loose tobacco) in ceremonies as a convenient substitute for the homegrown tobacco that has been used in their cultures for thousands of years. The use of commercial tobacco for ceremonial purposes may lead adolescents to think commercial tobacco is not harmful, it may give adolescents the perception that it is acceptable to use commercial tobacco more widely, and it may give adolescents easy access to commercial tobacco. In addition, several tobacco products use American-Indian imagery on their packaging or advertising (e.g., Natural American Spirit cigarettes [Santa Fe, NM], Red Man chewing tobacco [Stockholm, Sweden]). This imagery implies that these brands are more natural than other brands, or that the use of these brands is a spiritual experience. This advertising strategy also could blur the distinction between sacred and commercial tobacco in the minds of adolescents.

The research literature has not documented how modern-day American-Indian adolescents understand and experience the distinction between the habitual use of commercial tobacco and the ceremonial use of sacred tobacco. This study conducted focus groups of American-Indian adolescents in California to learn about their understanding of the distinction between sacred and commercial tobacco use, their participation in ceremonies involving tobacco, their perceptions of the safety of sacred and commercial tobacco use, and their opinions about the use of American-Indian imagery in tobacco advertising.

Methods

Five focus groups were conducted in April and May, 2004. The focus groups were conducted at 4 agencies throughout California that serve American-Indians (shown in Table 1). Three of the focus groups (groups 1, 2, and 5) were conducted in urban areas in and around Los Angeles. The other 2 focus groups (groups 3 and 4) were conducted in a rural area between Los Angeles and San Diego. The focus group format was selected because focus group methodology is consistent with traditional tribal communication and meeting formats. In addition, this qualitative research was necessary for hypothesis generation before developing and validating quantitative surveys for hypothesis testing.

Participant recruitment

Flyers were posted at the 4 locations to recruit participants. Program staff also were asked to inform eligible students/clients about the study. Youth were eligible to participate if they were 12 to 17 years of age and self-identified as American-Indian. Potential participants were asked their tribal affiliation, but they were not asked to show proof of tribal membership such as a tribal identification card because our formative research indicated that many American-Indian adolescents do not carry their tribal identification cards and that it would be viewed as offensive if we asked adolescents to prove that they were American-Indians.

Interested adolescents were given parental consent forms and instructed to return them with a parent's or guardian's signature on the scheduled day of the focus group. Adolescents were allowed to participate only if they provided written parental consent. Before each focus group, verbal assent to participate was obtained from each adolescent. This procedure was approved by the University of Southern California Institutional Review Board and by the organizations at which the focus groups occurred.

Each focus group was conducted by 2 graduate students

who had received training in focus-group facilitation. A total of 5 graduate students conducted the focus groups, with 2 students participating in each group. The facilitators were all American-Indian and/or Hispanic, female, and 23 to 30 years of age. Before working on this study, all facilitators had worked as staff members on community-based and/or school-based smoking-prevention projects for American-Indians and/or Hispanic adolescents and had received extensive education about cultural competence. The students all received the same training and role-played together before conducting the focus groups, to keep the methodology as consistent as possible across the groups.

The focus group topics and questions were derived based on ongoing discussions with community health organizations that serve American-Indian clients. In the process of arranging the focus groups, we asked service providers at these organizations what information would be helpful to them to improve their tobacco education programs for American-Indian youth. The issues identified by the service providers, as well as issues from the investigators' previous research and from reviews of the literature, were organized into a focus group guide for the facilitators. Examples of the questions are shown in (Table 2).

Each focus group lasted approximately 2 hours. During each group, 1 facilitator directed the session and the other served as the note taker. The focus groups were tape recorded for later transcription. On the tapes and transcripts, participants were identified by a code number, not by name. The lead facilitator asked structured questions about cultural and social aspects of tobacco use, using open-ended questions to facilitate discussion. Each participant received a $5.75 gift certificate to a local movie theater to thank them for their time.

Table 2
Focus group questions

Ceremonial tobacco use
Have you ever participated in tribal ceremonies where people smoke tobacco?
If so, did you smoke the tobacco, or did someone else smoke it?
In those tribal ceremonies, who usually smokes the tobacco? Why that person?
What type of tobacco is used in these ceremonies? Is it home-grown or bought in stores?
When tobacco is smoked in tribal ceremonies, what does it symbolize or mean?
Are there other ways, besides smoking, that some people use tobacco in tribal ceremonies?
When people smoke cigarettes, does tobacco have the same meanings that it has in tribal ceremonies?
Traditional versus commercial tobacco
In what ways is smoking commercial cigarettes similar to smoking tobacco in ceremonies? In what ways is it different?
Do you think the tobacco in cigarettes sold in stores is the same kind of tobacco that is used in ceremonies? If not, how is it different?
Which is more "natural"?
Which is safer?
American-Indian imagery in tobacco advertising
What do you think of cigarette brands that use American-Indians in their advertising?
Are they realistic?
Are they respectful of your culture?
Would you be more likely to buy those brands? Or would you be less likely to buy those brands? Why?
Do you think cigarette brands using American-Indian icons are more natural and healthier?

Data analysis

The tape recordings were transcribed and compared with the facilitators' field notes. Analysis consisted of identifying themes in the transcripts, and then grouping quotations that related to the themes, as recommended by Krueger and Casey [10] and used by Joseph et al [11]. Each statement was coded by 2 raters, 1 who was present during the focus group and 1 who was not. The weighted κ statistic for interrater reliability was 97.5%. The quotes and their meanings were checked and verified by the focus group leaders to ensure appropriate interpretation of the participants' comments.

Results

A total of 40 (20 male, 20 female) adolescents participated in the focus groups. The size of the focus groups ranged from 3 to 11 participants. The recruitment goal was 5 to 10 participants per group, but the actual numbers of participants varied according to how many adolescents signed up and provided parental consent. The participants' tribal affiliations included Sioux, Choctaw, Pima, Aleut, Luiseno, Juaneno, Chukchansi, Rincon, Navajo, Kumeyaay Nation, and Cahuilla. Many respondents reported 2 or more tribal affiliations, and several also self-identified as Mexican or Hispanic in addition to American-Indian.

Traditional tobacco use at ceremonies and events

The respondents reported that tobacco smoking (both homegrown and commercial tobacco) was a common occurrence at Indian ceremonies such as sweat lodges and wakes, and at events such as Pow Wows. Most respondents agreed that most of the smoking at these ceremonies and events was performed by adults, but several adolescents reported that they had smoked at these gatherings.

> "A lot of Indians smoke at Pow-Wows" (male, age 17).
>
> "I see adults smoking at Pow-Wows, rather than teens smoking" (female, age 14).
>
> "At a wake, a lot of people smoke. Like my mom, she'll smoke [at a wake] and she doesn't even smoke [in other situations]. . .I got like 4 or 5 cigarettes, just kept them at the wake, they had two big baskets of cigarettes and matches for everyone. At the end they put them in big zip-locking bags and gave them to my dad. They're still

there at the house. . .it's out of respect for the person that passed away" (male, age 16).

"Well, at wakes, wakes are traditional, right? Everyone smokes. It's a whole room with people and they pass around baskets of cigarettes with matches. . .different kinds of cigarettes, they just dump them in a basket" (male, age 16).

"[American-Indians] use tobacco in sweats, prayers. You offer it" (female, age 13).

"They pass the big long pipe around, in the sweat" (male, age 16).

"They used tobacco to pass around in a circle. [I] wasn't sure what they did with it, exactly" (female, age 13).

"People smoke to release themselves from the world. . .[it's] not bad to smoke traditionally. They should be able to keep tradition" (male, age 12).

When asked whether they smoked tobacco at sweat lodges, one participant replied, "I smoke it" (male, age 15).

Most of the respondents had learned about traditional tobacco use at their drum groups or dance lessons, or by participating in Pow Wows or sweat lodges with older relatives and other adults.

"My uncle took me to this lady who would teach us how to Indian dance. And he took me to the store and we had to buy tobacco and like get down and give it to her. It came in a white bag. It wasn't fancy or anything" (female, age 14).

"Tobacco was handed to me in a tin can [during a ceremony]" (female, age 13).

In general, the respondents perceived that smoking was expected at these events as a display of respect to the elders. They did not report being forced, pressured, or coerced to smoke, but they perceived that smoking was the accepted way of showing respect in certain situations. However, they did report that in some situations it is acceptable for young people to participate in the ceremony without inhaling tobacco smoke.

"If you're at the ceremony and you don't smoke it, it is disrespectful to the elders. That would be disrespectful but they'll understand it at the same time" (male, age 15).

"My grandfather used to have peace pipe ceremonies but I haven't seen him do it in a long time. . .all sat in a circle but when the pipe was passed to me, I only tapped the pipe on my shoulder instead of smoking it" (female, age 15).

"Don't inhale it, just offer it" (female, age 13).

"I didn't smoke, but I had tobacco offered" (female, age 14).

"I passed the pipe to my dad. I didn't want to do it. They did, but I didn't do it" (male, age 16).

Exposure to secondhand smoke at tribal events

Respondents did not like being exposed to environmental tobacco smoke, yet they felt unable to avoid it during ceremonies, festivals, dances, and events.

"If you're around smoke continuously, a whiff here and there is not bad" (male, age 17).

"I don't think it's a good thing to use traditional tobacco because everyone is exposed" (female, age 15).

"All the smoke [at pow-wows] reminds me of a casino" (male, age 16).

Commercial cigarettes as a replacement for traditional home-grown tobacco

The youth reported that commercial cigarettes and commercial loose tobacco were used ceremonially, as a substitute for homegrown tobacco. Commercial tobacco is used because it can be obtained more conveniently than homegrown tobacco, especially in urban areas. Most urban and suburban American-Indians do not grow tobacco anymore; therefore, homegrown tobacco is difficult to obtain. In general, these California adolescents did not know how to grow and pick tobacco.

[When asked where tobacco for ceremonies came from] "Don't know. Probably store bought. How else would you get it. . .grow it???" (male, age 16).

"It's too much effort to grow and pick it" (male, age 17).

"I've seen both loose [tobacco] and regular cigarettes at Pow Wows" (male, age 17).

However, one respondent who had been born in South Dakota but who was now living in California reported knowledge of homegrown tobacco.

"They never bought it at a store. It's just grown in the wild, back home" (male, age 15).

Is traditional tobacco safer than commercial tobacco?

The respondents perceived commercial tobacco as more dangerous and more addictive than homegrown tobacco because commercial tobacco contains chemical additives. Some respondents also mentioned the health hazards of smoking any tobacco, regardless of its source.

"Cigarettes are not the same as using sacred tobacco traditionally" (male, age 14).

"Natural tobacco is still harmful, but it just doesn't have all the additional stuff" [preservatives, chemicals, and so forth] (female, age 13).

"[Commercial tobacco] has chemicals, chloride. The ones from ceremonies comes from trees or the ground, sage" (male, age 15).

"[Traditional tobacco is] not as addictive as the one with the chemicals" (male, age 14).

"It's different because they [commercial cigarettes] have chemicals. They're not healthy" (male, age 14).

"Cigarettes is more of an adrenaline rush to the brain" (male, age 15).

"You're not burning it, not getting the secondhand smoke, because you're just offering it" (female, age 16).

"But if you smoke it, even for traditional use, it is still bad [for you]" (female, age 13).

"If you're smoking, you're smoking. It doesn't matter if it's from the ground. You're still killing yourself" (female, age 14).

"I think it's harmful, but it's tradition" (male, age 14).

Opinions about commercial tobacco and advertising

The participants had negative opinions about the tobacco companies' use of American-Indian symbols to promote their tobacco products (e.g., Red Man chewing tobacco, Natural American Spirit cigarettes). In general, the respondents found the stereotypical images on these tobacco products to be offensive.

"It's offensive by using Indians on it. It is also disrespectful [to the culture]" (female, age 16).

"It's a racial slur" (male, age 15).

"Makes it seem like all American-Indians do is smoke" (female, age 16).

"Since tobacco is sacred, it makes people think it's ok" (male, age 14).

"[Tobacco companies are trying to say,] 'if they [American-Indians] can do it, then we [non-Indians] can do it'" (female, age 14).

"Tobacco companies use the 'icky yellow' color because they think Indians wear them" (male, age 12).

"[The Red Man brand] is stupid, a dumb name" (female, age 16).

"They sell gum like that [Red Man] too. I used to chew on that gum when I was 10 years old. I thought that was dumb, and I wanted some" (male, age 16).

"It makes me mad to see that the company uses them. I don't know why I get mad, I just do. . .it's not respectful to the culture. I hope all the white people smoke" (female, age 15).

"I think that's weak. . .at the smoke store there's a big wooden statue of an Indian" (male, age 16).

Respondents also remarked that tobacco products with Indian imagery were marketed as more natural or healthy, which is misleading.

"It's very stereotypical. [I don't] think it's 100% additive free. . .it's not a healthy cigarette, there is no such thing" (female, age 15).

"[It's] not cool to use Indian symbols on it because it's probably got some chemicals but because it says traditional, they think it's better, or not as bad" (male, age 17).

"People may start to think American-Indians use those [cigarettes] and start to think it's the 'good stuff'" (female, age 15).

"It's not sacred tobacco. It's the same as Marlboro (Richmond, VA)" (male, age 15).

Several respondents noted that commercial tobacco was not good for their community because their community does not profit from its sale. Some respondents were aware that the tobacco brands with American-Indian–sounding names and logos (e.g., Natural American Spirit, Red Man) are not produced by American-Indians and do not profit their community. In the words of one youth, "Red Man is owned by the White Man" (male, age 12). However, some respondents believed that these tobacco brands were Indian owned, and some were not sure.

"Are those owned by Indians or is it just some white guy?" (male, age 16).

"[I think they are] Native-American owned, like casinos" (female, age 14).

"None of the people that make it are Native-American" (male, age 14).

"Yeah, they're all just white in New York" (male, age 15).

"They're just using that to make a profit or something. And it's something sacred, like tobacco" (male, age 16).

"We should sell it so we can make money. Do something on the rez [reservation] to have a bigger company later" (male, age 12).

Casinos

Although the original focus group questions did not specifically ask about casinos, casinos were mentioned multiple times as places where smoking occurred. Although youth are not allowed to gamble in casinos, they are allowed to engage in other activities that take place in casinos such as buffets and music performances. Most respondents in this study had been in casinos. They viewed casinos as places where smoking was normative and cigarettes were available easily, at least to adults.

"They have vending machines at [Casino A]. They have every single cigarette. . .vending machines are by the bar. . .never tried to buy them, probably can't" (male, age 16).

The respondents disliked the secondhand smoke in casinos, especially because many American-Indians work in casinos and are exposed to the smoke for long periods of time. Several respondents had relatives who worked in casinos, and they worried about their health. Some respondents thought casinos should have separate smoking and

nonsmoking sections, but others doubted the effectiveness of that strategy.

> "[My] two aunts work at [Casino B]. They work on the floor. Secondhand smoke is bad for you" (male, age 16).

> "It's hard to walk [in a casino] because you start coughing" (male, age 16).

> "Separate smoking rooms won't affect it [exposure to secondhand smoke] because it will spread to other parts of the building" (female, age 17).

Participants believed that casinos do not necessarily have to create a nonsmoking environment because people go to casinos specifically to gamble and smoke. Casinos are settings in which people have fun, make money, and smoke. The respondents believed that casinos would not prohibit smoking because smoking and gambling go together, and the casinos want to make money.

> "If casinos are making money, it's ok to allow smoking" (female, age 13).

> "No one is going to complain if there is smoking in the casinos" (female, age 15).

> "It's a casino, people go there to smoke and gamble" (female, age 15).

> "I don't know any casinos that don't allow smoking. They make so much money, I think" (male, age 16).

Urban-rural differences

Although the small sample size in this study did not make it possible to examine responses separately by tribe, several general differences between urban and rural American-Indian youth were noted by the focus group facilitators. Respondents in both urban and rural areas reported using tobacco to pray, but this occurred at different events. Several urban youth mentioned that they were members of American-Indian drum groups comprised of youth from multiple tribes. In these drum groups, the members would roll tobacco and pass it around to pray with before singing. They also offered tobacco to the drum. Rural youth, in contrast, did not report belonging to multitribe drum groups. Most of the sacred tobacco use reported by the rural youth occurred at tribe-specific events and at wakes. The type of tobacco used also differed across urban and rural areas. At ceremonies such as wakes, the rural youth were more likely to report that commercial cigarettes were passed around and smoked, whereas the urban youth were more likely to report that hand-rolled commercial loose tobacco was used.

Discussion

Numerous smoking prevention programs currently are being implemented in American-Indian communities. Some are culturally tailored versions of evidence-based curricula such as Life Skills Training [6]. These programs attempt to teach adolescents more adaptive coping skills and cultural competence both in the American-Indian community and in the dominant society so that they will be able to make healthier life decisions and avoid substance use. Some of these curricula [6] have been modified to teach these lessons in the context of traditional American-Indian values, legends, and conceptualizations of health and illness. Other programs [9] attempt to reacquaint American-Indian adolescents with traditional views of tobacco, emphasizing that tobacco is a sacred herb to be used only in specific ceremonial contexts, not to be used on a recreational or habitual basis. These programs teach adolescents that tobacco is a gift from the Creator, and that when used with respect and honor it can promote good health and give spiritual guidance and growth.

The findings from this qualitative study provide important preliminary information about the perceptions of sacred and commercial tobacco use among modern-day American-Indian adolescents. Several findings are especially noteworthy for their potential applications to tobacco education and control efforts. First, the respondents listed several ways in which American-Indian adolescents can participate in traditional ceremonies without inhaling tobacco smoke. The specific practices likely vary across tribes, but the results of this study suggest that in some situations it is acceptable to tap the tobacco pipe on one's shoulder, pass the pipe without smoking it, burn tobacco as an offering to the Creator without inhaling it, or sprinkle it in the open air. These alternative practices may make it possible for American-Indian youth to participate in their traditional cultural ceremonies while decreasing their risk for tobacco-related disease. Tobacco prevention programs for American-Indian youth could include discussions about culturally acceptable alternatives to inhaling tobacco in ceremonies. Because some adolescents might not be aware of these alternative practices, perhaps health education curricula could encourage them to initiate discussions with their parents and tribal elders about culturally acceptable alternatives to smoking tobacco.

These modern-day American-Indian adolescents were quite knowledgeable about the distinction between the ceremonial use of sacred tobacco and the recreational use of commercial tobacco. This suggests that previous health education campaigns have been successful in conveying this message to American-Indian youth [9]. In addition to explaining the difference between commercial and sacred tobacco, perhaps health education programs also could help adolescents understand the ways in which tobacco industry marketing blurs the distinction by using American-Indian imagery in their marketing and packaging to portray commercial tobacco as natural. Continued health education efforts are needed to educate American-Indian and non-Indian youth that these brands are not necessarily more natural or less harmful than other commercial tobacco brands, and that the habitual, recreational use of any tobacco product is harmful. For example, perhaps health education messages

could include the fact that commercial tobacco is addictive regardless of whether its packaging proclaims it to be natural or additive-free. Of course, this message should be balanced with culturally appropriate messages that the tobacco plant itself is not inherently bad, and that it has a sacred role in many American-Indian cultures. The sacred herb becomes a health hazard when it is used recreationally and habitually.

Some of the respondents in this study believed that commercial tobacco brands with American-Indian imagery were Indian-owned and that their profits benefited American-Indian communities. Other respondents were aware that this is not the case. In reality, Red Man chewing tobacco is owned by Swedish Match/Pinkerton, and Natural American Spirit is owned by R.J. Reynolds (Winston-Salem, NC). Health education efforts are needed to teach American-Indian adolescents that the purchase of these brands will not benefit their communities.

Another issue of concern is that commercial packaged cigarettes and packaged loose tobacco are often used in ceremonies when homegrown tobacco is not available. The respondents reported that baskets of commercial cigarettes are passed around at wakes and after ceremonies. Each participant takes a cigarette and smokes it. Smoking these cigarettes appears to be optional for children and adolescents, but these events definitely appear to be situations in which children and adolescents have the opportunity to try smoking if they choose to do so. If traditional tobacco were available at these gatherings, commercial cigarettes probably would not be distributed. Therefore, one possible health-promotion approach is to encourage modern-day American-Indians to relearn traditional customs of growing and rolling traditional tobacco and using it ceremonially. In this way, they could continue to practice their important traditional customs without providing their youth opportunities or encouragement to experiment with commercial cigarettes. Continued health education efforts are needed to help American-Indian children and adolescents make informed decisions about experimenting with commercial tobacco in ceremonial and nonceremonial contexts. Efforts also are needed to encourage American-Indian adults to limit their children's access to commercial cigarettes.

Unfortunately, the results of this study also indicate that American-Indian adolescents are very likely to be exposed to secondhand smoke at ceremonies and events. The respondents described Pow Wows as smoky places where it is impossible to avoid breathing smoke. Sweat lodges were also mentioned as places where secondhand smoke exposure occurs. Additional research is needed to identify culturally appropriate ways to decrease American-Indians' exposure to secondhand smoke. In its traditional uses, tobacco was not inhaled on a daily basis. Mobilization efforts are needed among tribes to relearn traditional uses of tobacco and decrease exposure to secondhand smoke. Perhaps tribes could implement policies to change cultural norms about recreational smoking at events such as Pow Wows. Even if traditional tobacco use is part of a tribal custom at these events, it still might be possible for tribal elders to restrict recreational smoking of commercial tobacco to specific designated smoking areas.

Although the respondents reported that they often observed people smoking tobacco at ceremonies or events, none of the respondents reported ever having been forced or compelled to smoke. In contrast, most respondents reported that they had opportunities to use tobacco, but they made their own decisions about whether or not to smoke it. The results of this study indicate that these adolescents were aware that they had the option of choosing not to smoke, but some worried that doing so would be disrespectful. Therefore, although no one actually forced or pressured them to smoke, they inferred from the behavior of others that smoking would be viewed favorably by others in certain situational contexts.

In states such as California where smoking is banned in all indoor workplaces and some outdoor areas, casinos on sovereign Indian land are among the few remaining public venues where smoking occurs. Tobacco industry documents have shown that the tobacco industry has lobbied against smoke-free policies in casinos by trying to convince casino owners that smoke-free policies will decrease their revenue and that ventilation systems are an adequate alternative [12]. These activities by the tobacco industry also may convince the owners of American-Indian casinos not to institute smoke-free policies. This may have contributed to the opinion among adolescents in this study that American-Indian casinos were not likely to ban smoking soon, and that smoking and gambling go together. Although they felt helpless to prevent it, the respondents in this study expressed concern that their family members who work in casinos are exposed to secondhand smoke. Perhaps public health agencies could work with tribal leaders and casino owners to devise creative solutions that respect the tribes' sovereignty and at the same time protect the health of their workers and patrons. For example, the American Indian Tobacco Education Partnership, housed at the California Rural Indian Health Board, Sacramento, CA [9] currently is working with casinos and tribes to implement policies such as nonsmoking areas and nonsmoking nights. These partial smoking restrictions could help to transform social norms and promote social acceptance for complete smoking bans in casinos in the future.

Limitations

These qualitative findings are limited by a small sample size and nonstandardized measures. It is not known whether the opinions of the 40 adolescents in this study are representative of the general population of American-Indian adolescents in California or of specific tribes. With a sample size of 40 adolescents representing over 11 tribes, it was not possible to conduct detailed analyses stratified by tribe. The tribal diversity of this sample reflects the diversity of the American-Indian

population in California; over 100 tribes are represented in Los Angeles alone, and they are dispersed more geographically compared with American-Indians in most other states [13]. Further research with larger samples is needed to explore tribal variation in adolescents' tobacco-related attitudes and behaviors. In addition, because over half of the American-Indians in California live in urban areas [13], additional research is needed on urban-rural differences in tobacco use among American-Indian adolescents.

The topics for the focus groups were selected based on service providers' opinions about what information would be helpful to them to improve their tobacco education programs for American-Indian youth, in addition to topics identified from previous research. It is not known whether these particular topics would have arisen spontaneously if we simply had asked the adolescents to talk about tobacco in general. Therefore, these results are not meant to suggest that the specific topics used in this study are necessarily the most salient tobacco-related issues to American-Indian adolescents.

Despite these limitations, this hypothesis-generating research has identified issues that should be addressed in larger, more representative samples of American-Indian adolescents. The findings suggest that ceremonial tobacco use may provide American-Indian adolescents an early opportunity to experiment with commercial tobacco. However, these adolescents were well-informed about the distinction between sacred and commercial tobacco, and they were appropriately skeptical of the tobacco industry's attempts to blur the distinction by using American-Indian imagery on commercial tobacco products. These findings suggest that there are culturally appropriate ways for American-Indian adolescents to minimize their nicotine intake while still participating in traditional ceremonies. Culturally appropriate health education strategies are needed to help American-Indian adolescents avoid habitual, recreational use of commercial tobacco. This study fills a large void in the research literature and helps advance the scientific discourse on ceremonial versus commercial use of tobacco among adolescent American-Indians.

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