
Tobacco and Betel Nut use among Oregon's Pacific Islander Communities

Culturally specific Tobacco and Betel Nut Survey (TBNS)

We created a culturally specific survey to capture clear and accurate data for Pacific Islander Communities in Oregon on the subject of Tobacco and Betel Nut use.

What we knew

Tobacco use is common in our social and family gatherings

Because it is common we are exposed at an early age

Closed off Communities

There is little conversation about Tobacco and Betel Nut Prevention outside of religious settings

Limited representation in API data

Little data on NHPI Communities in Oregon:
For example census count showed approx 750 Marshallese living in Oregon.

Goals

- Increase Pacific Islander representation in data collection
 - Disaggregate Pacific Islander Data
 - Identify root causes
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Approach

Provided support/partnership to other organizations and subgroups for Community outreach

Strong media campaign

Worked with Community leaders to spread awareness

Attended Community events and provided incentives to encourage more participation

Discovery

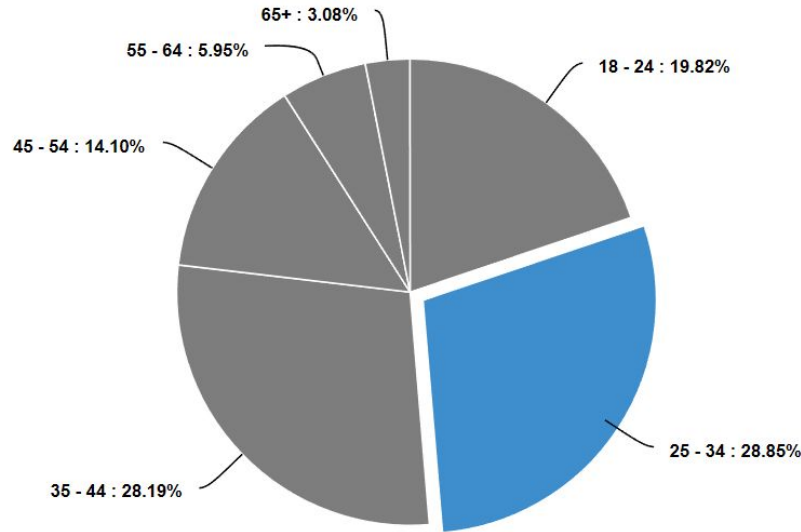
Today we will be going over the data we collected over the past year.

Key differences and similarities of Tobacco Usage among the API Communities.

Data that was collected in the Marshall Islands by the RMI Ministry of Health and Human Services in 2017.

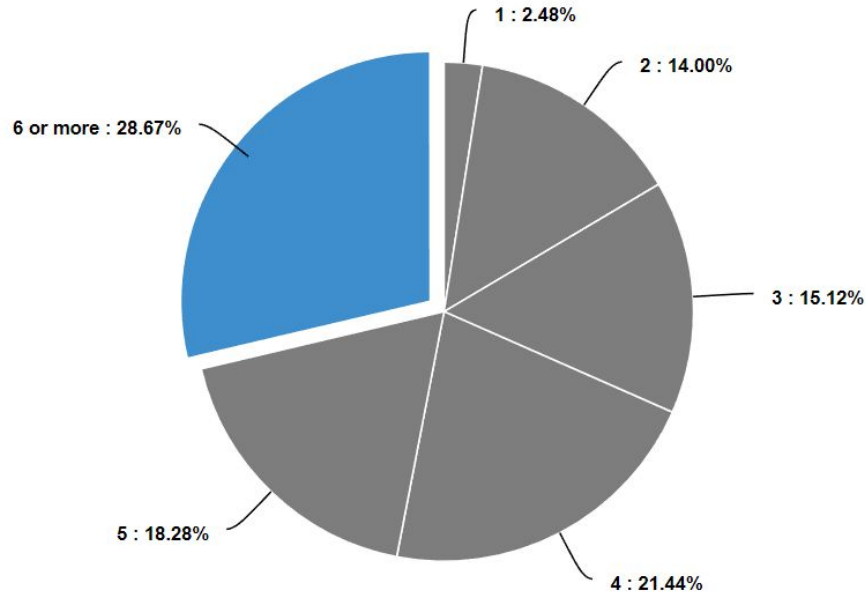
Root causes from TBNS data.

Participants by age



We had a fairly equal amount of individuals in the age ranges of 25-34 (28.85%) and 35-44 (28.19%)

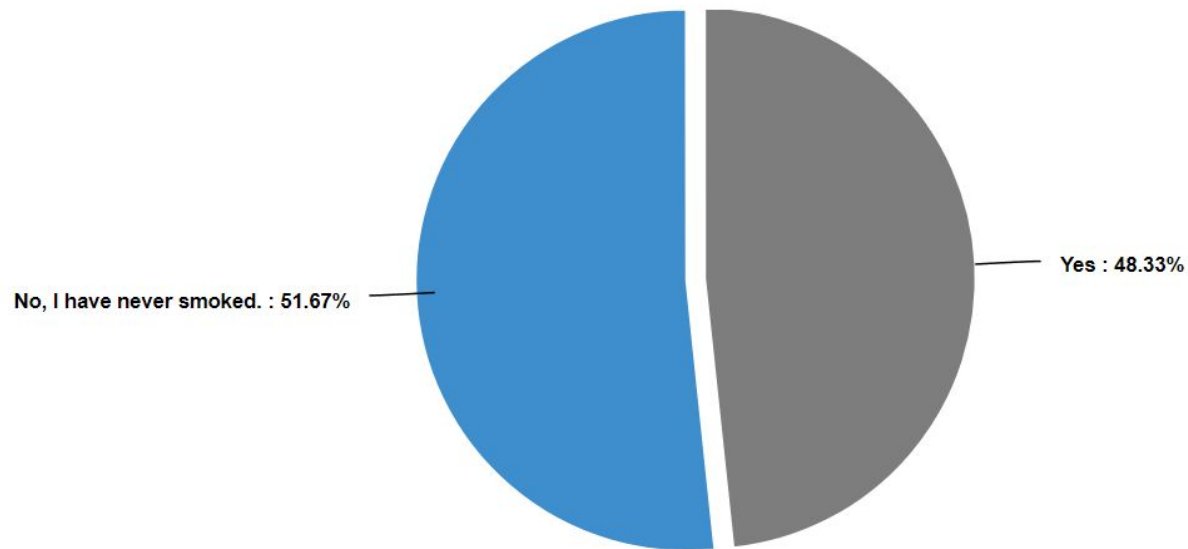
Household Size

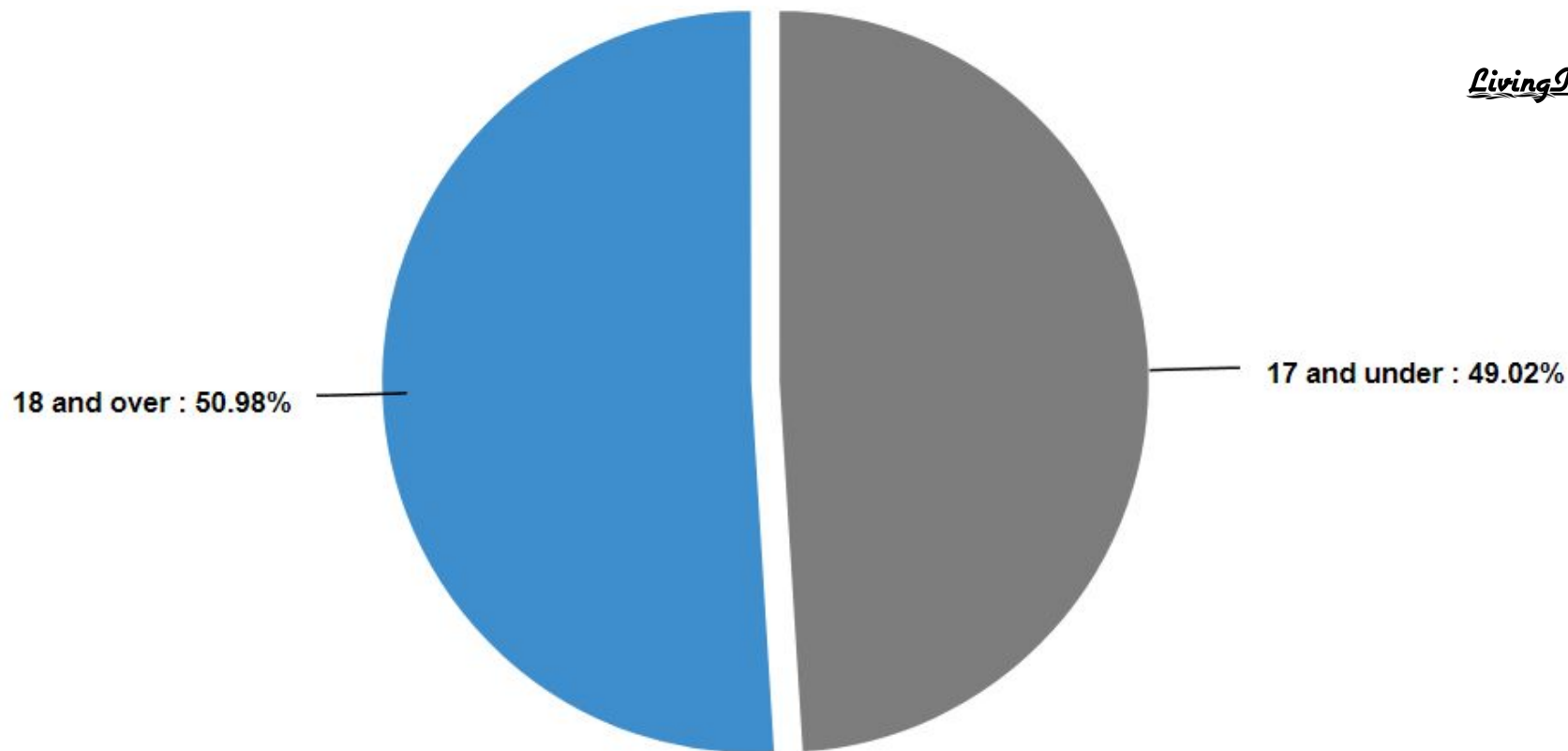


Pacific Islander culture is centered around family.

"The bigger your family the more blessings you receive."

Have you ever smoked tobacco products such as a cigarette, cigar, pipe, E-Cigarette, personal vaporizer, electronic nicotine, even one or two puffs?





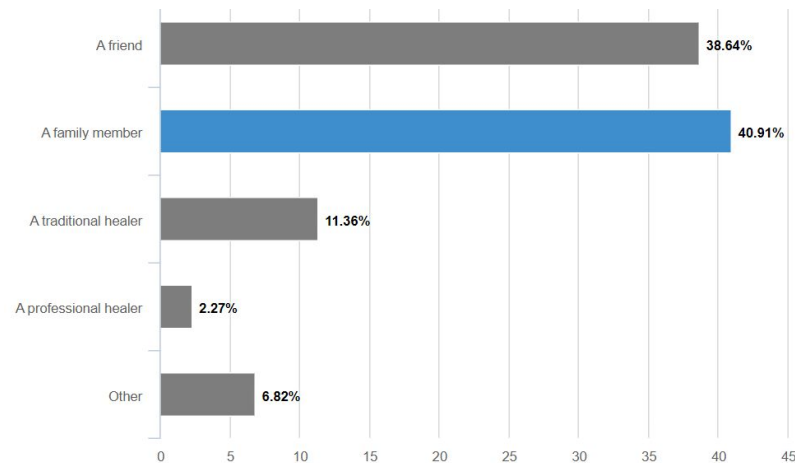
Of the participants that use tobacco about half indicated they first tried tobacco products under the age of 18.

40% of participants first got the idea from a family member to use tobacco products.

OHA report

Table 5.5. Percentage and number of sources of tobacco products among youth who have ever used tobacco, Oregon, 2019

	8th grade (%)	Estimated number of students	11th grade (%)	Estimated number of students
Social sources (1)	81.2	4,700	78.5	8,500
Friends under 21 years of age	56.8	3,300	57.9	6,300
Friends 21 years old or older	18.1	1,000	29.1	3,100
A family member	17.1	1,000	9.9	1,100
Took from home without permission	11.1	600	3.1	300
A store or gas station	4.2	200	13.0	1,400
The Internet	6.1	300	8.8	1000
Some other source	20.5	1,200	20.4	2,200



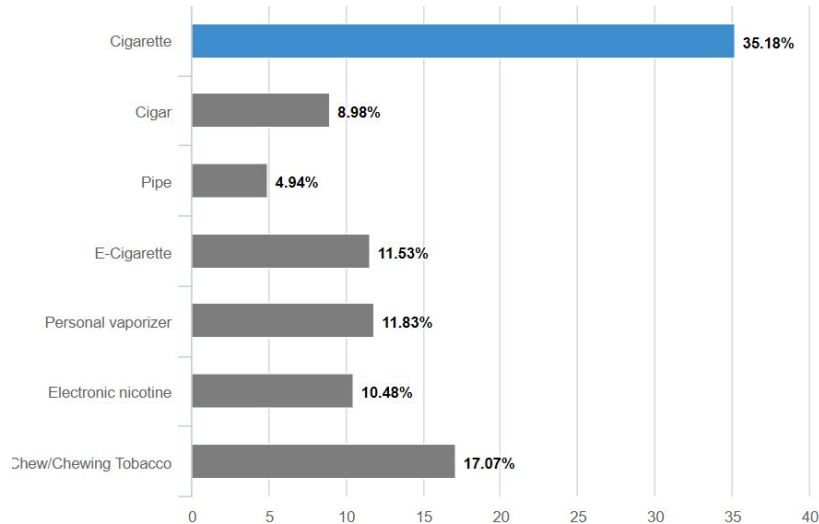
Living Islands Report

OHA Report

Table 4.3. Percentage of adult tobacco use, by product type, Oregon, 2014–2018

Year	Percent (%)			
	Cigarettes	E-cigarettes	Smokeless tobacco	Any tobacco product (1)
2014	16.9	8.1	3.8	24.3
2015	17.7	6.5	4.1	25.7
2016	17.1	4.4	4.6	24.5
2017	17.0	4.9	4.0	26.4
2018	16.3	6.0	4.6	25.4

(1) Any tobacco product includes cigarette, e-cigarette, smokeless tobacco, large or small cigars or hookah.

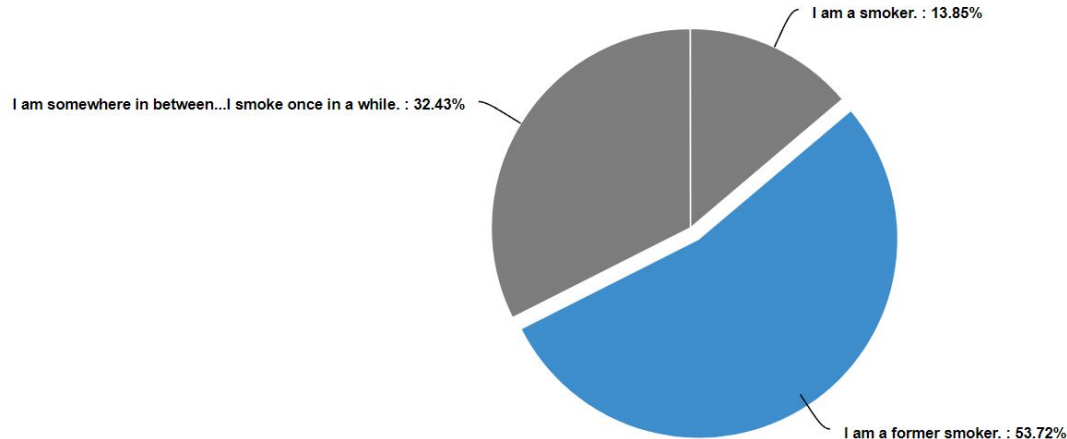
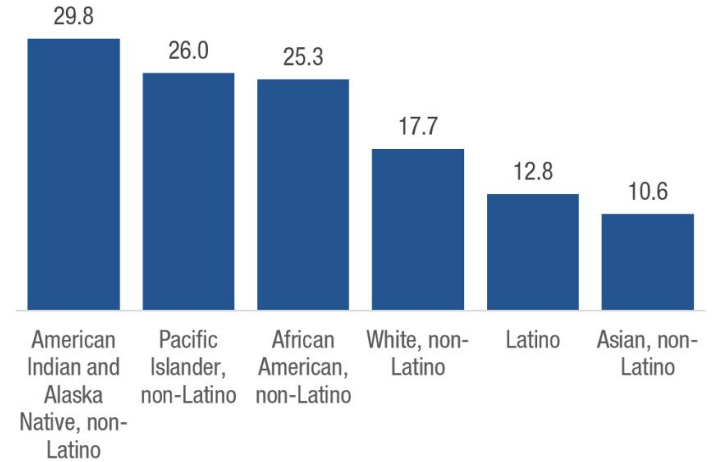


TBNS Report

OHA Report

26% of Pacific Islanders smoke

Figure 6.1. Percentage of adult cigarette smoking by race and ethnicity, Oregon, 2015–2017



TBNS Report

23.1% of participants smoke once in awhile to every day.

26.8% of participants are former smokers.

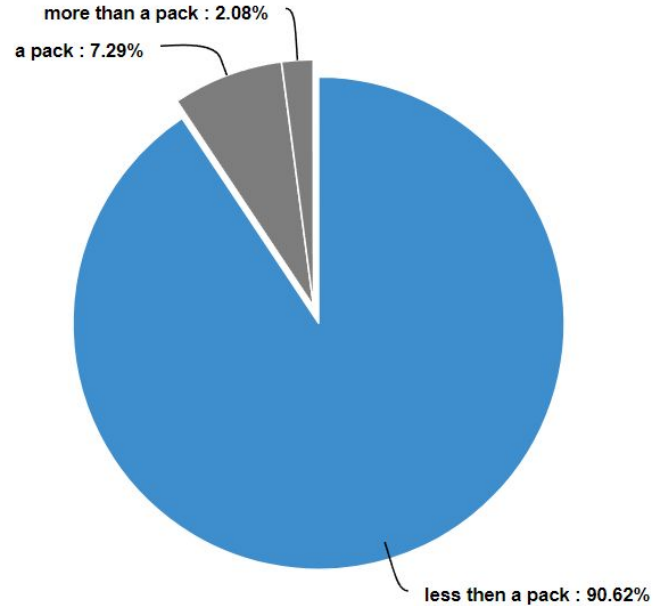
A look at smoking among adults in RMI

About one out of five (22.5%) adults in RMI reported cigarette smoking in the last 30 days. A majority of these adults (83.1%) smoke every day. Over half (57.4%) of these smokers reported that they want to quit.

Smoking Status among Adults in RMI, 2018

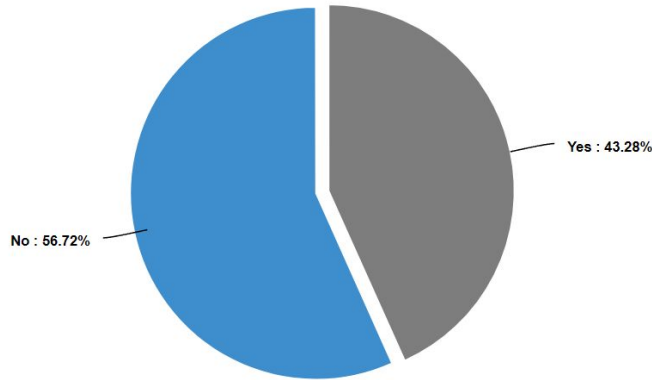


How many cigarettes do you smoke a day?



Of participants who identified they smoke 90.62% smoke less than a pack a day.

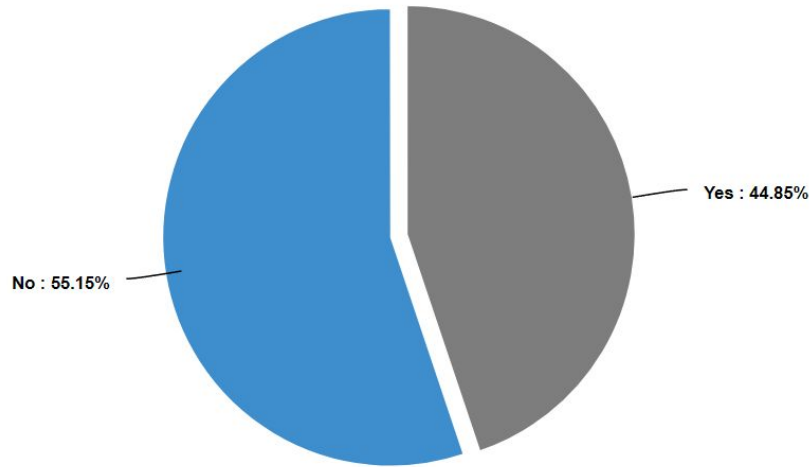
Second Hand Smoke exposure in home



In the RMI 15.4% of adults reported second-hand smoke exposure at home.

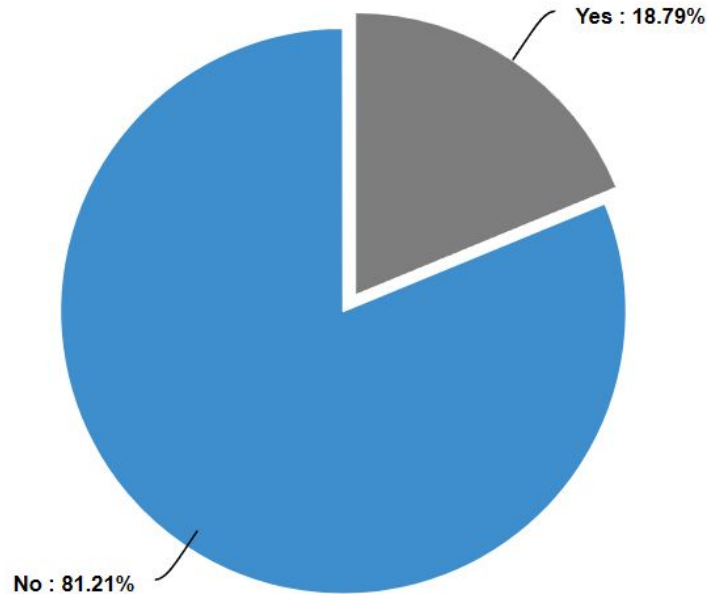
Second hand smoke exposure at home is significantly higher in the states for our people.

Second Hand Smoke exposure in workplace



Community members are experiencing high numbers of exposure in the workplace.

Peer pressure



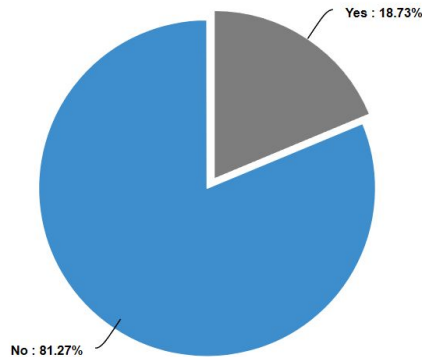
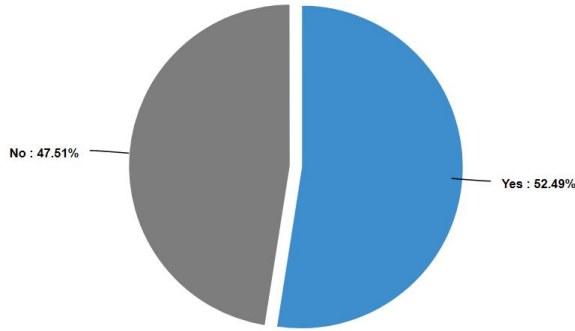
18.79% indicated they feel peer pressure to smoke.

There is a cultural understanding that smoking is harmful to you.

You receive more judgement for smoking than you would if you don't.

There usually is no pressure to fit into social groups since they are usually made up of family members and relatives.

% of those who smoke because they're bored (top) and % of those who smoked to lose weight (bottom)



More than half of participants 52.49% indicated that they smoke when they are bored.

Why is this? It could stem from a lot of factors including the change of family dynamic and adapting to an American lifestyle.

Only 18.73% have tried smoking to lose weight.

Percentage of Smokers who want to quit

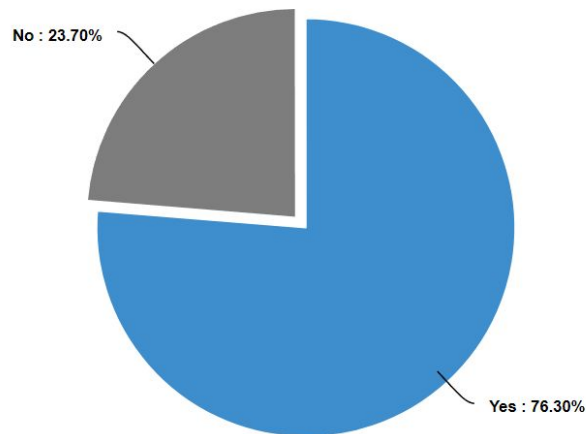


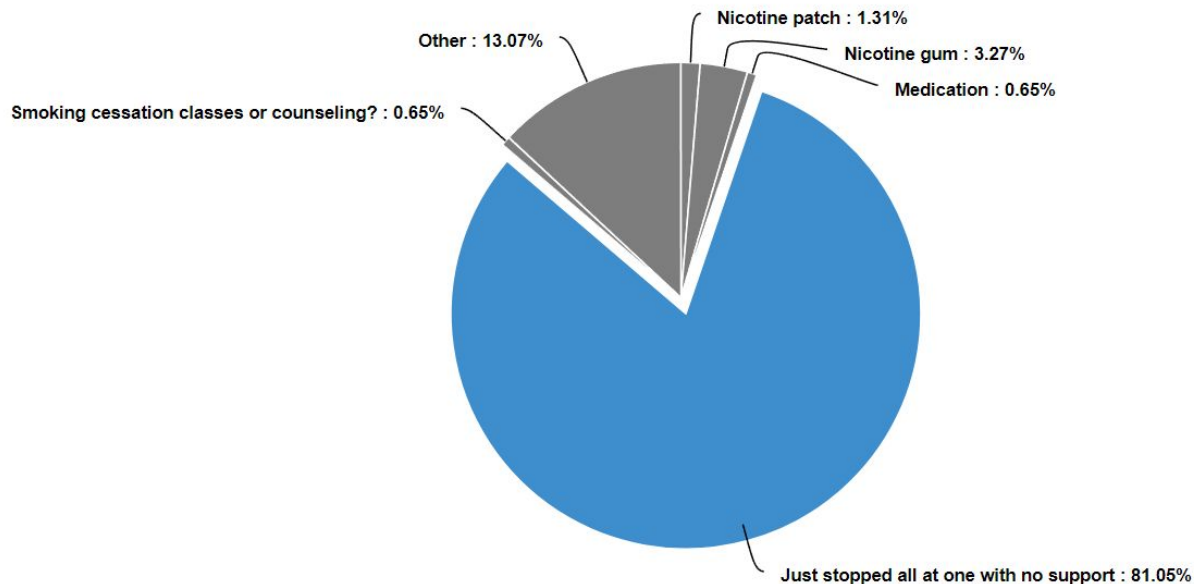
Table 4.6. Percentage of adult smokers by quit status and county, Oregon, 2014–2017

County	Wants to quit cigarette smoking (%)	Attempted to quit cigarette smoking during previous year (%)
Oregon	65.1	54.4
Baker	--	46.6
Benton	--	50.2
Clackamas	66.0	59.0
Clatsop	--	62.2
Columbia	76.4	49.9
Coos	39.1	51.8
Crook	--	45.7
Curry	--	58.8
Deschutes	66.2	53.2
Douglas	66.2	52.6
Grant	--	--
Harney	--	--
Hood River	--	--
Jackson	62.5	55.3
Jefferson	--	--
Josephine	53.0	43.8
Klamath	61.6	39.6

County	Wants to quit cigarette smoking (%)	Attempted to quit cigarette smoking during previous year (%)
Lake	--	--
Lane	68.3	58.3
Lincoln	73.4	57.7
Linn	64.0	51.3
Malheur	--	65.7
Marion	62.1	53.1
Morrow	--	--
Multnomah	67.6	56.3
North Central*	--	43.9
Polk	--	48.6
Tillamook	--	52.6
Umatilla	55.6	71.5
Union	--	51.5
Wallowa	--	--
Washington	67.2	52.7
Wheeler	--	--
Yamhill	60.7	52.8

We asked those who did quit about their method of cessation.

13.07% answered other. In the other category text box there was numerous answers of switching to chewing tobacco and betel nut.



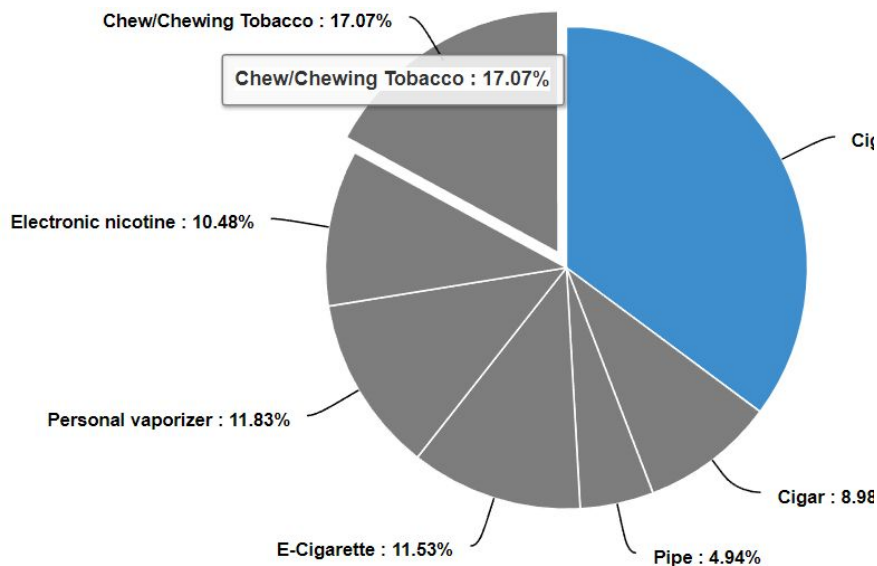
Chewing tobacco and Betel Nut

Chewing tobacco is a common sight in the home as well as social gatherings (empty spit bottles/cans)

Community members prefer to chew Betel Nut with Tobacco

General knowledge that both are highly addictive and harmful to you

Chewing Tobacco use



Chewing Tobacco is the second most preferred Tobacco product among participants.

Noted earlier some use chewing tobacco to quit smoking.

It is common that Community members chew tobacco with Betel Nut.

What is Betel Nut?



Betel nut is the seed of the fruit of the areca palm. It is also known as areca nut.

Betel nut is a stimulant drug, which means it speeds up the messages travelling between the brain and the body.

How is Betel Nut used?



It is sometimes used to make medicine. Betel nut is chewed alone or in the form of quids, a mixture of tobacco, powdered or sliced betel nut, and other ingredients.

Different Island Nations practice different forms of use.

No regulations in the United States



The sale of Betel Nut is not federally regulated in the United States.

Betel Nut can be commonly found in Asian and Pacific Islander markets.

Anyone can buy Betel Nut regardless of age.

Betel Nut in the RMI

TITLE 7 – PUBLIC HEALTH, SAFETY AND WELFARE CHAPTER 20 - BETELNUT PROHIBITION



Republic of the Marshall Islands
Jepilpilin Ke Ejukaan

BETELNUT PROHIBITION ACT 2010

S2003. Importation, distribution or selling of betelnut prohibited.

(1) No person shall import betelnut for sell or distribution in the Republic.

(2) Nothing in this section may prohibit the importation of betelnut purposely for personal consumption unless a local government has elected by ordinance to ban the importation, sale, distribution and consumption of betelnut on that particular atoll pursuant to Section 2003A. [Amended by P.L.2013-16]

Betel Nut in the RMI (Minors)

S2004. Use and possession of betelnut by minors prohibited.

No minor shall possess and or use betelnut in any form in the public. Any betel nut found in the possession of a minor shall be presumed to be the property of that minor and shall be confiscated by an officer

The sale of Betel Nut to anyone under the age of 18 is prohibited in Northern Mariana Islands (CNMI).

Why regulate?

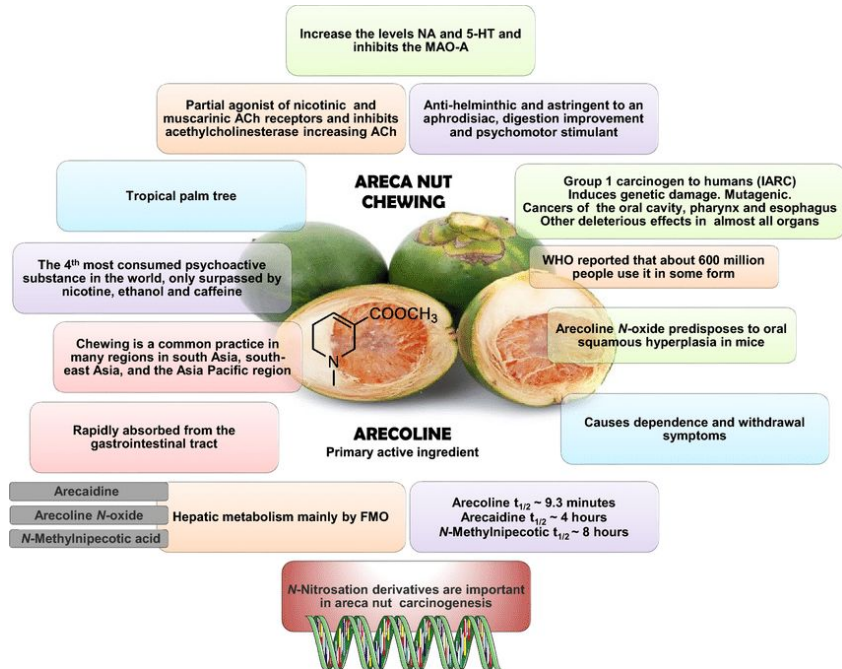
The use of Betel Nut has been a common practice in the Pacific Islands for many years.

The Community has always seen the effects of just how harmful it is.

Pacific Island Nations like the RMI and CNMI have made the decision to regulate the sale of the drug.

If there is push to regulate the drug than just how harmful is it?

Betel Nut Effects



WHO classifies betel nut as a carcinogen.

Studies have show a convincing link between betel nut use and oral cancers.

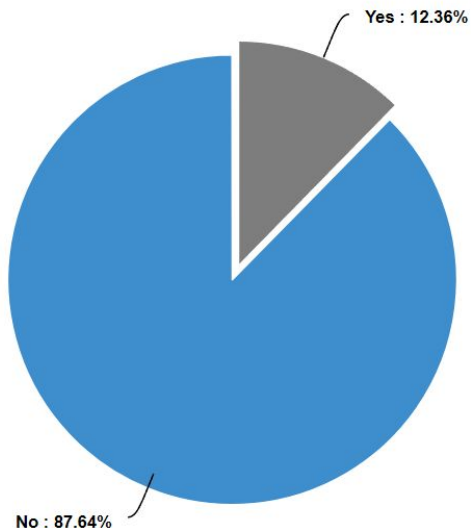
A study in the Journal of the American Dental Association reports that betel nut users are at a higher risk for oral submucous fibrosis. This incurable condition can cause stiffness in the mouth and eventually the loss of jaw movement.



Regular chewing of betel nut can also cause gum irritation and tooth decay. Teeth may become permanently stained deep red or even black.

An early study published in the American Society for Clinical Nutrition found a strong connection between betel nut and an increased risk of cardiovascular disease, metabolic syndrome, and obesity.

Use of Betel Nut among survey participants

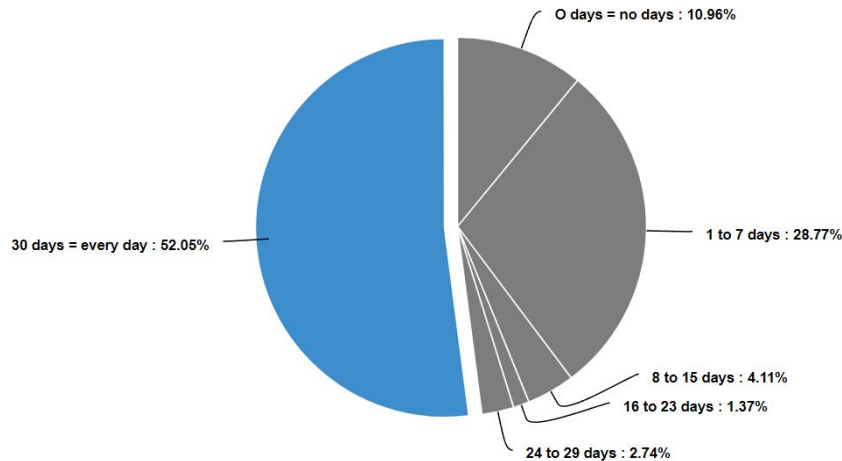


Usage rate is about the same in Oregon and RMI

12.36% of participants reported using Betel Nut.

13.8% of adults in RMI reported betel nut use.

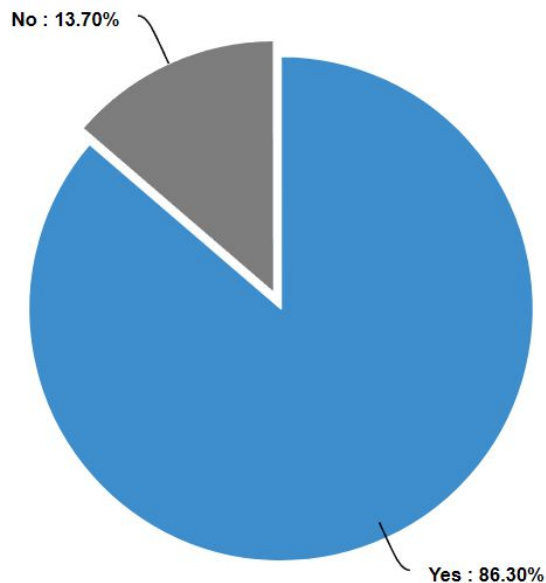
How often Betel Nut is chewed among users



52% of participants who indicated they use Betel Nut chew Betel Nut everyday.

In RMI over half (57.8%) of adults who chew betel nut, chew every day.

Chewing Betel Nut w Tobacco

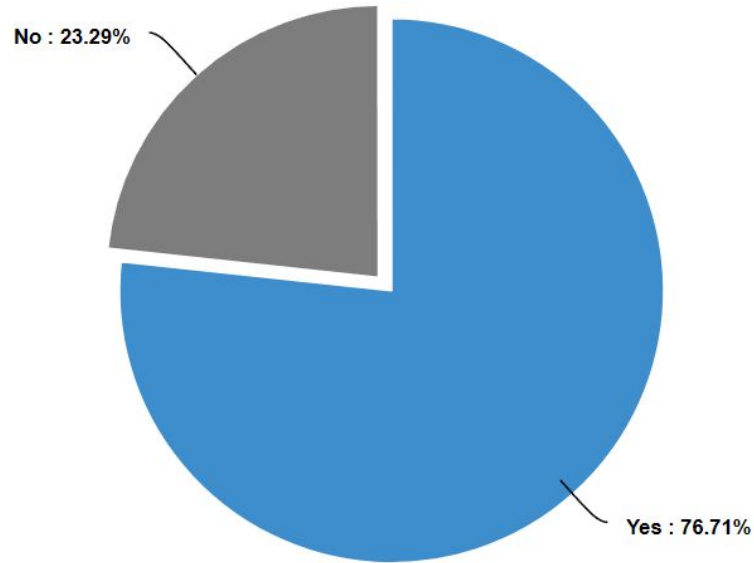


86.30% of Survey Participants who chew Betel Nut chew it w Tobacco

In the RMI A majority of respondents (96.5%) who use betel nut add tobacco.

The number may be slightly lower in OR due to the fact that anyone under 21 cannot purchase tobacco products but can purchase Betel Nut.

Number of Survey Participants who want to quit Betel Nut use.



76.71% of Survey Participants indicated they want to quit chewing Betel Nut.

In RMI it is roughly the same at 75%.



We strongly recommend a policy change to limit betel nut sale to 21+, aligning it with Alcohol, Tobacco, and CBD product

What we discovered?

The majority of Community members start smoking or using tobacco products because they are bored. There is little peer pressure among our people.

Marshalllese like others who migrate to the states are forced to live a faster paced Western lifestyle.

This leads to mental and physical health effects.

The challenge of adapting to a new environment and a new way of life causes folks to lose their sense of identity. Leading to people trying to find ways to fill their daily routine.

The high rates of exposure to tobacco and change in lifestyle contributes to the use of tobacco products.

The number of community members who want to quit are about 10% higher than Americans living in counties where Marshalllese are most prevalent. With that being said we know there is work to be done.

<https://www.oregon.gov/oha/ph/preventionwellness/tobaccoprevention/pages/oregon-tobacco-facts.aspx>

https://www.pihoa.org/wp-content/uploads/2022/05/RMI-Report-FINAL24_Oct_2018.pdf

