

TWENTY-FOURTH NORTHERN MARIANAS COMMONWEALTH

LEGISLATURE

IN THE HOUSE OF REPRESENTATIVES

Session, 2025

H. B. 24- **27**

A BILL FOR AN ACT

To establish an excise tax for betelnut/areca nut and lime mix/afok/or *bweesch*.

**BE IT ENACTED BY THE 24TH NORTHERN MARIANAS
COMMONWEALTH LEGISLATURE:**

1 **Section 1. Findings and Purpose.** The Legislature acknowledges that the
2 chewing of betelnut/areca nut, often with lime mix/afok/or *bweesch*, is a tradition
3 shared across Pacific island communities, including the Commonwealth of the
4 Northern Mariana Islands (CNMI). While culturally significant, the Legislature
5 finds that this practice, whether combined with tobacco or not, poses a serious
6 health concern as betelnut/areca nut classifies as a Group 1 carcinogenic risk to
7 humans according to the World Health Organization (2023). The traditional habit
8 of chewing betelnut/areca nut and lime mix/afok/or *bweesch* contributes to
9 heightening oral cancer incidence and deaths in the CNMI. Recent health data
10 underscores oral cancer as a pressing public health issue, evidencing a strong
11 connection to chewing and the consumption of betelnut/areca nut and associated

1 products.

2 Public Health Findings: In the United States, new cases of oral cancer in
3 2024 amounted to 3% of total recorded cancer cases, and 2% of overall cancer
4 deaths were due to oral cancer (National Cancer for Health Statistics, 2024). Local
5 data finds oral cancer as the second most frequently diagnosed cancer in the CNMI,
6 closely trailing breast cancer. Data recorded by the Cancer Registry shows an
7 average of 20 diagnosed cases annually between 2018 and 2023 with cases growing
8 at a concerning average rate of 26.19% per year. Demographics reveal that 68% of
9 patients are Chamorro or Carolinian, rising to 89% when including other
10 Micronesians (Pacific Regional Central Cancer Registry, 2025). Mortality
11 statistics further reveal the grave impact of oral cancer, accounting for 20% of all
12 cancer deaths in 2023 and 16% in 2024, with lip, oral cavity, and pharynx cancers
13 representing over half of the 2024 cancer deaths for individuals ages 40-59 years
14 (CHCC Health & Vital Statistics, 2025).

15 Dental screenings also reflect the prevalence of the disease with 35% of
16 screened and biopsied individuals at the CHCC Dental Clinic alone testing positive
17 for oral cancer all identified as habitual chewers of betelnut/areca nut and lime
18 mix/afok/or bweesch (Sabino, 2025). Oral cancer screenings are vital for
19 prevention, early detection, and treatment. However, screening rates remain
20 alarmingly low. Less than half of surveyed adults in the CNMI reported a dental
21 visit within the last year, while nearly 8% stated they had never had one (CHCC

1 Non-Communicable Disease Programs, 2023). Moreover, the CHCC Oncology
2 Clinic, the CNMI's only center providing care for people at risk of cancer, being
3 treated for cancer, and living with cancer after treatment, report that the majority of
4 their oral cancer patients were diagnosed only after presenting symptoms of
5 advanced-stage cancer, specifically stages 3 and 4. Every oral cancer patient treated
6 at the clinic was also found to be a frequent chewer of betelnut/areca nut and lime
7 mix/afok/or bweesch (Brett & Hofschneider, 2025).

8 The Legislature further finds that oral cancer is characterized by devastating
9 consequences for affected individuals, including physical suffering - often inclusive
10 of disfigurement resulting from surgical treatment, emotional distress and
11 depression, reduced quality of life and lifespan, and financial burdens on families
12 and the community. Furthermore, late screening and diagnosis continue to lead to
13 persistently high mortality rates for the CNMI. This highlights the urgent need for
14 prevention and early interventions to detect and treat oral cancer during its earlier
15 stages, specifically stages 1 and 2. Moreover, the high financial cost of treating
16 advanced stages of oral cancer places a substantial strain on the CNMI's only
17 hospital and healthcare system, diverting critical resources from other vital health
18 priorities and jeopardizing the sustainability of comprehensive care provision.

19 Economic Implications: The Legislature recognizes imported
20 betelnut/areca nut and lime mix/afok/or bweesch are readily accessible in many
21 local stores, driving persistent demand. The proposed legislation seeks to tax only

1 imported betelnut/areca nut and related products, encouraging healthier choices and
2 behaviors among consumers. The tax also reduces access to and reliance on these
3 imported items, aiming to lower the prevalence of oral cancer and alleviate the
4 associated healthcare burdens in the CNMI. Beyond deterrence, the tax also
5 provides a vital opportunity to generate revenue for public health and clinical
6 initiatives to combat oral cancer and its impacts. Revenue from the tax would
7 bolster prevention campaigns, community incentive programs, early screening and
8 detection initiatives, and treatment options, supporting CHCC mandates and
9 creating a positive feedback loop for a sustainable pathway to improved health
10 outcomes.

11 The Legislature also realizes the potential economic impact on businesses
12 importing betelnut/areca nut and lime mix/afok/bweesch. The excise tax may lead
13 to pricing adjustments and shifts in consumer demand, potentially affecting the
14 revenue of these businesses. To balance significant public health priorities and
15 concerns with economic considerations, the Legislature encourages affected
16 businesses to explore opportunities for diversification or transition to alternative
17 products that align with CNMI public health goals. Through this legislation, the
18 CNMI can take a timely and decisive step to address critical public health goals,
19 providing a sustainable path for supporting the CNMI's healthcare system and
20 promoting long-term health outcomes for the community. Therefore, the purpose
21 of this Act is to establish an excise tax for imported betelnut/areca nut and lime

1 mix/afok/or bweesch.

2 **Section 2. Amendment.** 4 CMC §1401 of the Commonwealth Code is
3 hereby amended by adding new subsections (r) and (s) to read as follows:

4 “(r) “Betelnut” and/or “Areca Nut” shall have the same meaning as
5 stated in 4 CMC §51902.

6 (s) “Lime Mix”, “*Afok*” or “*Bweesch*” shall mean the substance
7 produced by burning limestone, coral, or seashells, and transformed into
8 powder form OR the powdered form is mixed with water, both of which are
9 manufactured, used and/or sold as a betelnut chewing additive.”

10 **Section 3. Amendment.** 4 CMC §1402(a) of the Commonwealth Code is
11 hereby amended by adding new subsections (22) and (23) to read as follows and
12 the CNMI Law Revision Commission shall renumber remaining subsections
13 accordingly:

14 “(22) Betelnut/Areca Nut, five dollars per pound or fractional
15 equivalent thereof;

16 (23) Lime Mix/Afok/Bweesch, ten cents per ounce or fractional
17 equivalent thereof;”

18 **Section 4. Amendment.** 4 CMC §1402(g) of the Commonwealth is hereby
19 amended by adding a new subsection (4) to read as follows:

20 “(4) Notwithstanding any laws, provisions, or laws to the contrary,
21 all funds collected pursuant to 4 CMC §1402(a)(22) and 4 CMC

1 §1402(a)(23) shall be deposited into separate accounts, separate from the
2 General Fund, as follows:

3 (I) Ninety percent (90%) to the Commonwealth Healthcare
4 Corporation Oncology Clinic to support the following oral cancer
5 prevention, screening, and treatment services:

6 1. Comprehensive Cancer Screening and Prevention (CARES)
7 Program services for oral cancer prevention initiatives in collaboration with
8 oral health providers, CHCC Public Health Services, and nonprofit cancer
9 survivor support organizations; oral cancer patient counseling and vaccines
10 services, screening advice, and testing services;

11 2. Medical evaluation, treatments, and care management of oral
12 cancer patients; and

13 3. Palliative Care Program services for patients with advanced oral
14 cancer.

15 The Chief Executive Officer of the Commonwealth Healthcare Corporation
16 shall be the expenditure authority of these funds.

17 (II) Ten percent (10%) to the CNMI Division of Customs
18 Biosecurity for operations. The Director of the CNMI Division of Customs
19 Biosecurity shall be the expenditure authority of these funds.”

20 **Section 5. Severability.** If any provisions of this Act or the application of
21 any such provision to any person or circumstance should be held invalid by a court

1 of competent jurisdiction, the remainder of this Act or the application of its
2 provisions to persons or circumstances other than those to which it is held invalid
3 shall not be affected thereby.

4 **Section 6. Savings Clause.** This Act and any repealer contained herein
5 shall not be construed as affecting any existing right acquired under contract or
6 acquired under statutes repealed or under any rule, regulation, or order adopted
7 under the statutes. Repealers contained in this Act shall not affect any proceeding
8 instituted under or pursuant to prior law. The enactment of the Act shall not have
9 the effect of terminating, or in any way modifying, any liability, civil or criminal,
10 which shall already be in existence on the date this Act becomes effective.

11 **Section 7. Effective Date.** This Act shall take effect upon its approval by
12 the Governor, or it becoming law without such approval.

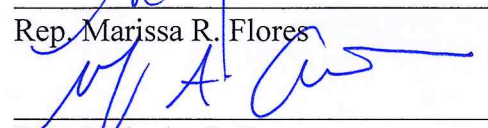
Prefiled: 4/17/2025

Date: _____

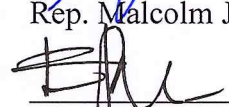
Introduced by: _____



Rep. Marissa R. Flores



Rep. Malcolm J. Omar



Rep. Elias M. Rangamar

Reviewed for legal sufficiency by:

Janet S. Day
House Legal Counsel

Date: 4.15.25

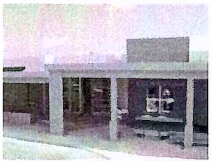


Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands



Providing quality comprehensive health services and promoting healthy environments for a resilient community.



Welcome to the Tobacco-Free Recovery Leadership Academy!

April 10-11, 2025

Commonwealth Healthcare Corporation: Saipan, Tinian and Rota



Housekeeping



Silence Your
Cellphones



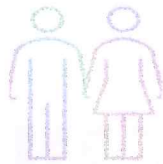
Session Timing



Wi-Fi Access



Parking Lot for
Questions



Restrooms



Welcome & Opening Remarks



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Why Are We Gathered Here Today?

We would like you to be co-authors with us to develop and lead CNMI's plan to address harmful betel nut and tobacco use for people with behavioral health conditions.



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Group Norms



Allow everyone to have a voice



Use person-centered language



Assume good intentions



Practice self-care



Support a non-judgmental, inclusive and safe environment



Introductions



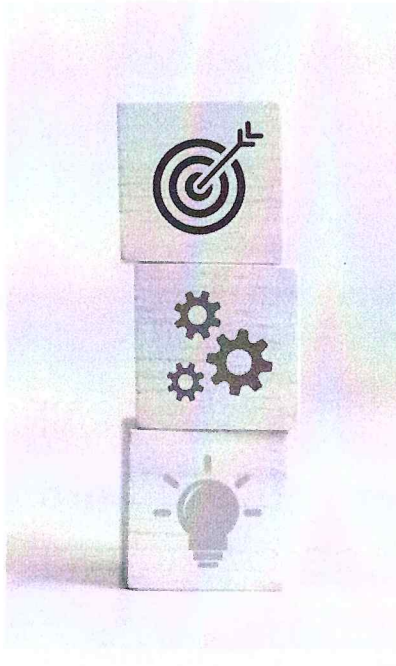
Please share your:

- Name
- Role
- Organization



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Goal of CNMI Tobacco-Free Leadership Academy



- Foster collaboration across many partners to address betel nut and commercial tobacco use among people with behavioral health conditions to develop and implement an action plan that reduces tobacco-related health disparities.



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Objectives of CNMI Tobacco-Free Leadership Academy – Day 1

- Describe positive cultural norms to preserve traditional use of betel nut chewing
- Distinguish when betel nut use with tobacco becomes harmful to our community
- Explore best and innovative practices for addressing betel nut chewing and tobacco use to reduce harm
- Identify ways to strengthen the system of care and support in Rota, Tinian and Saipan, that centers the voices of people with lived experience to reduce harmful betelnut use with tobacco



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Objectives of CNMI Tobacco-Free Leadership Academy – Day 2

- Prioritize strategies identified on Day 1 to reduce harmful betel nut use with tobacco within an action plan
- Identify participants' unique role and commitment, acting as a part of a coordinated system of care and support, in implementation of action plan strategies
- Develop a structure and process to support the successful implementation of action plan strategies



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Day 1 Agenda

- Preserving History, Tradition, and Culture
- Break [11:00-11:15 am]
- Where Are We Now?
- What Can We Do?
- Lunch [12:15-1:15 pm]
- Centering the Voices of People with Lived Experience
- Building on Our Strengths
- Break [2:45-2:55 pm]
- Roadmap for Action Across the Continuum of Care and Supportive Services
- Closing & What to Expect on Day 2



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Preserving History, Tradition and Culture

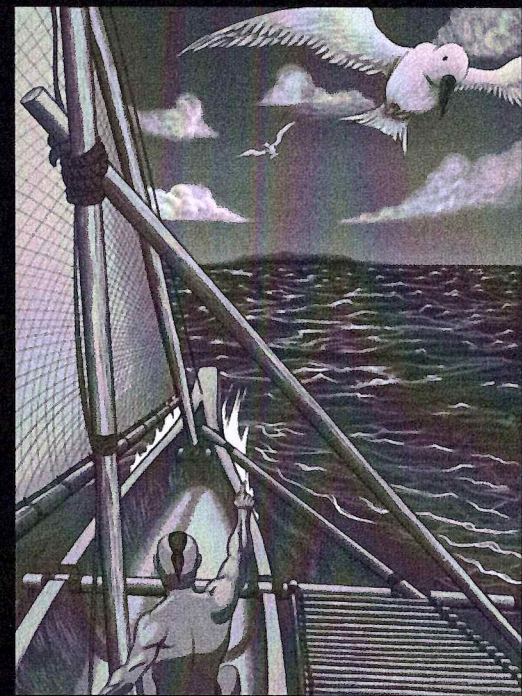
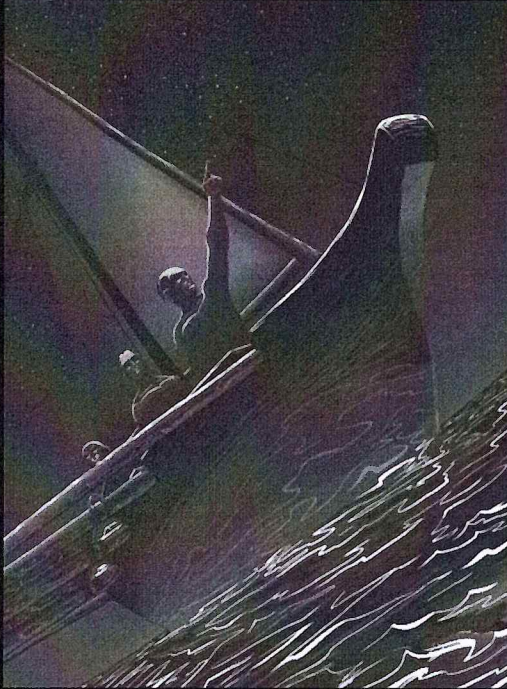


Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

A BRIEF HISTORY
OF PUGUA' IN
CHAMORU
HISTORY AND
CULTURE
BY
MICHAEL LUJAN
BEVACQUA



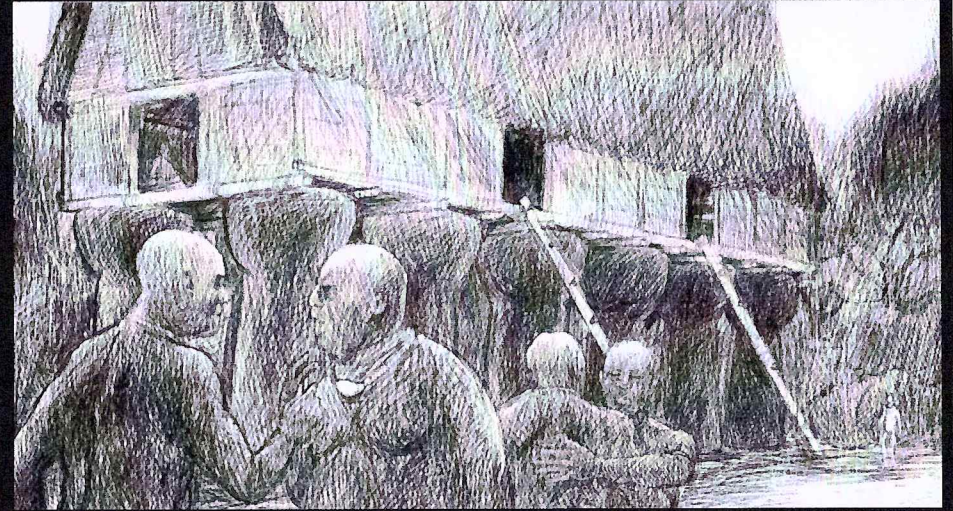
THE FIRST GREAT VOYAGE OF HUMAN HISTORY

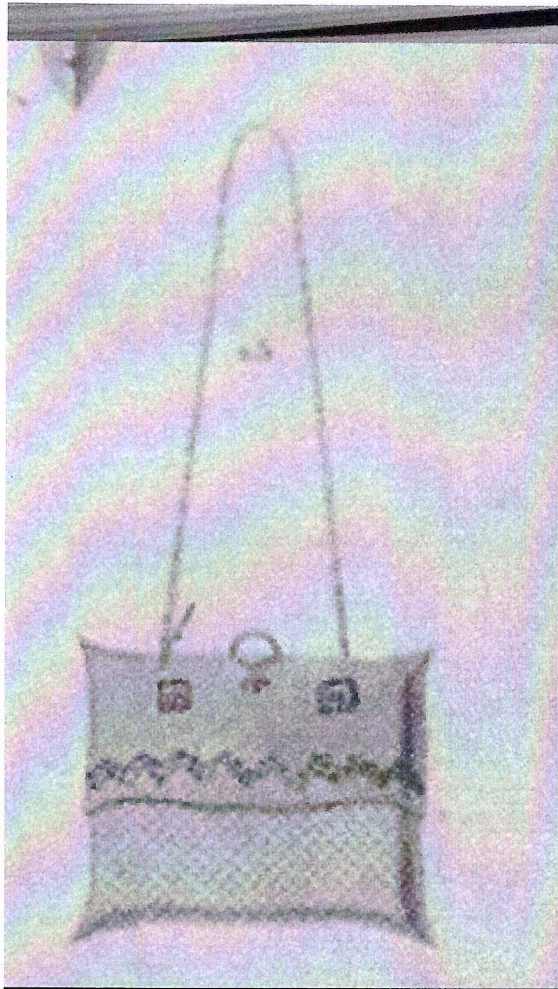


HÅFA ADAI

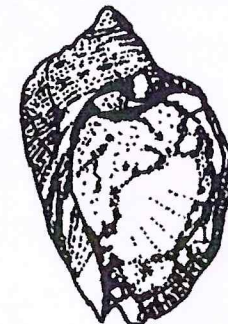
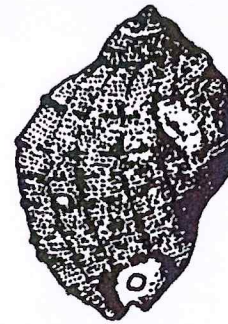
“Whenever they happen to meet, they are very courteous to one another. If they are wearing woven hats, they take them off; then they share their wads of betel lead, nut and lime, which they call sauos (salu’u?), and which they always carry in small well-made baskets. Should one meet another after his supply has been consumed, he will offer his good will and show him his little empty basket, thereby giving him to understand that it is all gone because he has shared it with many others. The other person will then offer his betel wad; if he has none, he will do the same as the first person.”

Fray Juan Pobre, 1602



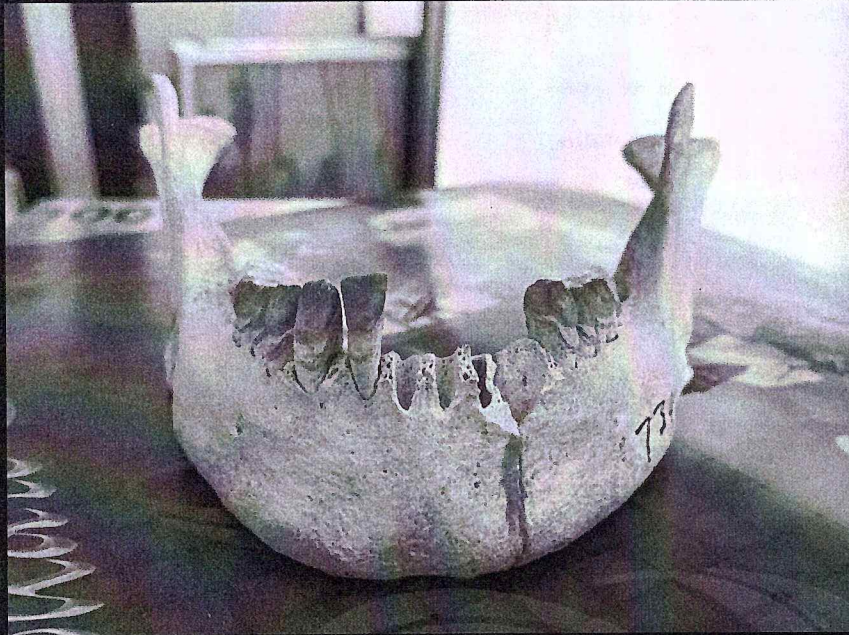


SALU'U ALAN MAMA'ON ALILENG PULAN

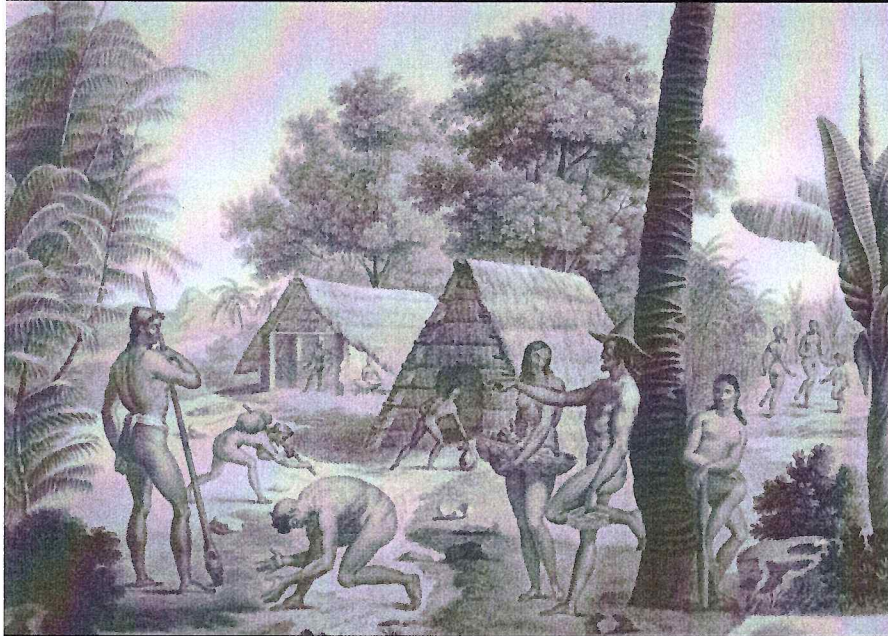


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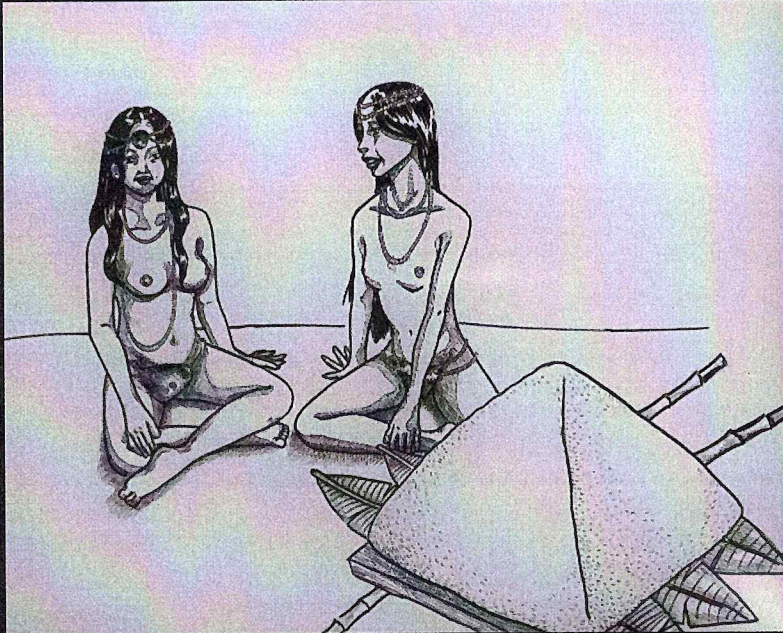
NIFEN



COLONIZATION



INAKAMMO' - KASAMIENTO



As soon as a union was planned, the mother of the would-be groom, or in her absence, his grand-mother, or else his closest female relative, having equipped herself with a betel box [saluu], would go and visit the mother of the would-be bride. Once there, without giving the latter time to offer the customary betel, she would offer the one she had brought along. This behavior immediately alerted the mistress of the house that marriage was the object of the visit; still, she asked what was the motive of the visit. It is about your daughter, answered the go-between. I come to ask for her, on behalf of so and so. In the case where this proposal was not objectionable, the young person was consulted immediately to know her answer. If her grand-mother was still alive, the mother would hasten to answer that she could not promise anything, without her consent, and the proposal had then to be made to her also, with the same ceremony. Generally, before giving a positive answer, all manners of delaying tactics and pretexts that decorum allowed were used to delay authorisation, in order for the whole family to have time to inform themselves and reflect on the suitability of the party in question.

Louis Freycinet, 1819

The boy's relatives came at the appointed time with different articles such as rice, rare fish, coconut crabs, etc. When they approached the house, they called out words of greeting - "Buenas noches, Amaga, Amaga, huyong ya ta fanafana" - meaning "Good evening, senior members of the house, come out and meet us." The girl's relatives responded with greetings of welcome and asked for anything which the visitors could give them.

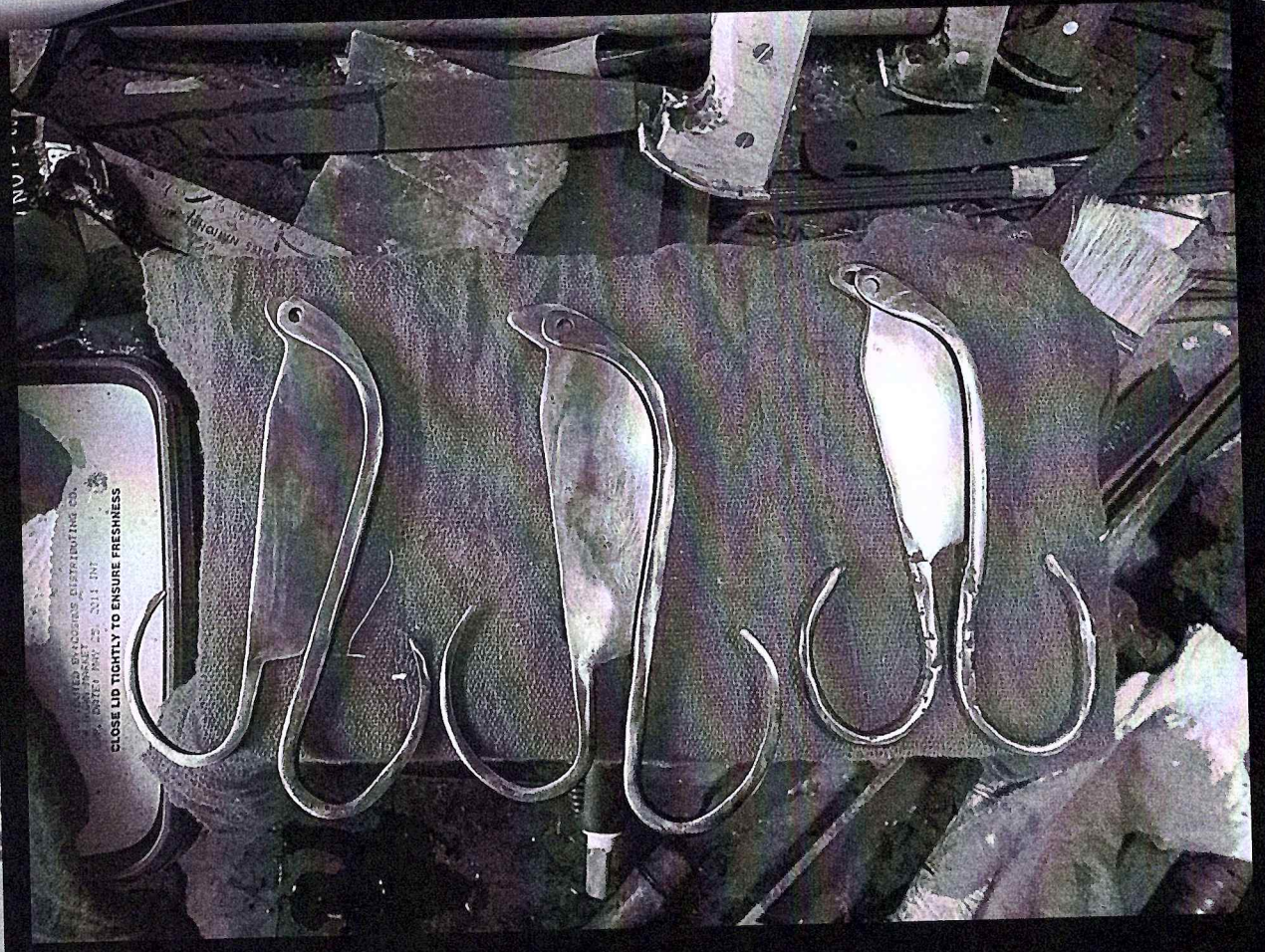
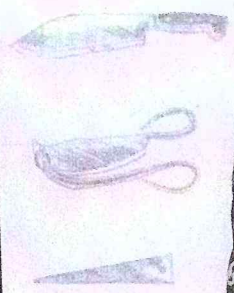
While the boy remained outside, his parents entered and passed cigars and betelnuts around. Then they told their host to ask them what they wanted. The girl's parents were well aware of what the visit was for, but pretended to dislike the proposal and began telling how useless and ignorant their daughter was.

Julia De Leon, 1936

Master Blacksmith

Master Blacksmith

Joaquin
"Jack"
Lujan

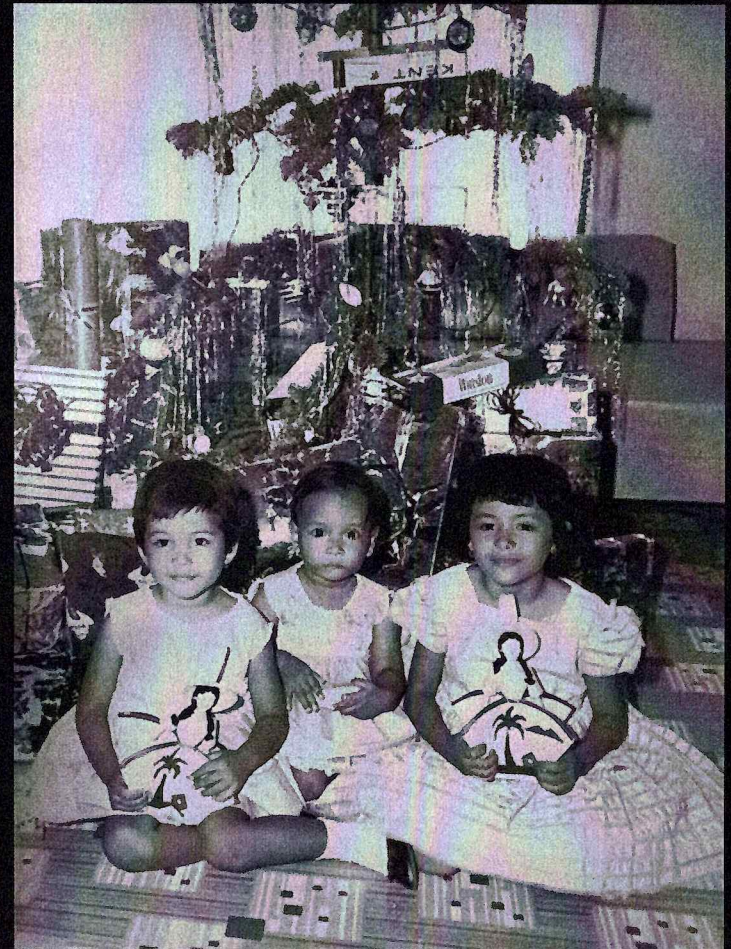




“They sleep two-thirds of the day; and when they employ the other in labour it is scarcely ever without being obliged to do so by necessity or the Governor. They smoke and chew the whole day; and seem to live only on tobacco and areca nut mixed with lime; they add, indeed, a few leaves of betel, but this seasoning requires a little care and trouble; and what person here will take either to live?”

Jacques Arago, 1819

FROM GARDENS TO CORPORATIONS



Betel nut chewing is a global health problem

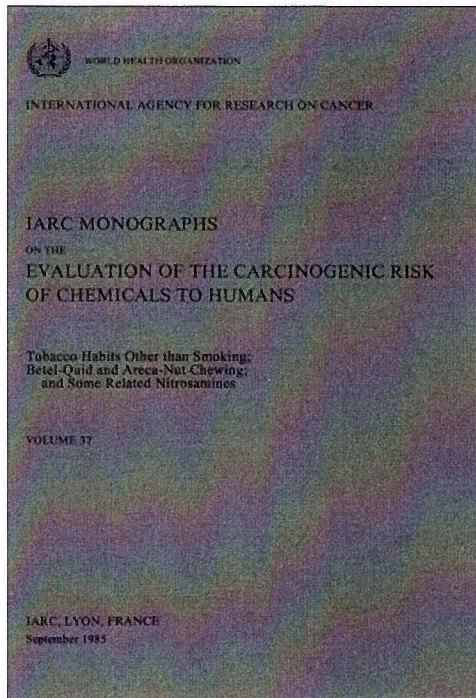
- World's 4th most used psychoactive substance¹



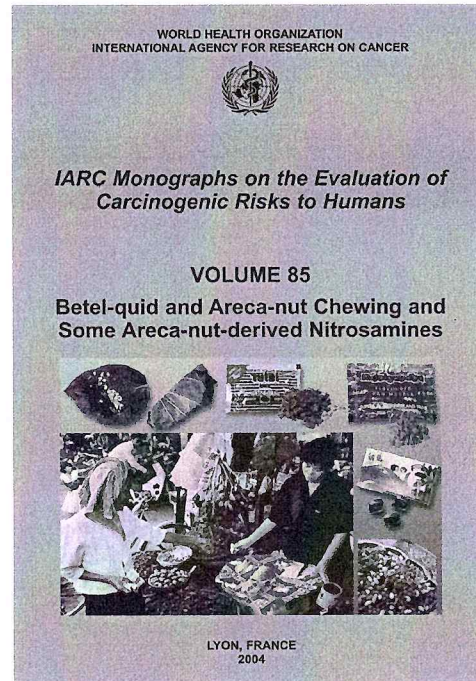
- Other systemic adverse effects²

- Causes or aggravates cardiovascular conditions, diabetes, asthma, metabolic syndrome, etc.
- Affects endocrine and immune system
- Harmful to fetus during pregnancy

International Betel Nut Research



1985: Betel nut with tobacco causes cancer



2004: Betel nut without tobacco causes cancer.

THE LANCET Oncology

> Lancet Oncol. 2024 Nov;25(11):1413-1423. doi: 10.1016/S1470-2045(24)00458-3. Epub 2024 Oct 8.

Global burden of oral cancer in 2022 attributable to smokeless tobacco and areca nut consumption: a population attributable fraction analysis

Harriet Runggay¹, Suzanne T Nethan², Richa Shah³, Jérôme Vignat³, Olalekan Ayo-Yusuf⁴, Pankaj Chaturvedi⁵, Eliete N S Guerra⁶, Prakash C Gupta⁷, Ruchika Gupta⁸, Shiwei Liu⁹, Cecilia Magnusson¹⁰, Mark Parascandola¹¹, Yvette C Paulino¹², Negar Rezaei¹³, Kamran Siddiqi¹⁴, Saman Warnakulasuriya¹⁵, Beatrice Lauby-Secretan², Isabelle Soerjomataram³

2024: World PAF = 30%;
Oceania PAF = 78%

Our Local Research

Paulino et al. BMC Oral Health 2014, 14:151
<http://www.biomedcentral.com/1471-4681/14/151>



RESEARCH ARTICLE

Open Access

Screening for oral potentially malignant disorders among areca (betel) nut chewers in Guam and Saipan

Yvette C. Paulino^{1*}, Eric L. Hurwitz², Saman Warnakulasuriya^{1†}, Robert R. Gatewood^{1†}, Kenneth D. Pierson^{3†}, Lynnette F. Tercio⁴, Rachel Novosny¹, Neal A. Palafox⁵, Lynne R. Wilkens^{2†} and Grazyna Badowski^{1†}

Two classes of betel nut chewing patterns were identified.

Class 1:

Chew mature, red nut
 Add leaf
 Swallow betel quid
 Smoke cigarettes

Class 2:

Chew young nut
 Add leaf, tobacco, slaked lime

Table 2 Comparison of other characteristics of betel nut chewers, overall and by chewing class

	Overall n = 300 X [95% CI]* or n (%)	Class 1 n = 78 X [95% CI] or n (%)	Class 2 n = 222 X [95% CI] or n (%)	P value**
Demographic/Socioeconomic characteristics				
Age, years	37.7 [36.2-39.3]	45.7 [42.8-48.7]	34.9 [33.3-36.6]	<0.001**
Gender, % male	157 (52.3)	38 (48.7)	119 (53.6)	0.46
Education, % with post-secondary	21 (7.0)	3 (3.8)	18 (8.1)	0.20
Marital status, % married	98 (32.7)	29 (37.2)	69 (31.1)	0.32
Behavioural characteristics				
Length of betel nut use, years	19.8 [18.3-21.3]	25.5 [22.1-28.9]	17.8 [16.2-19.3]	<0.001**
Number of nuts chewed per day	12.8 [11.3-14.2]	7.3 [5.32-9.18]	14.6 [12.9-16.4]	<0.001**
Length of time betel nut chewed, minutes	18.7 [10.5-26.9]	37.8 [7.07-68.6]	12.0 [9.51-14.4]	0.01**
% that visit the dentist	89 (29.7)	35 (44.9)	54 (24.3)	<0.001**
Oral Potentially Malignant Disorders				
% screened positive***	46 (15.3)	3 (3.8)	43 (19.6)	<0.001**

n = number.

*X [95% CI] = Mean [95% Confidence Interval].

**Reflects statistical difference between Classes, where P<0.05.

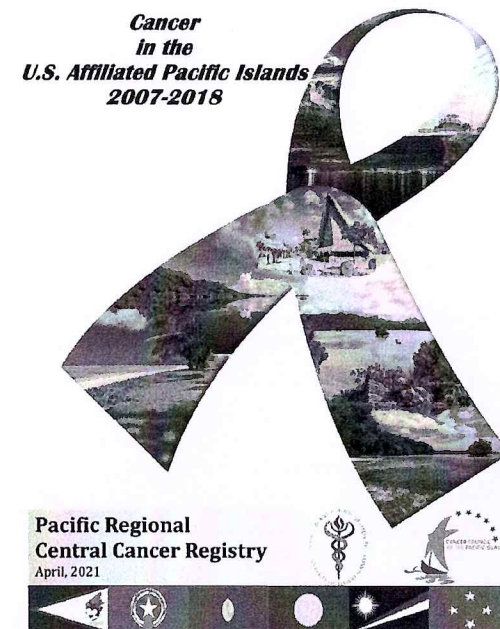
***Oral Potentially Malignant Disorders detected during the initial oral screening.

Class 2 pattern of BN chewing was associated with oral precancer.

27 youth identified as BN chewers; age range 9-17 years old.

CNMI oral cavity & pharyngeal cancer rates (adjusted to world std)

- CNMI = 8.5 per 100,000
 - Higher than all USAPI (6.6)
 - More than 2x World (4)
 - Almost 2x Guam (4.4)
 - Comparable to Palau (8.8)
 - Lower than Pohnpei (17.7) and Yap (46.9)





Smoking and SLT in the USAPIs

Country	Year	SLT	SLT	SLT	SLT	SLT	SLT
American Samoa	2015	22%	24%	---	---	---	---
CNMI	2015	12%	25%	15%	17%	---	---
FSM Chuuk	2015	17%	32%	19%	15%	---	---
Kosrae	2015	26%	19%	28%	29%	---	---
Pohnpei	2015	31%	21%	22%	48%	---	---
Yap	2015	39%	---	61%	---	---	---
Guam	2015	13%	22%	14%	5%	---	---
Palau	2015	47%	17%	28%	46%	---	---
RMI	2015	31%	23%	37%	23%	---	---

Durand et al., WPSAR, 2022

*Youth Risk Behavior Survey, Rapid Youth Survey, Global Youth Tobacco Survey (2015-2019)

**Behavioral Risk Factor Surveillance Survey, NCD Hybrid, NCD Steps (2015-2019)

--- Data not available

	Youth*	Adult**		Youth*	Adult**
American Samoa	22%	24%	American Samoa	---	---
CNMI	12%	25%	CNMI	15%	17%
FSM Chuuk	17%	32%	FSM Chuuk	19%	15%
Kosrae	26%	19%	Kosrae	28%	29%
Pohnpei	31%	21%	Pohnpei	22%	48%
Yap	39%	---	Yap	61%	---
Guam	13%	22%	Guam	14%	5%
Palau	47%	17%	Palau	28%	46%
RMI	31%	23%	RMI	37%	23%

Durand, Gash, Durand, 2022

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Division of Population Sciences
National Center for Chronic Disease Prevention and Control
National Center for Tobacco Use and Cancer Epidemiology
National Center for Injury Prevention and Control
National Center for Environmental Health
National Center for Global Health

E-cigarette and AN/BQ use in the USAPIs

	Youth [*]	Adult ^{**}		Youth [*]	Adult ^{**}
American Samoa	---	1%	American Samoa	---	---
CNMI	24%	---	CNMI	---	19%
FSM Chuuk	19%	---	FSM Chuuk	36%	---
Kosrae	16%	2%	Kosrae	31%	28%
Pohnpei	9%	2%	Pohnpei	39%	43%
Yap	8%	---	Yap	76%	---
Guam	35%	11%	Guam	13%	13%
Palau	7%	2%	Palau	28%	53%
RMI	8%	6%	RMI	38%	14%

^{*}Youth Risk Behavior Survey, Rapid Youth Survey, Palau School Health Screening, Yap Youth Tobacco Survey, 2019-2022

^{**}Behavioral Risk Factor Surveillance Survey, NCD Hybrid, 2016-2021

--- Data not available

Breakout Groups: Preserving Traditional Use

In your small groups:

- Identify **positive cultural norms** that preserve traditional use of betel nut chewing.

Write down the norms on green cards and post on the wall.



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Breakout Groups: Harmful Use

In your small groups:

- Identify norms associated with when betel nut use with tobacco becomes **harmful** to our community and **becomes an addiction**.

Write down the norms on blue cards and post on the wall.



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Large Group Discussion: Traditional & Harmful Use



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota



Time for a Break!

Please return in 15 minutes!



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Where Are We Now?



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Cigarette Smoking in the CNMI: 2023

Current smoking prevalence (smoked in past 30 days)	21.4%
Percent of people who currently smoke everyday	71.4%
Average age of initiation among people who currently smoke everyday	20 years old
Average number of cigarettes smoked per day among people who smoke everyday	11 cigarettes
Percent of people who currently smoke that want to quit	80.1%
Percent of people who currently smoke that have tried to quit in the past year	61.8%



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

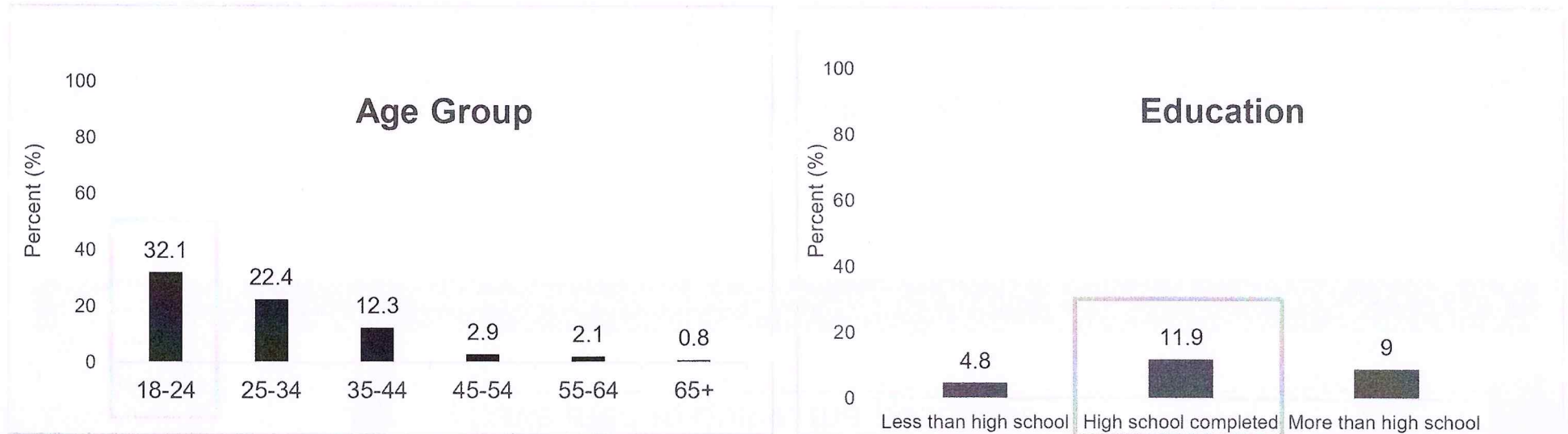
Vaping in the CNMI: 2023

Current vaping prevalence (vaped in past 30 days)	10%
Percent of current vapers who vape everyday	60.2%



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

People who vape by Age and Education: 2023



Percentage of Adults Currently Vaping, By Age and Education, in the CNMI, 2023



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

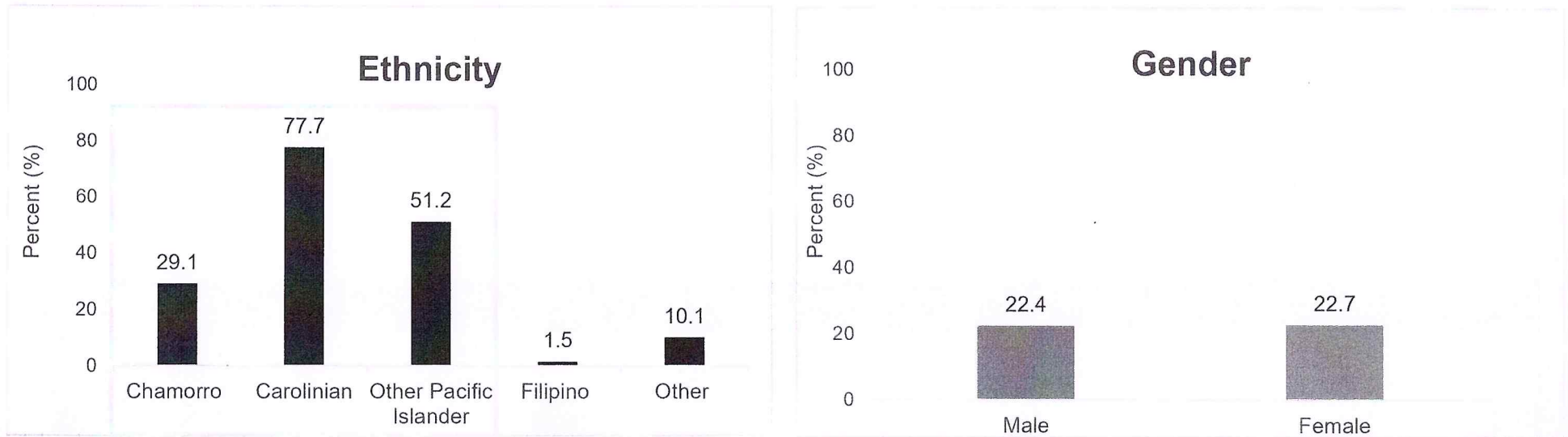
Betel Nut Chewing in the CNMI: 2023



Current betel nut chewing prevalence (chewed in past 30 days)	22.5%
Percent of people who currently chew betel nut every day	72.4%
Percent of people who currently chew betel nut who add tobacco	93.1%
Average age of initiation among people who currently chew betel nut	17 years old
Percent of current people who chew betel nut that want to quit	68.5%
Percent of current people who chew that have tried to quit in the past year	56.8%

Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

People who Chew Betel Nut by Ethnicity and Gender: 2023

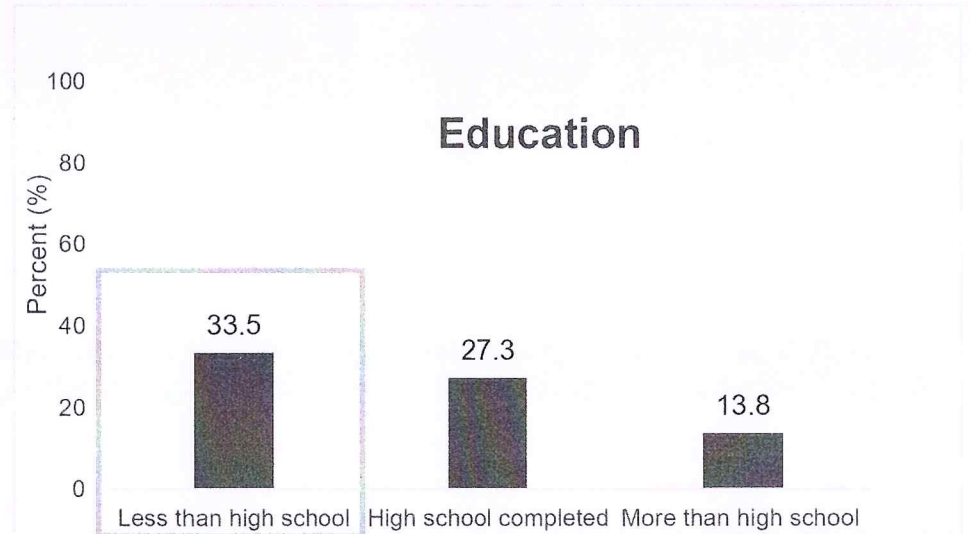
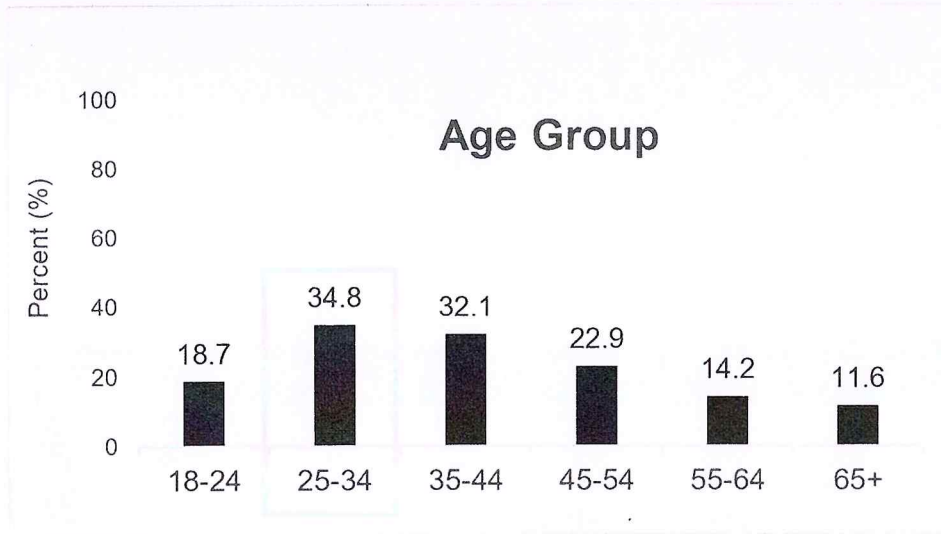


Percentage of Adults who chew Betel Nut, By Ethnicity and By Gender, in the CNMI, 2023



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

People who Chew Betelnut by Age and Education: 2023

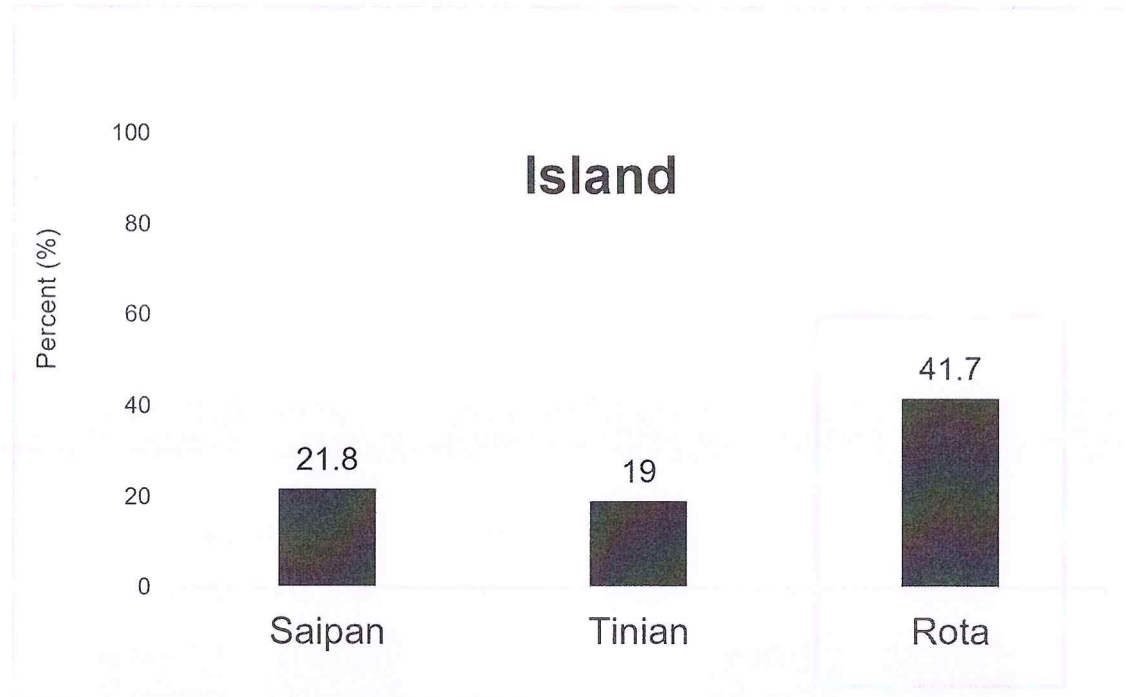


Percentage of Adults who chew Betel Nut, By Age and Education, in the CNMI, 2023



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Chewing Betelnut by Island: 2023

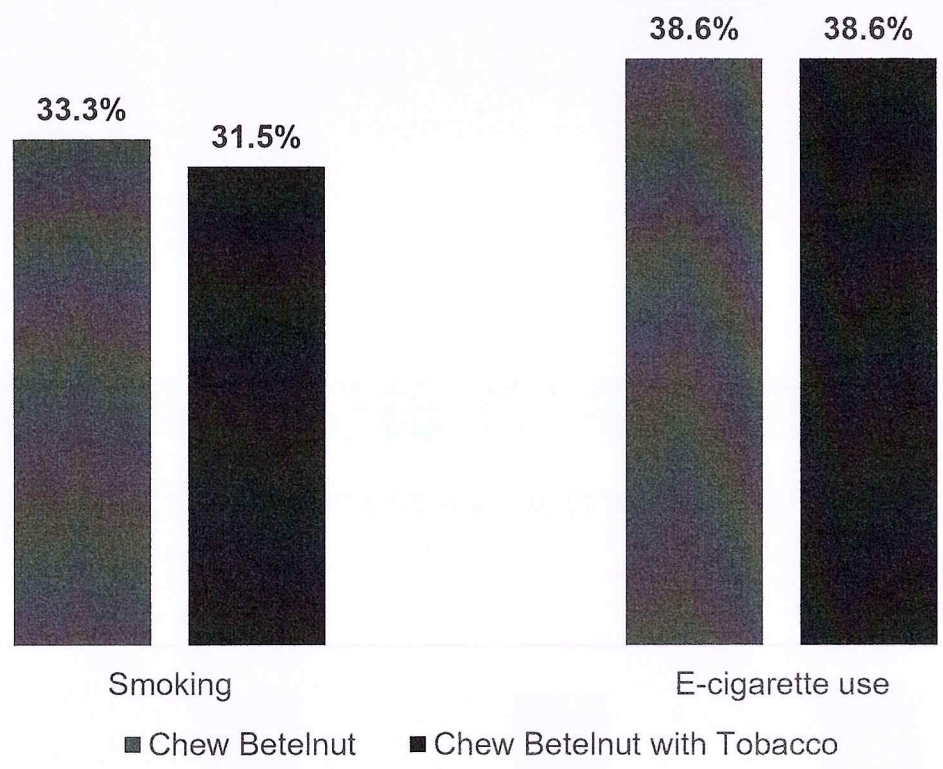


Percentage of Adults who Chew Betel Nut, By Island, in the CNMI, 2023



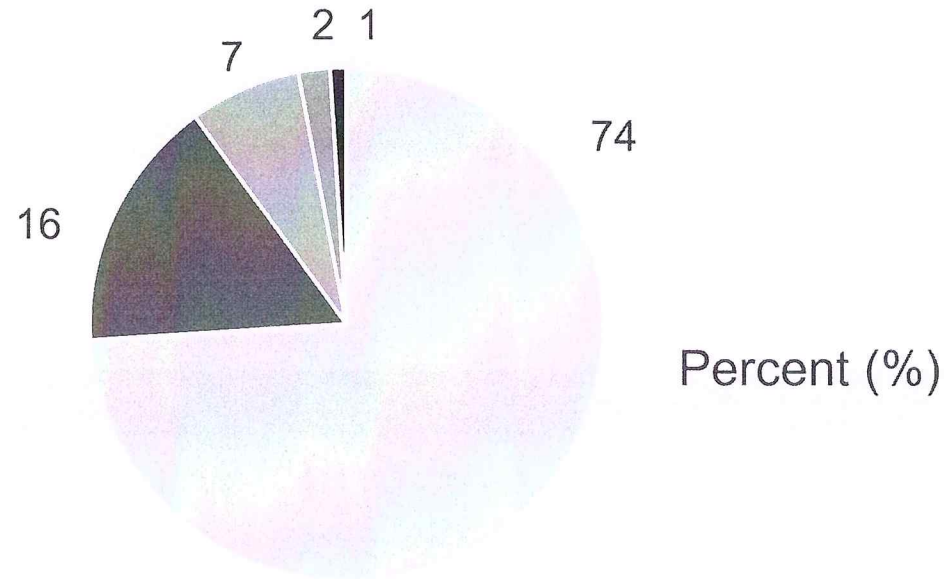
Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Tobacco Use (smoking & e-cig) among people who chew betel nut



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Type of tobacco added to betel nut chew among people who chew betel nut in CNMI: 2023



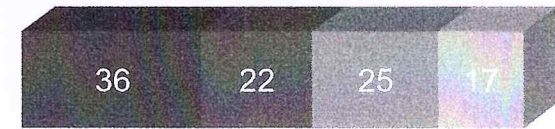
- Cigarette sticks
- Imported loose tobacco
- No tobacco
- Other type of tobacco
- Locally grown tobacco

Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

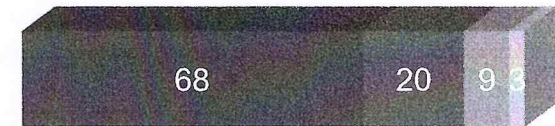
Perception of Risk

68% of people believe that chewing betel nut with tobacco is very harmful and compared to **36%** believe that chewing betel nut without tobacco is very harmful

Chew betel nut without tobacco



Chew betel nut with tobacco



■ Great Risk

■ Moderate risk

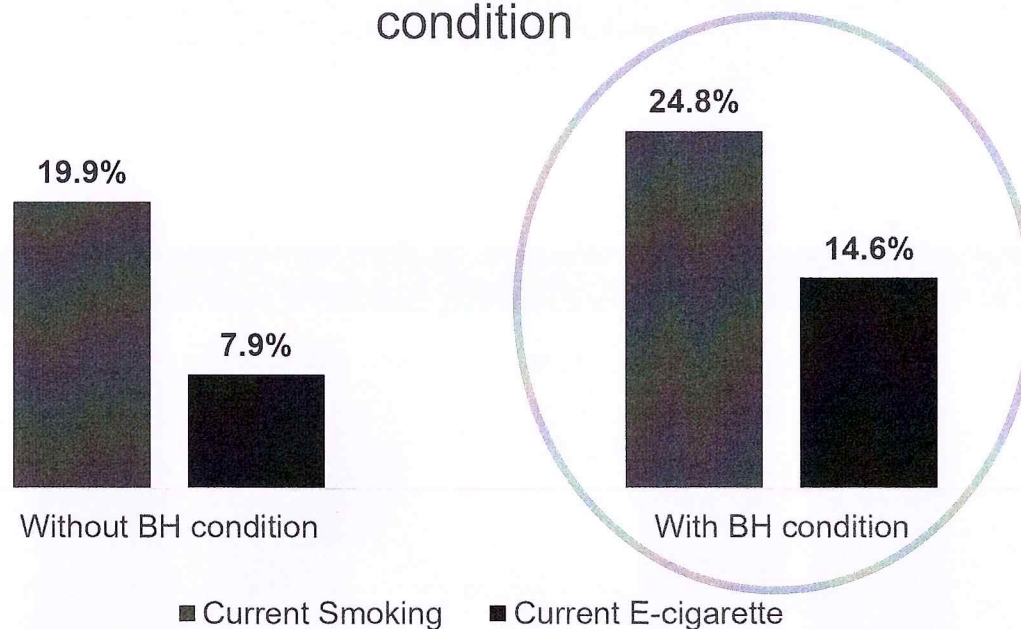
■ Slight risk

■ No risk

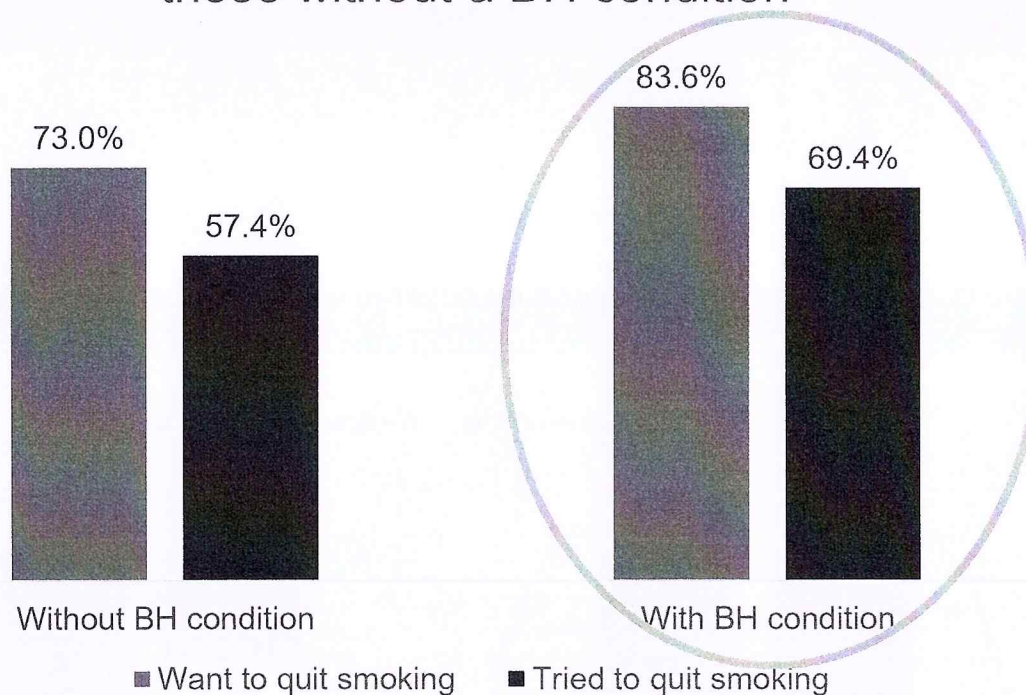


Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

People with a behavioral health condition
smoke and **use e-cigarettes** at a **higher**
rate than those without a behavioral health
condition

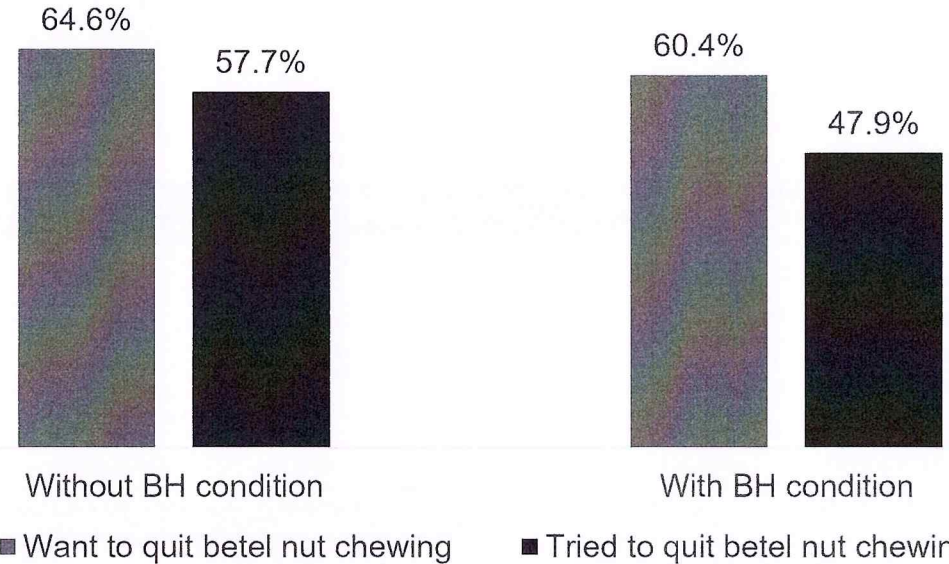


In CNMI, people with a behavioral health condition want to quit smoking and **have tried to quit smoking** at higher rates of those without a BH condition



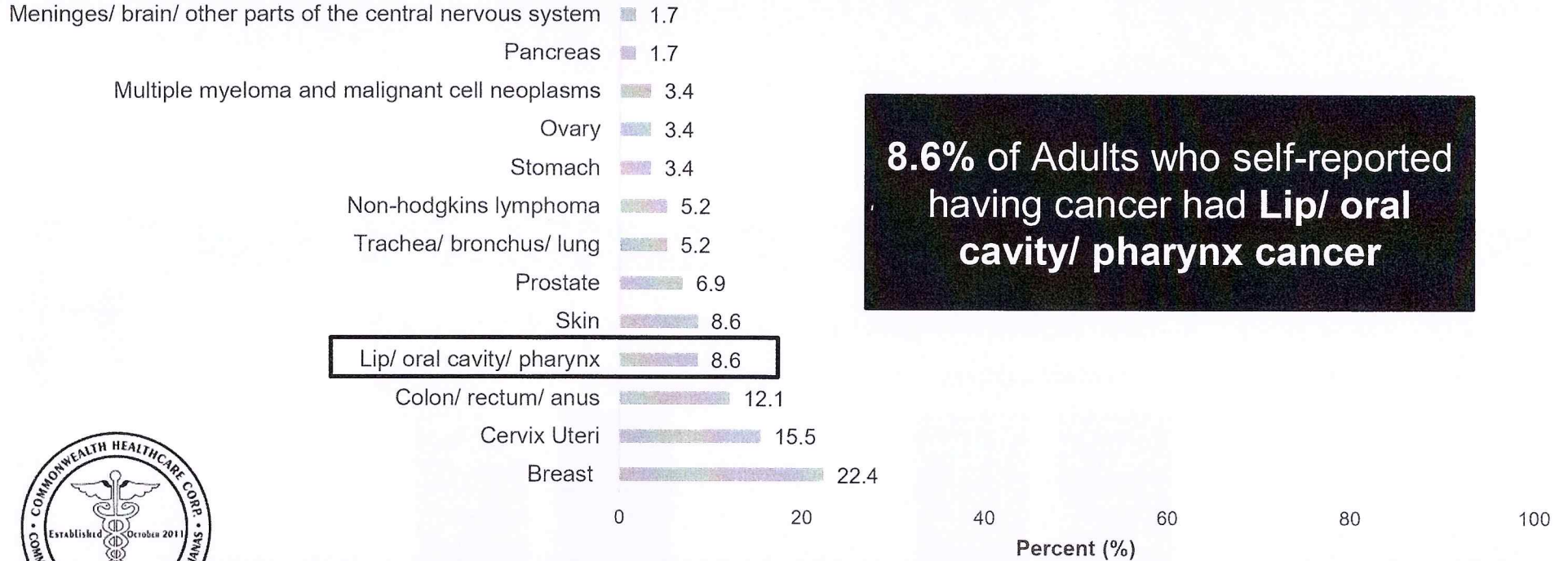
Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

In CNMI, people with a behavioral health condition want to quit chewing and **have tried to quit chewing** at similar rates of those without a BH condition



Cancer site among Adults who self-reported having cancer, in the CNMI, 2023

Cancer Site

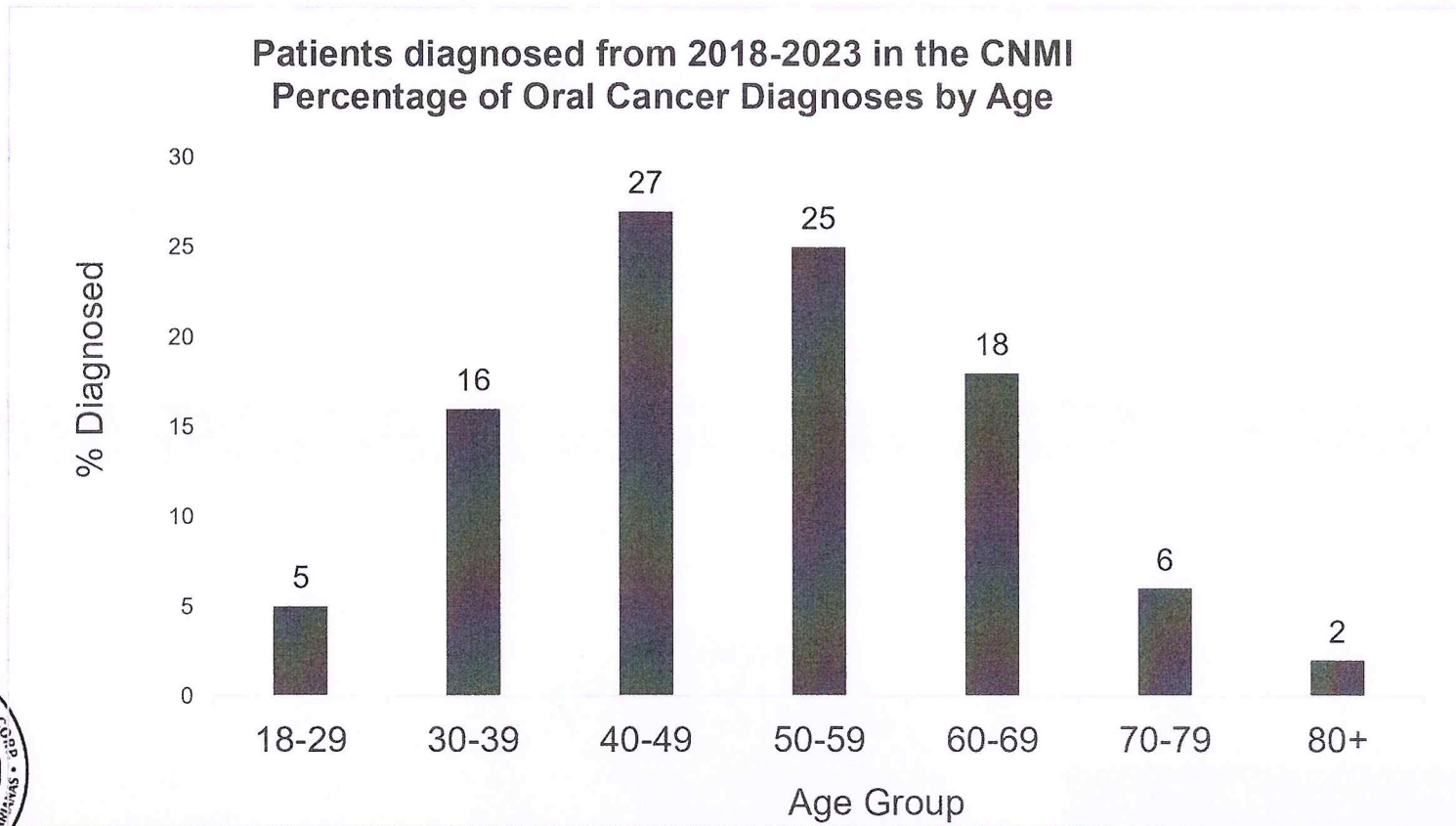


8.6% of Adults who self-reported having cancer had Lip/ oral cavity/ pharynx cancer



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

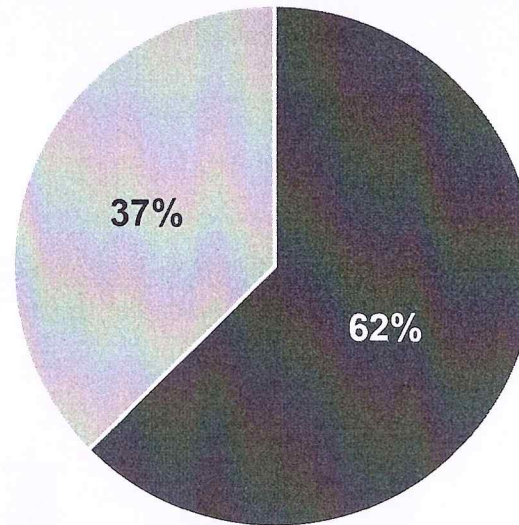
Percentage of Oral Cancer Diagnoses by Age



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

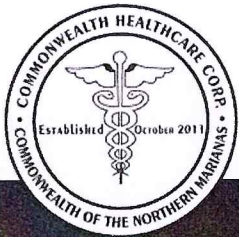
Percentage of Oral Cancer Diagnoses by Gender

Patients diagnosed from 2018-2023 in the CNMI
Oral Cancer by Gender



62% or 75 people
diagnosed between
2018 and 2023 were
male.

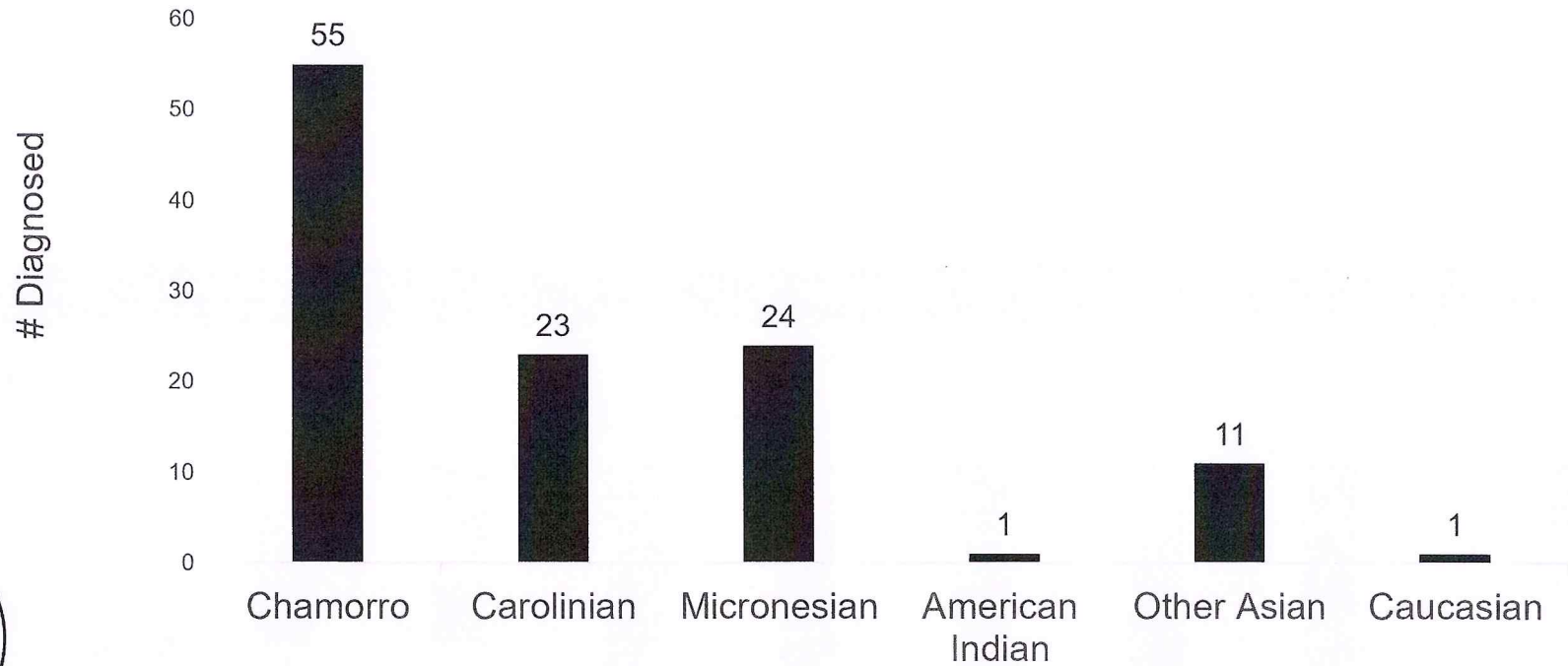
■ Male ■ Female



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

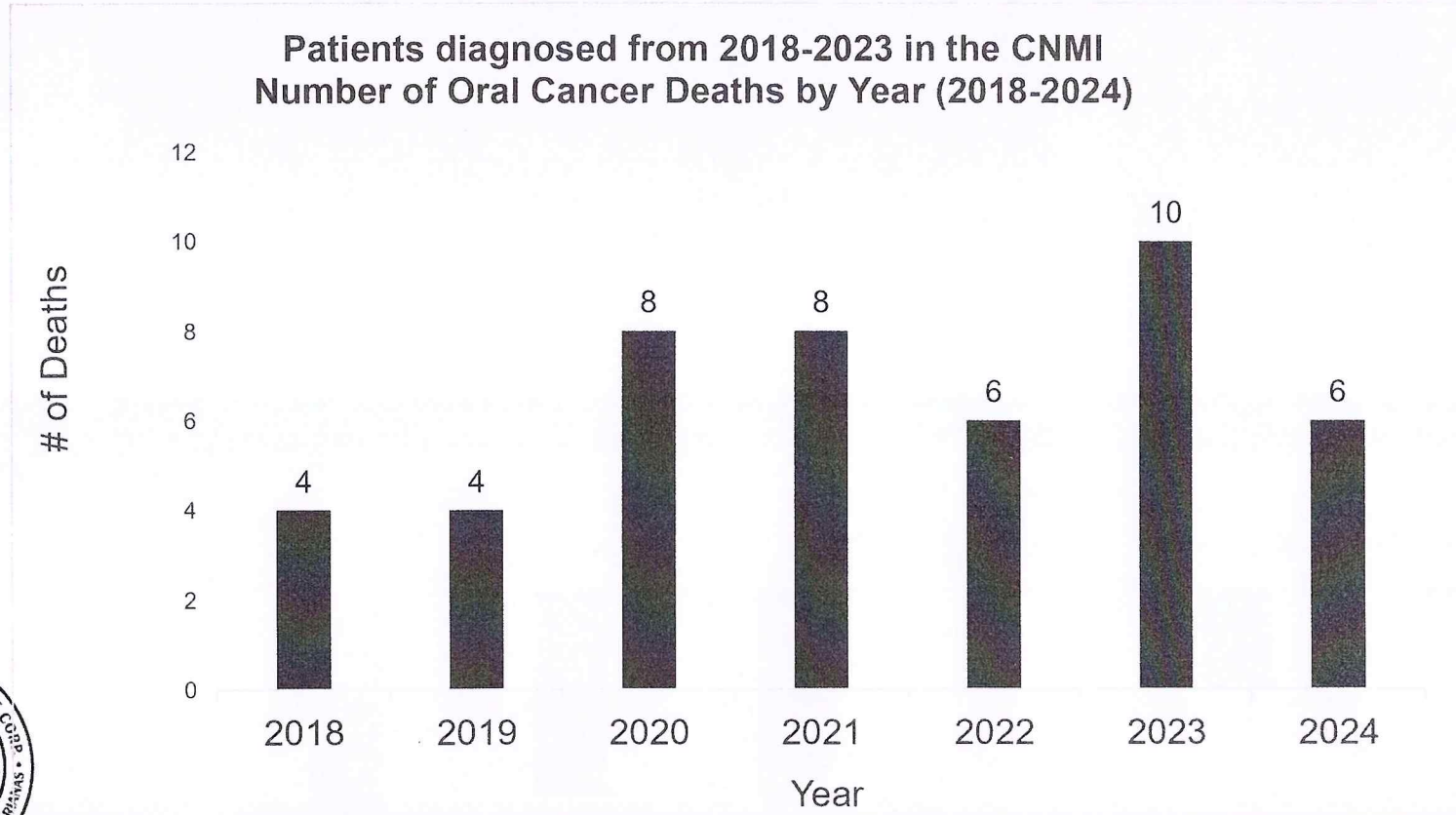
Number of Oral Cancer Diagnoses by Ethnicity

Patients diagnosed from 2018-2023 in the CNMI
Number of Oral Cancer Diagnoses by Ethnicity/ PI Race



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Number of Oral Cancer Deaths by Year (2018-2024)



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Key Takeaways



People are starting to use at a young age



People are using these products more consistently



93.1% of people who chew add tobacco to it



People are getting oral cancer at younger ages and dying



People want to quit

Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

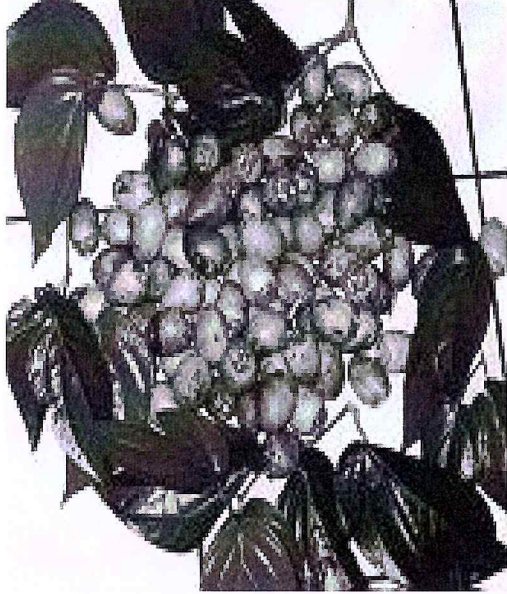
What Can We Do?

Yvette C. Paulino, CPH, Ph.D.

Dean and Professor of Health Sciences
Margaret Perez Hattori-Uchima School of Health
University of Guam



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota



Class 1

VS.



Class 2



Study to Test Effectiveness of a Betel Nut Cessation Program (BENIT)

This study is currently recruiting participants. (see Contacts and Locations)

Verified September 2016 by University of Guam

Sponsor:

University of Guam

Collaborators:

National Cancer Institute (NCI)

University of Hawaii Cancer Research Center

Information provided by (Responsible Party):

University of Guam

ClinicalTrials.gov Identifier:

NCT02942745

First received: September 22, 2016

Last updated: October 21, 2016

Last verified: September 2016

[History of Changes](#)

[Full Text View](#)

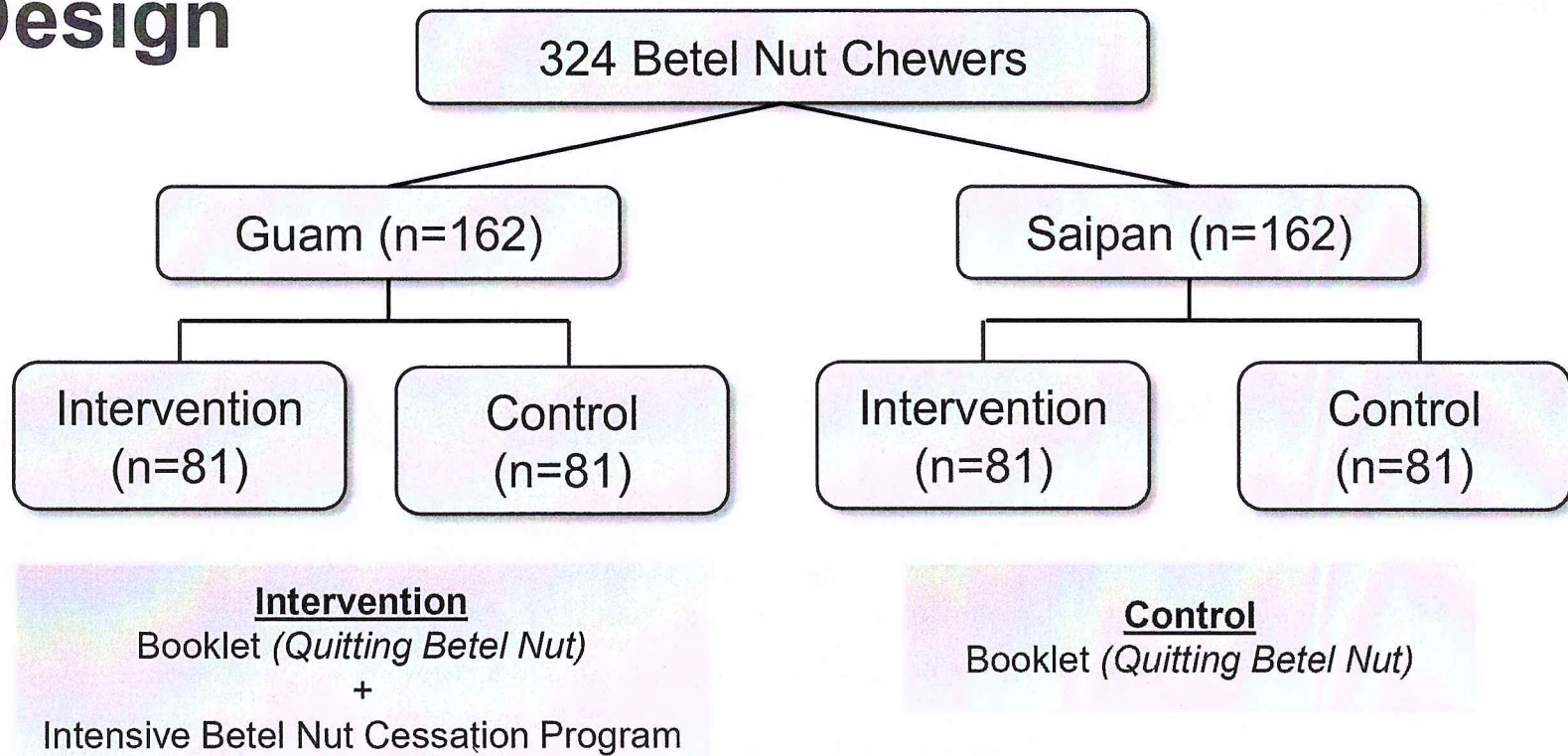
[Tabular View](#)

[No Study Results Posted](#)

[Disclaimer](#)

[How to Read a Study Record](#)

Design



Study Design: Intervention Sessions

Session	Day	Session Topics	Collection
1	1	<ul style="list-style-type: none"> • Introduction, informed consent, ground rules • Negative health effects of betel nut chewing • Self-monitoring • Triggers • Betel nut fading 	<ul style="list-style-type: none"> • Baseline survey • Saliva
2	8	<ul style="list-style-type: none"> • Lifestyle change to support quitting • "Excuses" for not chewing (from feasibility study) 	
3	15	<ul style="list-style-type: none"> • QUIT DAY • Coping strategies to prevent relapse • Maximizing social support for non-chewing 	
4	18	<ul style="list-style-type: none"> • Reinforce negative health effects of chewing (from feasibility study) • Additional strategies for coping with urges to chew 	
5	22	<ul style="list-style-type: none"> • Managing thoughts that can lead to relapse • Follow-up survey, saliva collection 	<ul style="list-style-type: none"> • Three-week survey • Saliva
	182	<ul style="list-style-type: none"> • Six-month follow-up 	<ul style="list-style-type: none"> • Six-month survey • Saliva

BENIT was successful!

Randomized Controlled Trial > Int J Environ Res Public Health. 2023 Aug 21;20(16):6622.

doi: 10.3390/ijerph20166622.


The Betel Nut Intervention Trial (BENIT)-A Randomized Clinical Trial for Areca Nut and Betel Quid Cessation: Primary Outcomes

- 38% cessation Intervention
- 9% cessation in Control

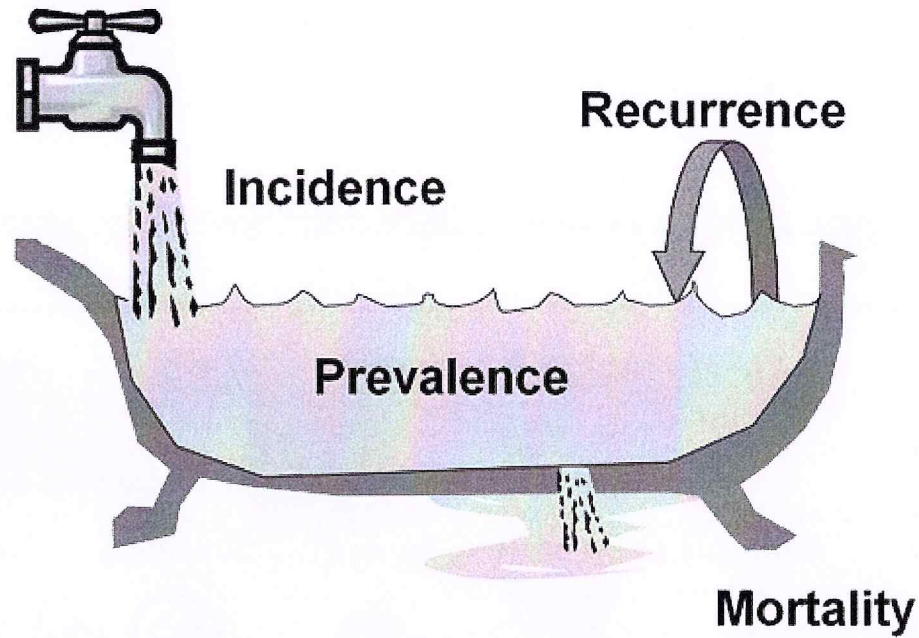
Thaddeus A Herzog ¹, Lynne R Wilkens ¹, Grazyna Badowski ², Ana Joy Pacilan Mendez ²,
Adrian A Franke ¹, Pallav Pokhrel ¹, Jade S N Chennaux ², Lynnette F Tenorio ², Patrick P Sotto ²,
Crissy T Kawamoto ¹, Yvette C Paulino ²

Conclusions: Robust self-reported intervention effects at day 22 suggest that intensive cessation programs such as BENIT should be further developed and implemented on a larger scale.

Lessons from BENIT – What can we do?

- Cost
 - Cessation aids (e.g., nicotine gum)
 - Brief Tobacco Intervention and Nicotine Cessation Facilitation
 - What motivates a chewer to quit?
 - Cessation and prevention
- 

Cessation vs. Prevention



Successes in the Western Pacific

The Tobacco Endgame

Eradicating a Worsening Epidemic

MPOWER provides a roadmap for the Tobacco Endgame



Monitoring
tobacco use
and prevention
policies

67%



Protecting
people from
tobacco smoke

56%



Offering
help to quit
tobacco use

78%



Warning
about the
dangers of
tobacco

63%



Enforcing
bans on tobacco
advertising,
promotion and
sponsorship

89%



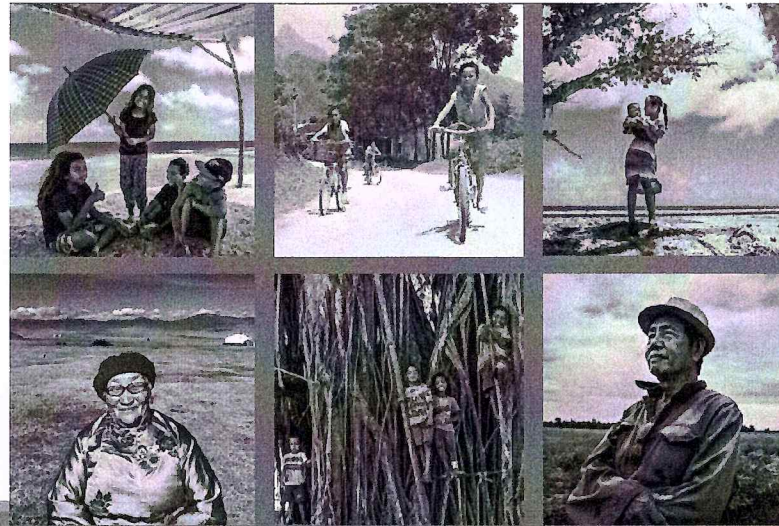
Raising
taxes on
tobacco for
effective
tobacco control

56%

New target: 30% reduction by 2030

Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)

Working towards a healthy, tobacco-free Region



What Can We Do?

Evidence-Based & Promising Practices to Reduce Harms of Betel Nut Chewing with Tobacco Use



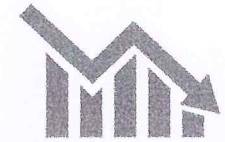
Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

What Can Health and Supportive Services Do?



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Harm Reduction and Recovery Frameworks



- A recovery framework focused on individual autonomy, hope and broader well-being, rather than abstinence
- Harm reduction strategies meet people where they are at offering support without stigma but with love and grace:
 - Cutting down on the number of betel nuts chewed with tobacco daily or weekly
 - Use Nicotine Replacement Therapy (NRT) to help reduce nicotine dependence



Stage Matched Interventions

- Readiness to quit is fluid
- Educate about nicotine withdrawal and NRT products and provide NRT to support

Stage of Change	Stage of Treatment
Pre-contemplation	Engagement
Contemplation Preparation	Motivation building
Action	Active Treatment
Maintenance	Relapse prevention/ Reassessment



Optimize Screening

- Integrate routine screening for betel nut chewing and mixture of tobacco into all systems



e.g., “Do you use any form of tobacco—such as cigarettes, cigars, chewing tobacco, snuff, or tobacco mixed with betel nut?”

e.g., “Do you chew betel nut? If so, do you add tobacco or other substances to it?”



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Optimize Treatment

- Opt-Out Approaches
- Point of Care Treatment
- Expand care team by training Community Health Workers and Peers
- Improve coordination of care – align tx services across BH, Oral health, Quitline, Support service orgs



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

We All Have A Role To Play



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

What Can We Do As a Community?

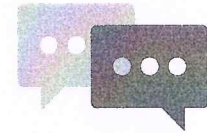
- Lead with Love, Not Judgment
- Share Information Gently
- Encourage Healthy Alternatives
- Be a Steady Support System



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

What Can Youth Do?

- Educate peers about the health risks of commercial betel nut products and the difference between traditional and commercial use.
- Celebrate traditional practices in safe, respectful ways.
- Get involved in youth advocacy groups and school campaigns. (e.g., Youth Advisory Panel)



What Can Civic Groups, Public Service Agencies and CBOs Do?

- Provide Access to Judgment-Free Support
- Educate with Empathy and Cultural Understanding
- Foster a Compassionate, Tobacco-Free Culture
 - *e.g. “Wellness Breaks”*



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

What Can Faith Based Organizations Do?

- Promote health as a spiritual value
- Offer supportive spaces for culturally relevant treatment support
- Engage families through culturally rooted messaging



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

What Can Educational Institutions Do?

- Integrate information about the health risks of betel nut with mixture of tobacco use into health curricula
- Equip teachers, counselors, and nurses to support children/families and share resources + connect to services
- Ensure tobacco/betelnut -free school policies
- Restorative practices in schools
- Data-informed decision-making



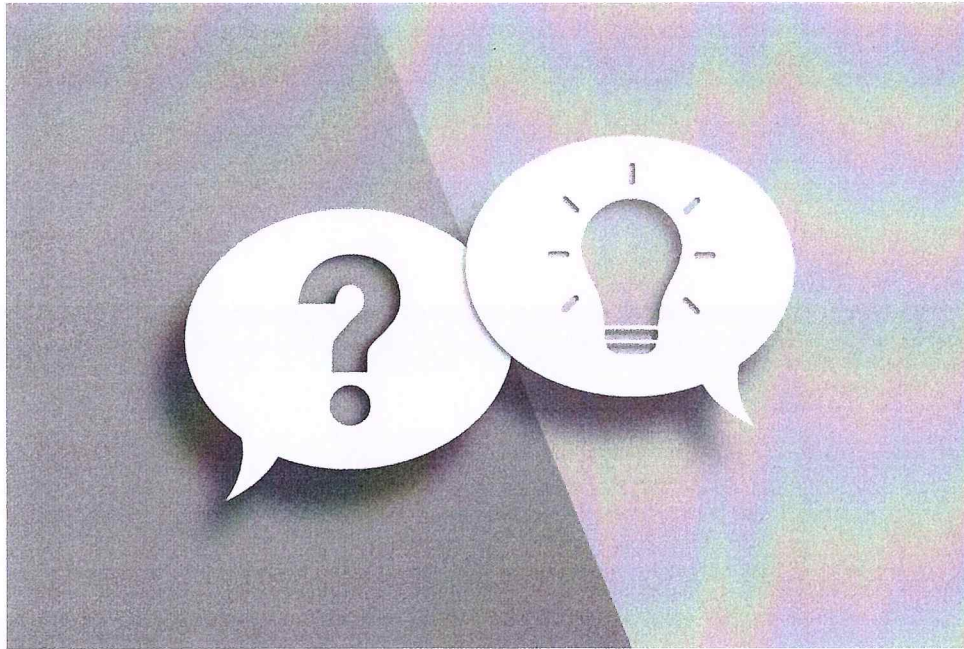
What Can Government and Policy Makers Do?

- Prioritize addressing betelnut chewing
- Fund community-led campaigns
- Support data collection and research
- Expand Access to Services and Supports



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Time for Questions



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota



Time for Lunch

We will get started back at 1:15 PM.



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Centering the Voices of People with Lived Experience



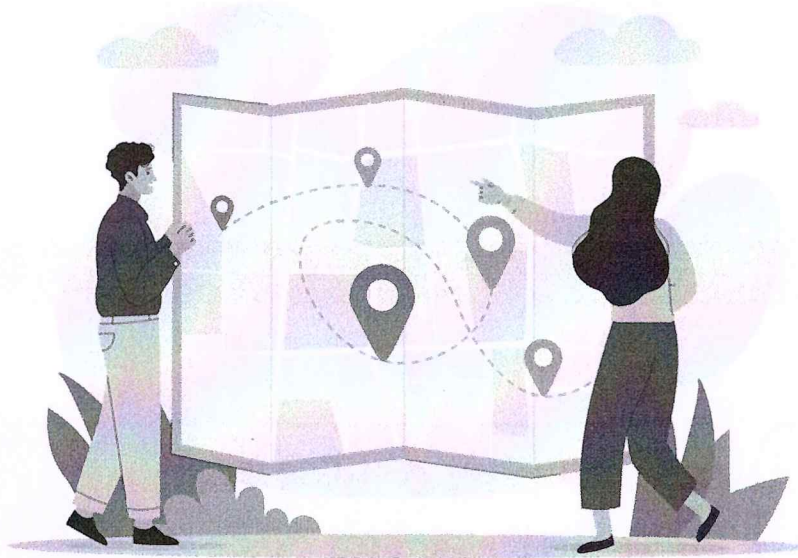
Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Building on Our Strengths



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

How would we define a “community asset”?



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Breakout Groups: Identifying Community Assets

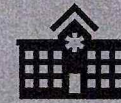
- Identify community assets under each header.
- Record each asset on yellow cards – one asset per card.
- Tape the assets under the corresponding header.



Education



Supportive
Services



Healthcare



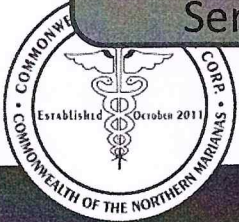
Civic
(Police, Emergency
Services, Courts)



Government
& Policy Makers



CBOs & Faith
Based



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Report Out: Identifying Community Assets



Education



Supportive
Services



Healthcare



Civic
(Police, Emergency
Services, Courts)



Government
& Policy Makers

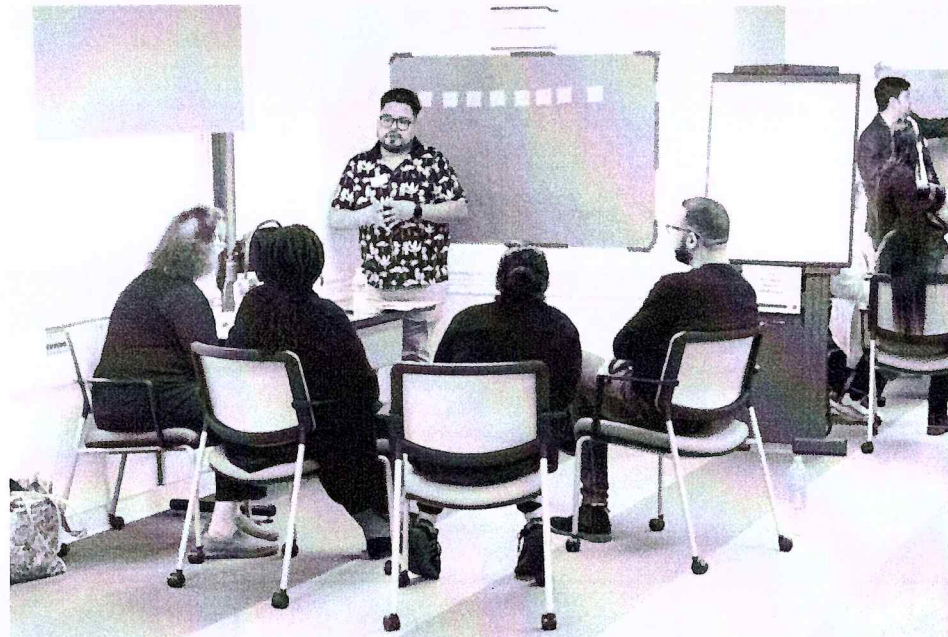


CBOs & Faith
Based

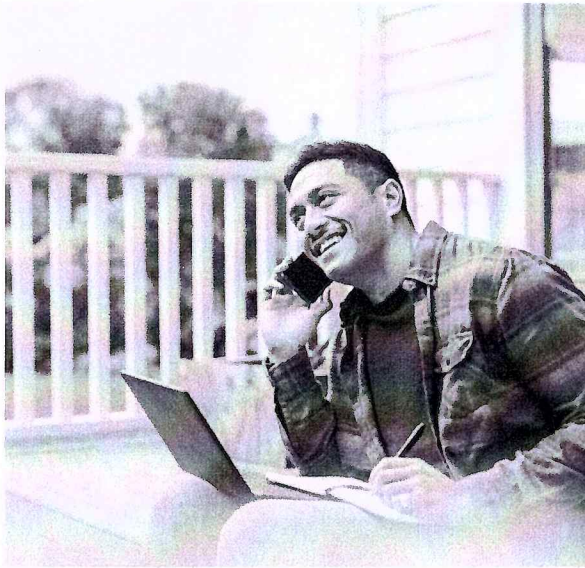


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Large Group Discussion: Identifying Community Assets



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota



Time for a Break!

Please return in 10 minutes!



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Roadmap for Action Across the Continuum of Care and Supportive Services



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Move to Your Breakout Groups

- Civic (Police, Emergency Services, Court System)
- Health and Supportive Services (i.e., Substance Use/ Mental Health Services, Quitline, Recovery Support)
- Education, CBOs and Faith-based institutions
- Government and Policy Makers



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Breakout Groups: Draw a Picture

- Draw a visual depiction or picture of the part of the system your group is focusing on.
- Include all the people and services currently provided in your picture.



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Draw a Picture: Report Out

- Consider: Is there anything missing you think would be important to add?



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Breakout Groups: Identifying Strategies

- What can we do to strengthen systems and practices to identify, treat and provide supportive services that address betel nut chewing addiction?
- What unique actions do we need to take for youth ages 11-17 to address betel nut chewing addiction?

List strategies on green cards,
one strategy/ action per card.



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Gallery Walk – Instructions

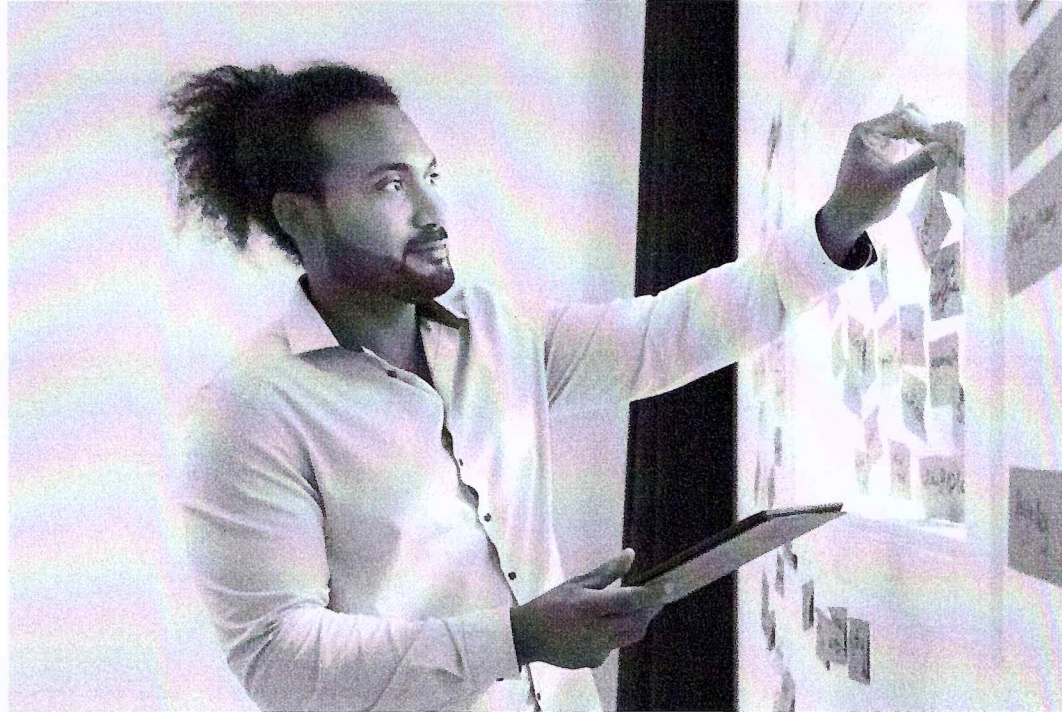


- Walk around the room and view each group's strategies.
- Go around the room and write down strategies that you like or missed that you want to add to your wall.
- Sit down and add other strategies to your walls using the green cards.



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Large Group Discussion: Identifying Strategies



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Closing & What to Expect on Day 2



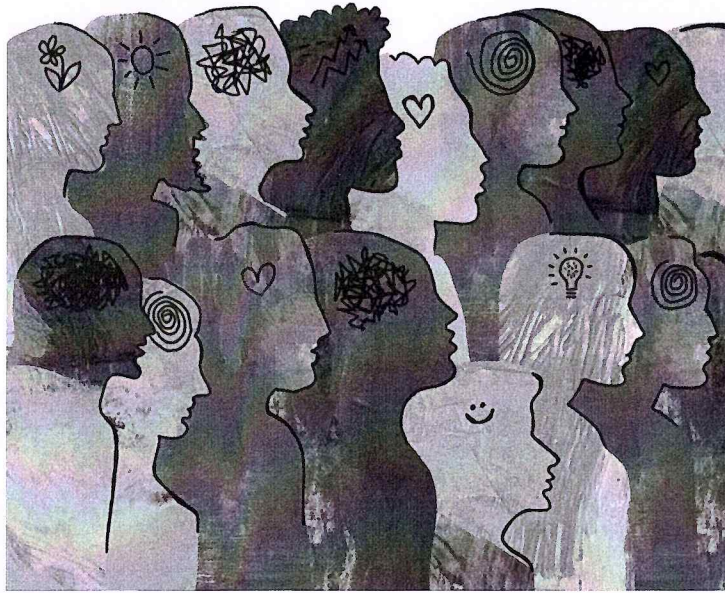
Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Evaluation

Your feedback is important to us!
Please scan the QR code to complete the brief
anonymous evaluation form on Day 1.



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota



Closing Reflection

What is on your mind as we are leaving today?



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Thank you!

Join us for breakfast at 8:30 AM tomorrow.

We will start Day 2 at 9:00 AM!



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

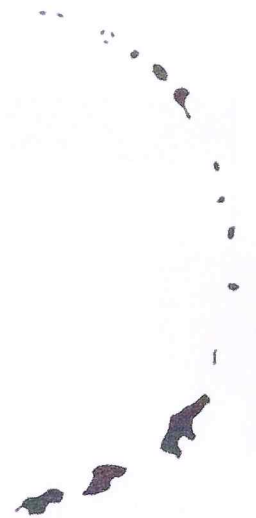


Providing quality comprehensive health services and promoting healthy environments for a resilient community.



Tobacco-Free Recovery Leadership Academy

Day 2 | April 11, 2025

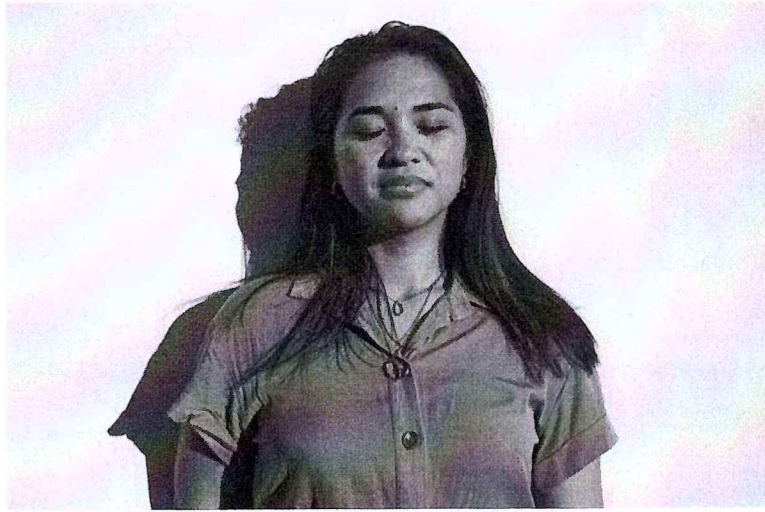


Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Welcome Back!



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota



Reflecting on Day 1

What reflections do you have from the time we spent together yesterday?



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Objectives of CNMI Tobacco-Free Leadership Academy – Day 2

- Prioritize strategies identified on Day 1 to reduce harmful use of betel nut with tobacco within an action plan
- Identify participants' unique role and commitment, acting as a part of a coordinated system of care and support, in implementation of action plan strategies
- Develop a structure and process to support the successful implementation of action plan strategies



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Day 2 Agenda

- Roadmap for Action Across the Continuum of Care and Supportive Services Continued: Prioritization of Strategies
- Break [10:25-10:40 am]
- Action Planning and Commitments
- Systems and Processes to Move the Work Forward
- Closing and Next Steps [end by 1:00 pm]
- Lunch



Review of Identified Strategies

- [Insert Day 1 strategies]



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Roadmap for Action: Prioritization of Strategies



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Breakout Groups: Prioritization of Strategies

Work in your small groups to:

- Review the strategies you came up with yesterday.
- Prioritize your **top 3 strategies/ actions** by placing a green dot next to it.
- Identify why these are most important.

Choose 1 person to report out for your group.



Report Out: Make Your Pitch

- Your group's three green dot strategies
- Your group's rationale for each strategy:
 - Why should it be one of the most important actions we take?



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Large Group Prioritization

- You have 5 smiley stickers and 5 animal stickers to place on strategies around the room.



Strategies we should work on now (3-12m)



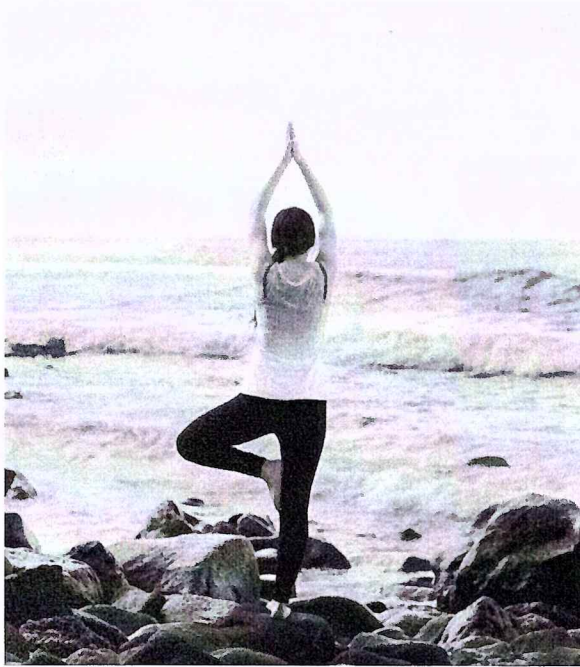
Strategies we should consider for the future



Large Group Discussion: Prioritization of Strategies



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota



Time for a Break!

Please return in 15 minutes!



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Action Planning and Commitments



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

What strategies did we prioritize as a group?



Strategies we should work on now



Strategies we should consider for the future



Placeholder – strategies 1-5 NOW



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Placeholder – strategies 1-5 Future



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Breakout Groups: Action Planning

- Choose one of the five strategies prioritized.
- Go to that break-out group!



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Breakout Groups: Action Planning

Section A. What strategies or interventions will we implement to support the achievement of our goal?

Strategy:		
Who will anchor this strategy? Name:	Title:	Organization:
What actions do we need to take to implement this strategy?	Person Responsible	By When (3, 6, 12 months)
Action 1:		
Action 2:		
Action 3:		
Action 4:		
Action 5:		
Action 6:		
Action 7:		



Breakout Groups: Action Planning

Section B. How will we know if we are doing what we said we would do?

Measures	Where is the Data?	Monitoring Frequency
Process Measures:		
Intermediate Outcome Measure:		
Other Measure:		



Commonwealth Healthcare Corporation: Saipan, Tinian and Rota

Action Planning: Report Out

Please share out your group's:

- Strategy
- Who is anchoring the strategy
- Key actions for the next 3-6 months
- How progress will be measured and monitored



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Systems and Processes to Move the Work Forward



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Systems and Processes to Move the Work Forward



We want to leverage our existing **Behavioral Health Planning Council** as a vehicle to move the work forward.



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**CNMI Tobacco-Free Recovery Leadership Academy
Action Plan Execution**

Structure to Execute the Action Plan: (e.g., new or existing committee or workgroup that will provide oversight)		
List Key Members:		
What actions does this body need to take to ensure execution and continuous improvement of all plan strategies?	Person Responsible	By When (3, 6, 12 months)
Action 1:		
Action 2:		
Action 3:		
Action 4:		
Action 5:		
Action 6:		
Action 7:		
Action 8:		
Action 9:		



Large Group Discussion



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Closing and Next Steps



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Next Steps

- CHCC will share the slide deck and an action plan that reflects the work developed over the past two days
- Behavioral Health Planning Council will meet X
- We are on this journey together with you



Evaluation

Your feedback is important to us!
Please scan the QR code to complete the brief
anonymous evaluation form.



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Commonwealth of the Northern Mariana Islands



Providing quality comprehensive health services and promoting healthy environments for a resilient community.



Thank you!



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