



CESSATION IS PREVENTION

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Health Behaviors and Risk Factors Among American Indians and Alaska Natives (AI/AN), 2000–2010



Leading Causes of Death and All-Cause Mortality in AI/AN Populations, 1990-2009

In a study examining the regional patterns and trends in all-cause mortality and leading causes of death in AI/ANs, *there was no significant decrease* in all-cause mortality from 1990 to 2009 for AI/AN persons as seen for Whites.

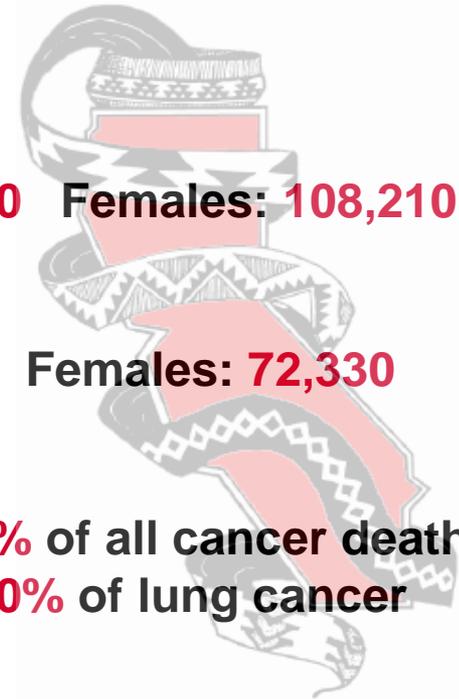
“Conclusions. AI/AN populations continue to experience much higher death rates than Whites. Patterns of mortality are strongly influenced by the high incidence of diabetes, smoking prevalence, problem drinking, and social determinants. Much of the observed excess mortality can be addressed through known public health interventions.

LUNG CANCER IS THE MOST PREVENTABLE FORM OF CANCER DEATH IN THE WORLD

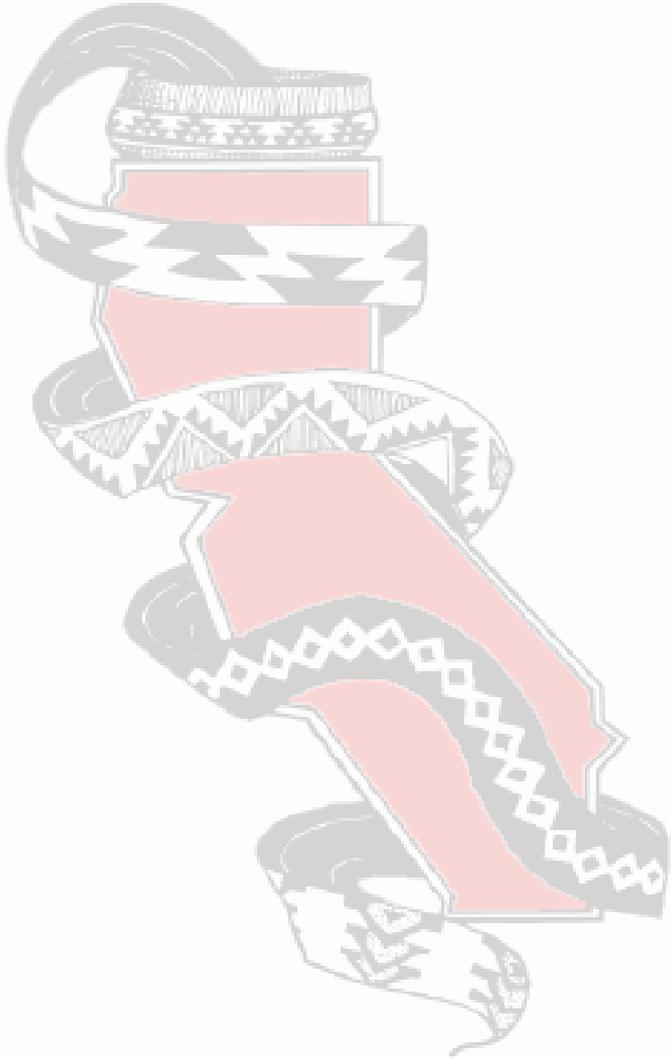
New cases of lung cancer: **224,210** Males: **116,000** Females: **108,210**

Deaths from lung cancer: **159,260** Males: **86,930** Females: **72,330**

Commercial tobacco use accounts for at least **30%** of all cancer deaths, causing **87%** of lung cancer deaths in men, and **70%** of lung cancer deaths in women.



Lung Cancer Deaths Among AI/ANs, 1990–2009



In a study examining the regional differences in lung cancer among AI/ANs, it was found that for every 100 lung cancers diagnosed, there were 6 more deaths among AI/AN persons than among White persons.

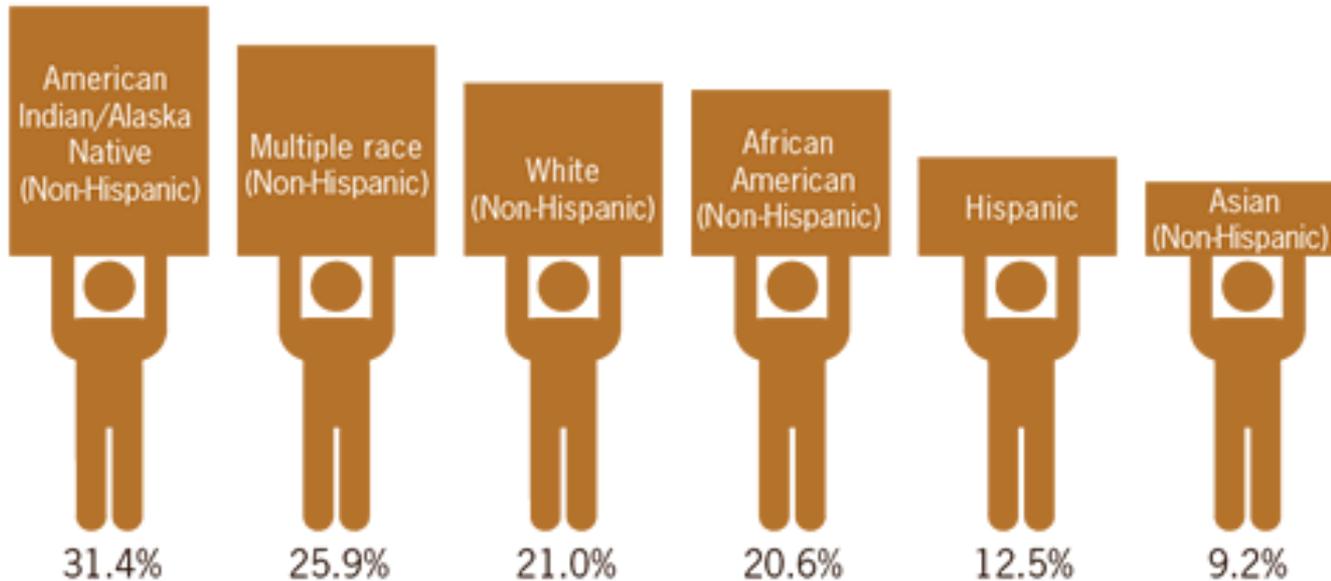
Furthermore, from 1997, a decline in lung cancer death rates was seen among AI/AN men began, and yet we are still seeing an increase among AI/AN women.

“Conclusions. Comparison of regional lung cancer death rates between AI/AN and White populations indicates disparities in tobacco control and prevention interventions. Efforts should be made to ensure that AI/AN persons receive equal benefit from current and emerging lung cancer prevention and control interventions.”

Why It Is Important to Prevent Future Cancers Through Commercial Tobacco Prevention and Cessation Programs



Percent of Adults Who Smoke by Racial/Ethnic Group



SOURCE: CDC Vital Signs September 2011, Adult Smoking in the US

From 2005 to 2011, no significant change in current smoking prevalence occurred among AI/AN adults (32.0% in 2005 to 31.4% in 2011).

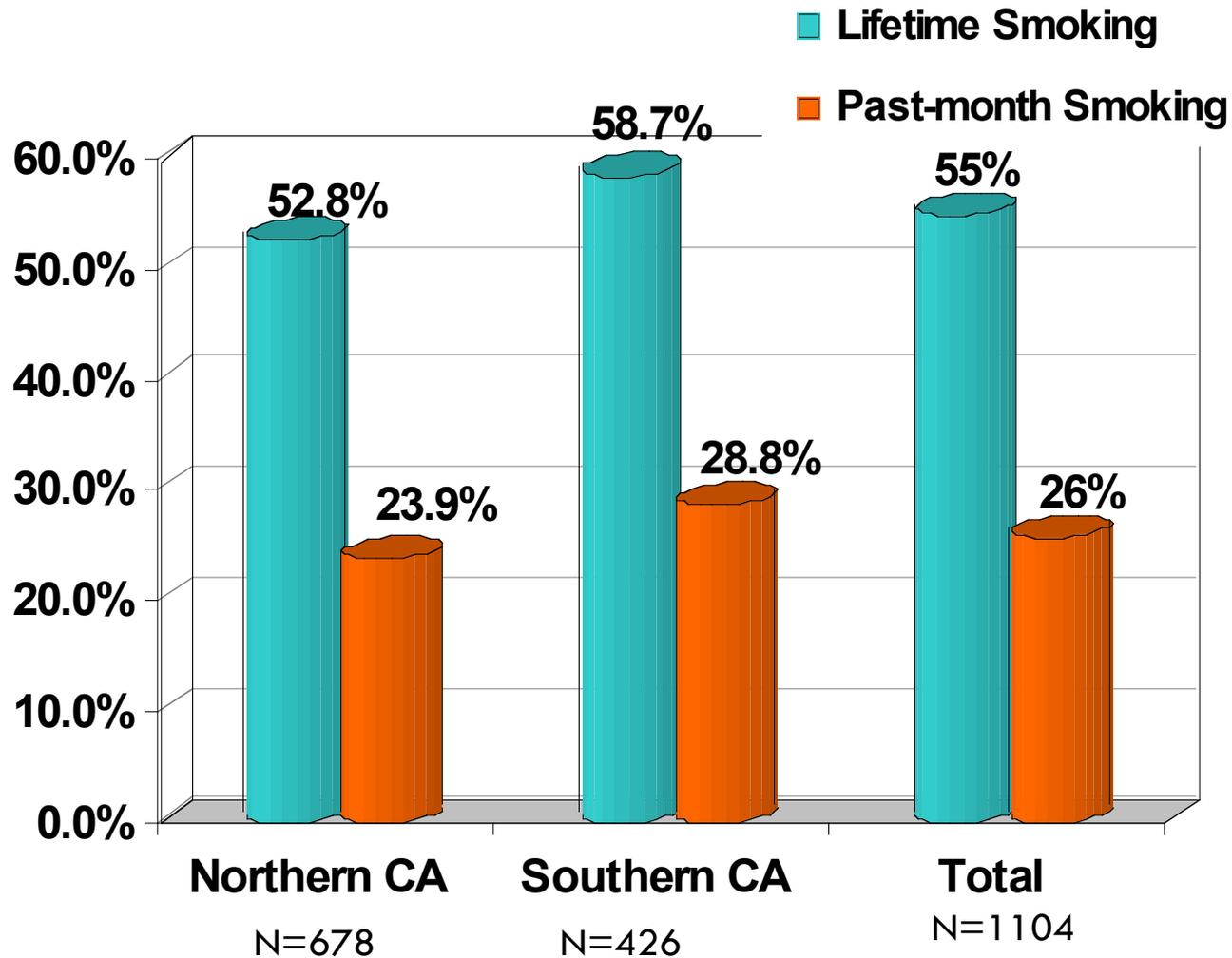
CALIFORNIA TRIBAL YOUTH USE RATES

The prevalence of tobacco use among this sample is quite high (*55% ever, 26% past month*) which is consistent with previous research.

In the overall sample, 7% reported chewing tobacco or used snuff in the last 30 days.

Of those who reported other tobacco products used in the last 30 days, blunts and pipe use were the most common.

CIGARETTE USE

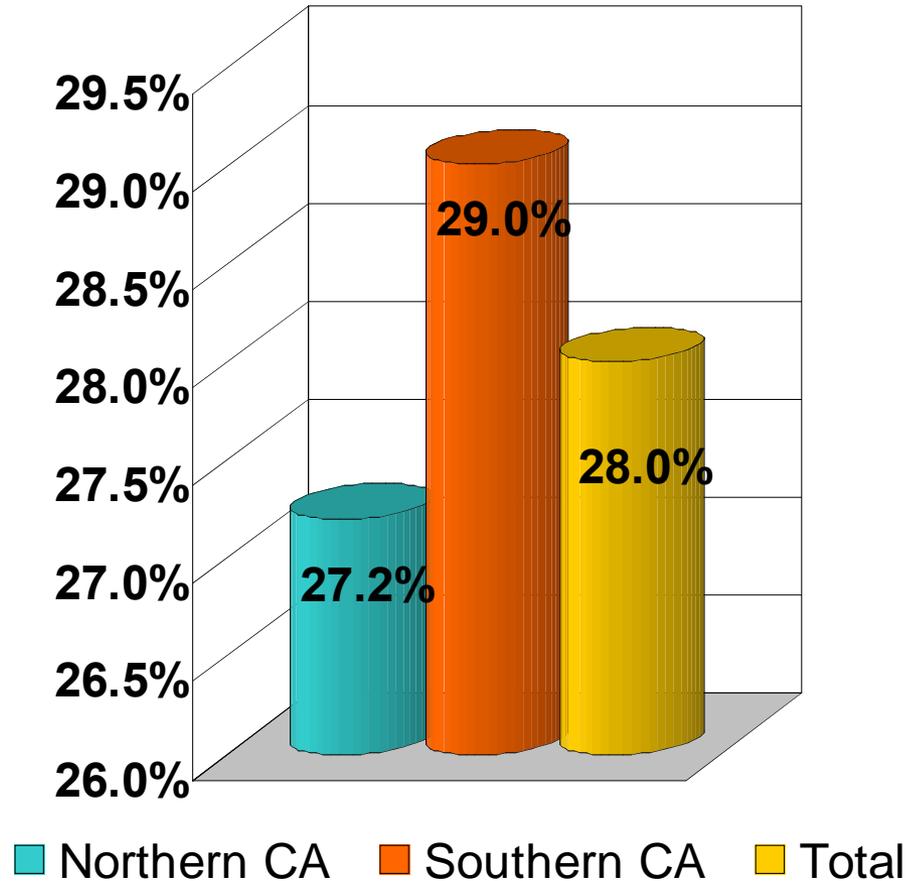


*9 missing from data

COMMERCIAL TOBACCO PRODUCTS



Use of Tobacco Products Other Than Cigarettes

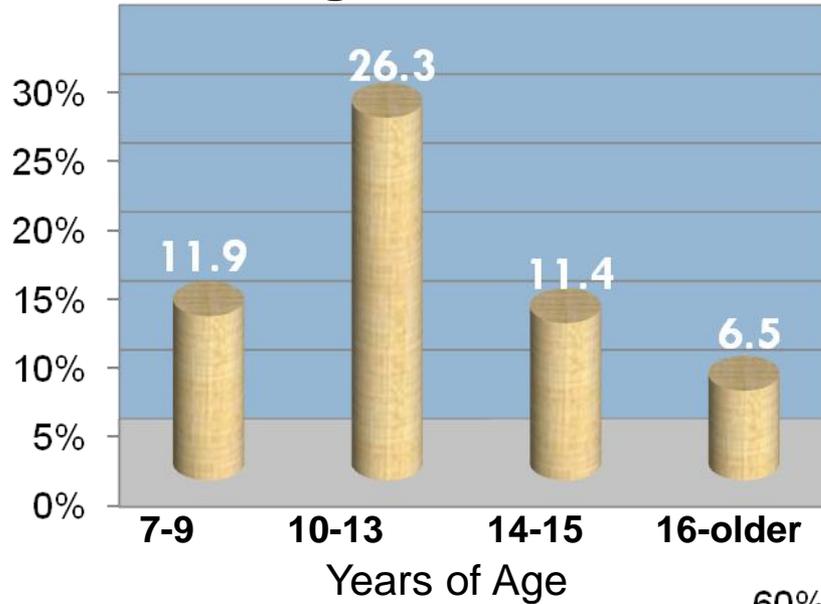


** Overall CA sample - 7% used chewing tobacco or snuff in last 30 days.

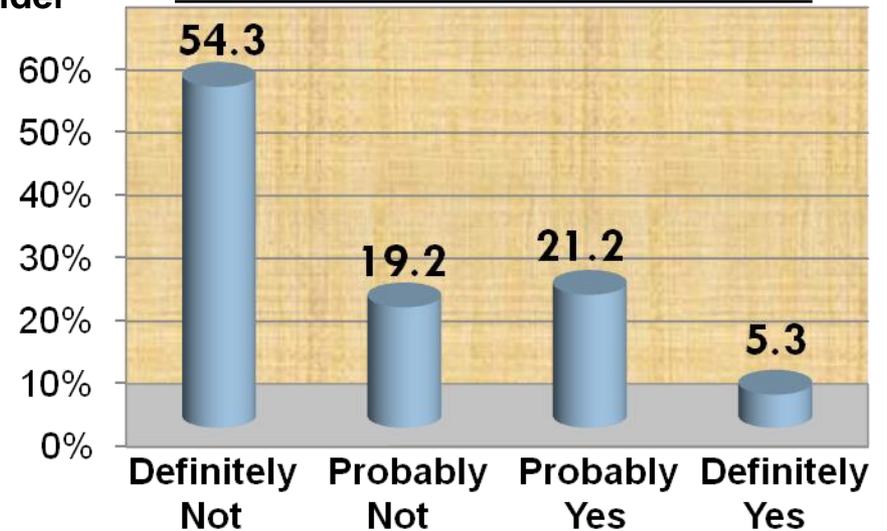
CIGARETTE USE



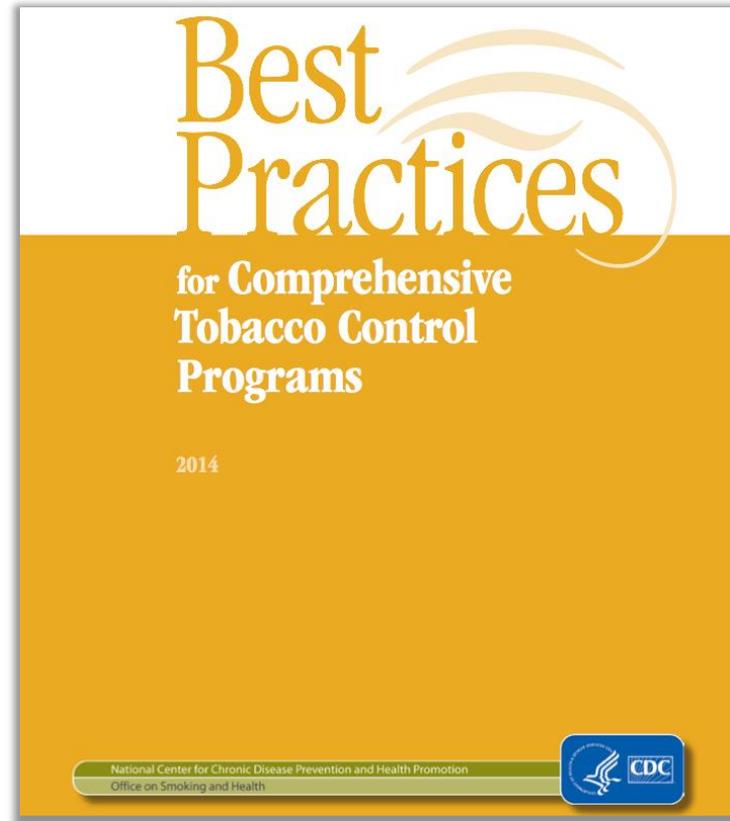
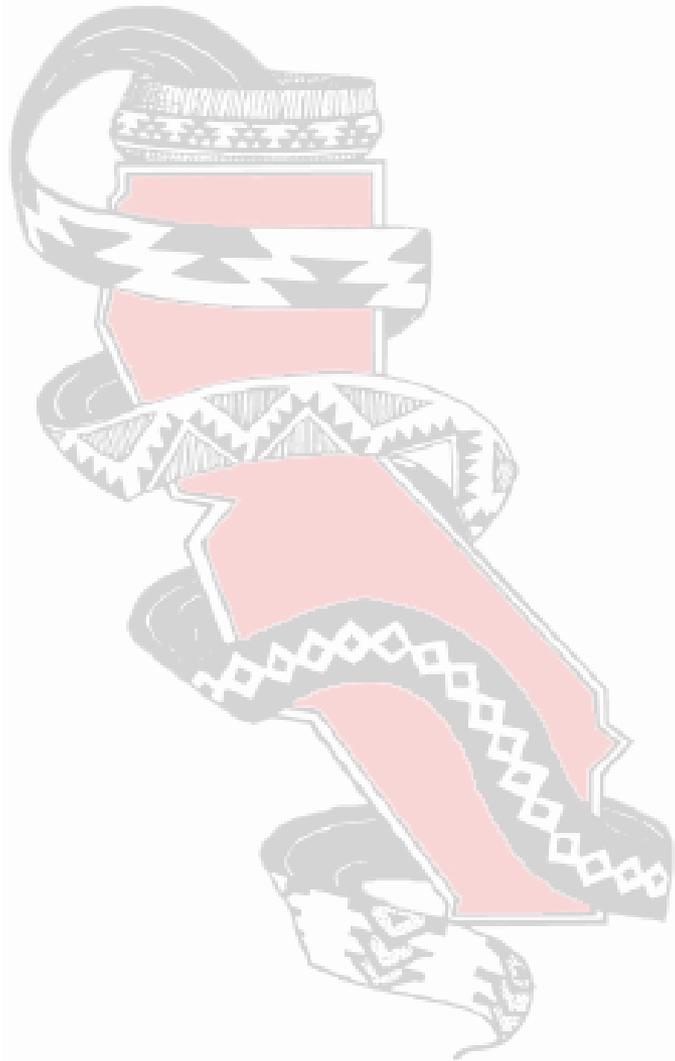
Age at First Puff



Will Smoke in Next Year



CURRENT BEST PRACTICES



THE “5 R’S” TO ENHANCE MOTIVATION FOR PATIENTS UNWILLING TO QUIT

RELEVANCE: Tailor advice and discussion to each patient

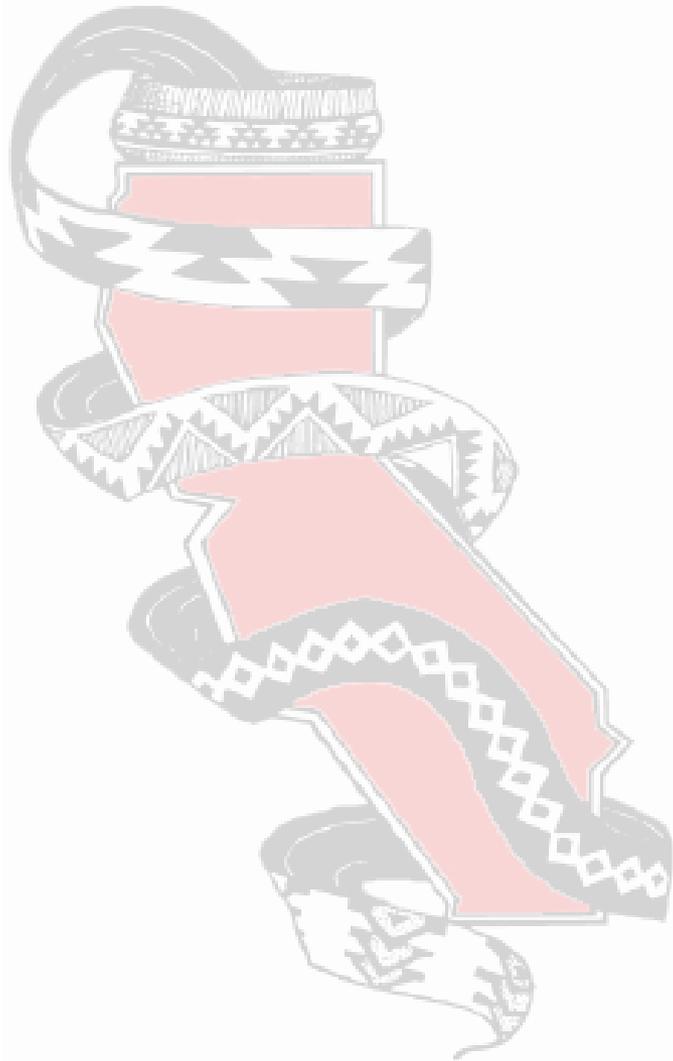
RISKS: Discuss risks of continued smoking

REWARDS: Discuss benefits of quitting

ROADBLOCKS: Identify barriers to quitting

REPETITION: Reinforce the motivational message at every visit

GETTING INVOLVED IS YOUR BUSINESS



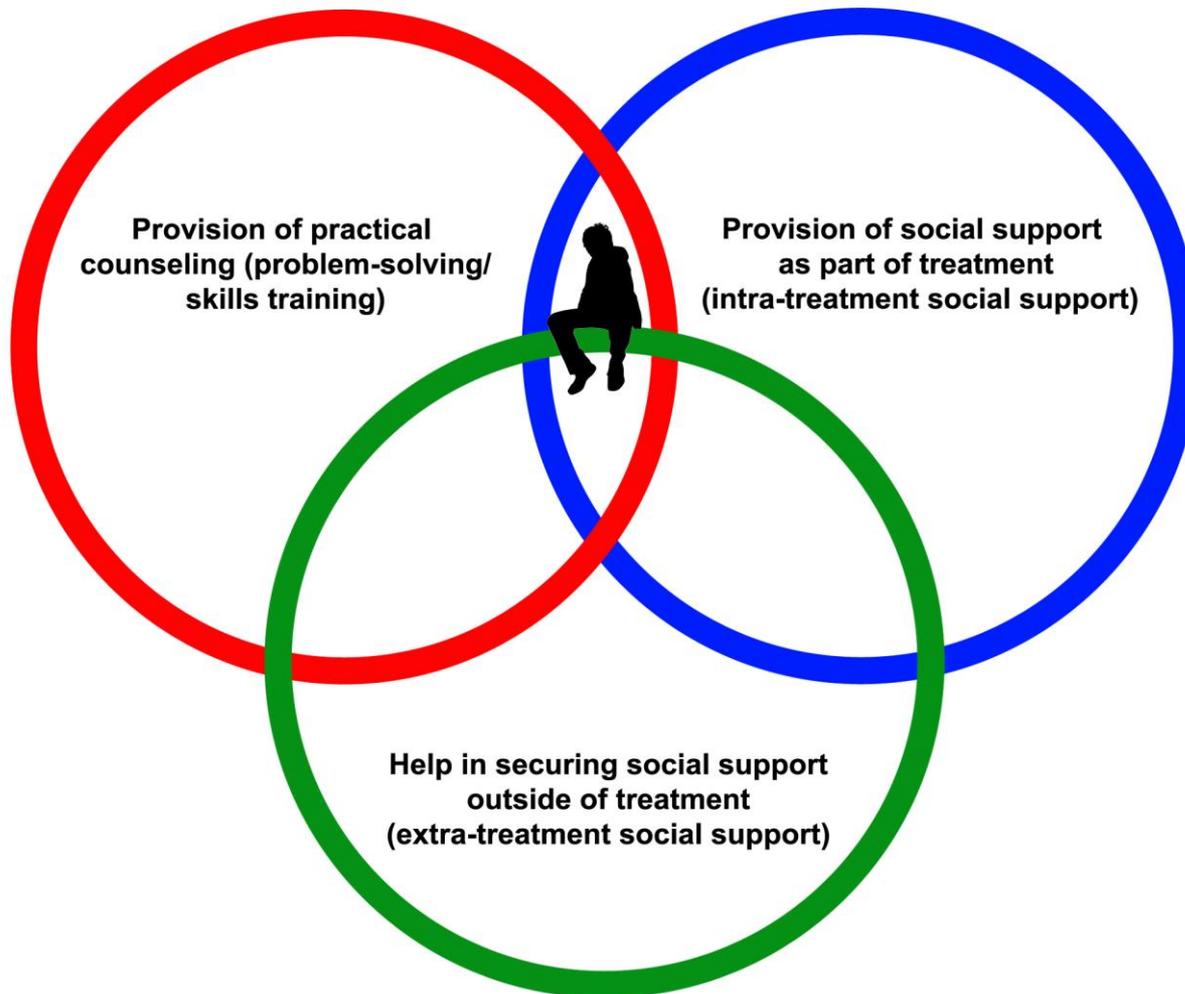
"Doctors and other clinicians can play an important role in helping people quit smoking. We know that patients who are advised by their doctors to quit smoking have a 66% higher success rate."



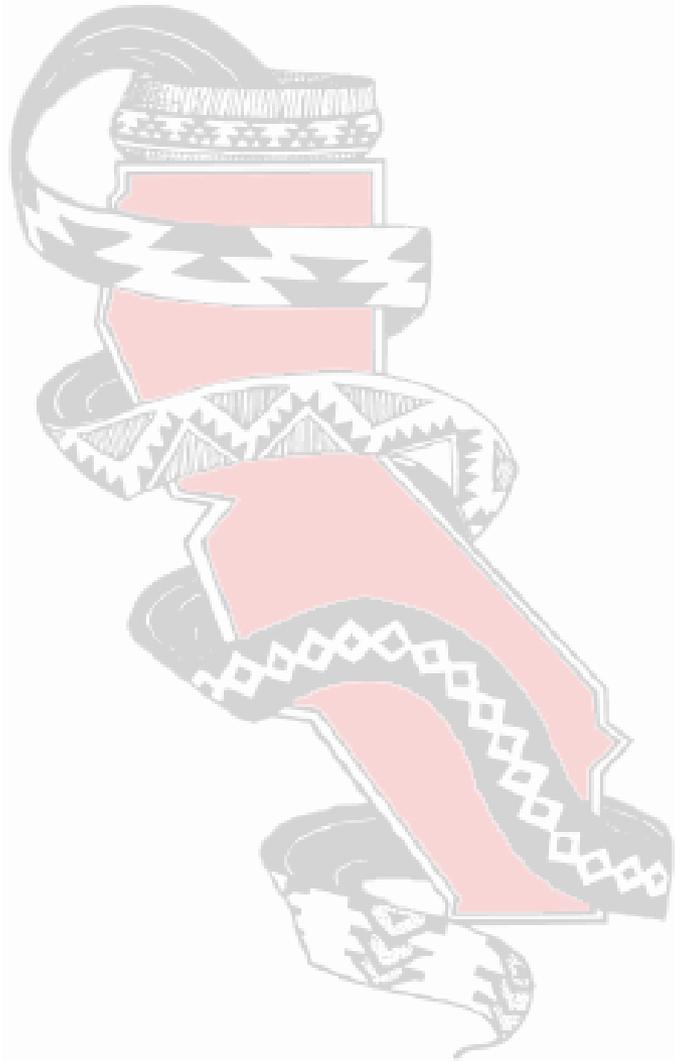
- Regina Benjamin,
U.S. Surgeon General, 2011



CLIENT-CENTERED SUPPORT



BEST PRACTICES VS. PRACTICE-BASED EVIDENCE



Dose-response relationship:
higher success rates with increasing treatment intensity

Optimal cessation **interventions** include:

- Four or more sessions
- Longest individual session >10 minutes
- Total person-to-person contact time > 30 minutes
- Culturally appropriate for any commercial tobacco user willing to participate

SECOND WIND TOBACCO CESSATION PROGRAM



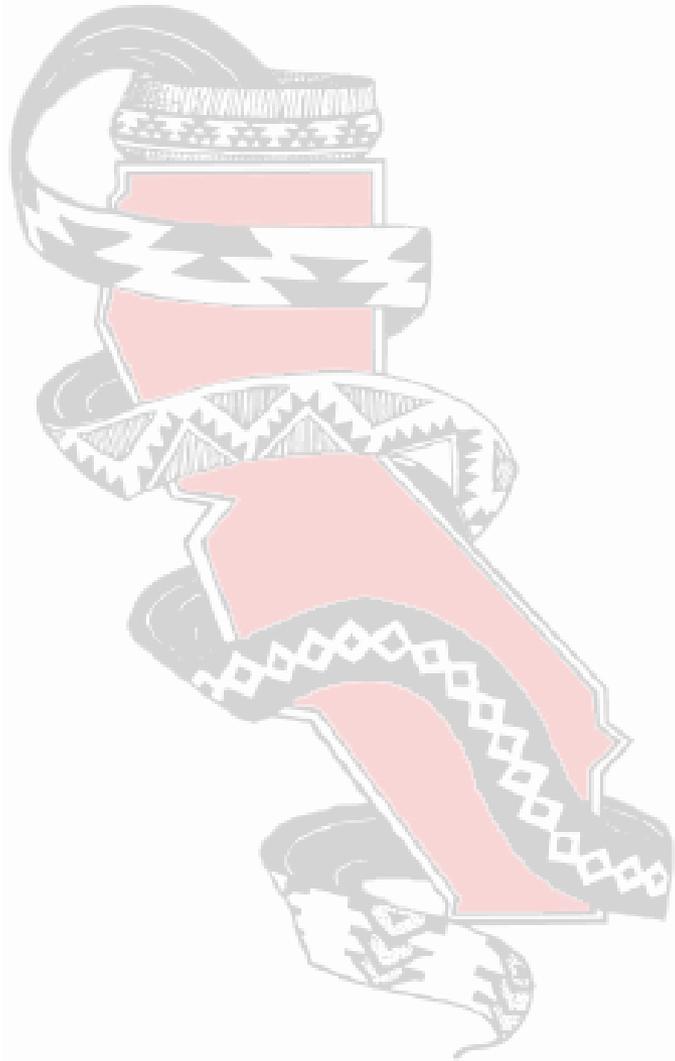
Adapted from ACS Fresh Start Curriculum

Curriculum Developed by Ms. Cynthia Coachman, Muskogee Creek Nation

Designed specifically to help AI/AN to stop smoking and remain smoke-free.

Provides basic information about smoking, practical counseling, problem solving skills and social support

OVERVIEW OF FRESH START



Behavior modification, group support & education

Physical and psychological impact of smoking

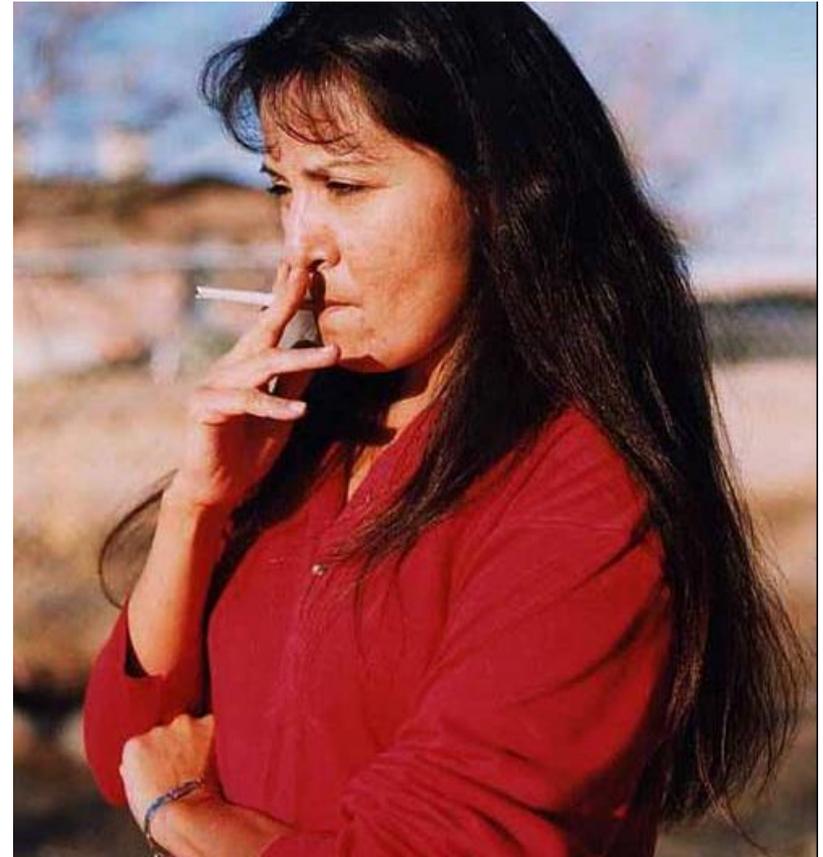
20% or more will stay quit with Fresh Start alone

Program flexibility

SECOND WIND: AN OVERVIEW



1. Understand the basic facts about commercial tobacco use
2. Understand why individuals smoke
3. Master the first few days smoke-free
4. Conquering challenges
5. Gaining support through the process
6. Long term benefits of smoking cessation

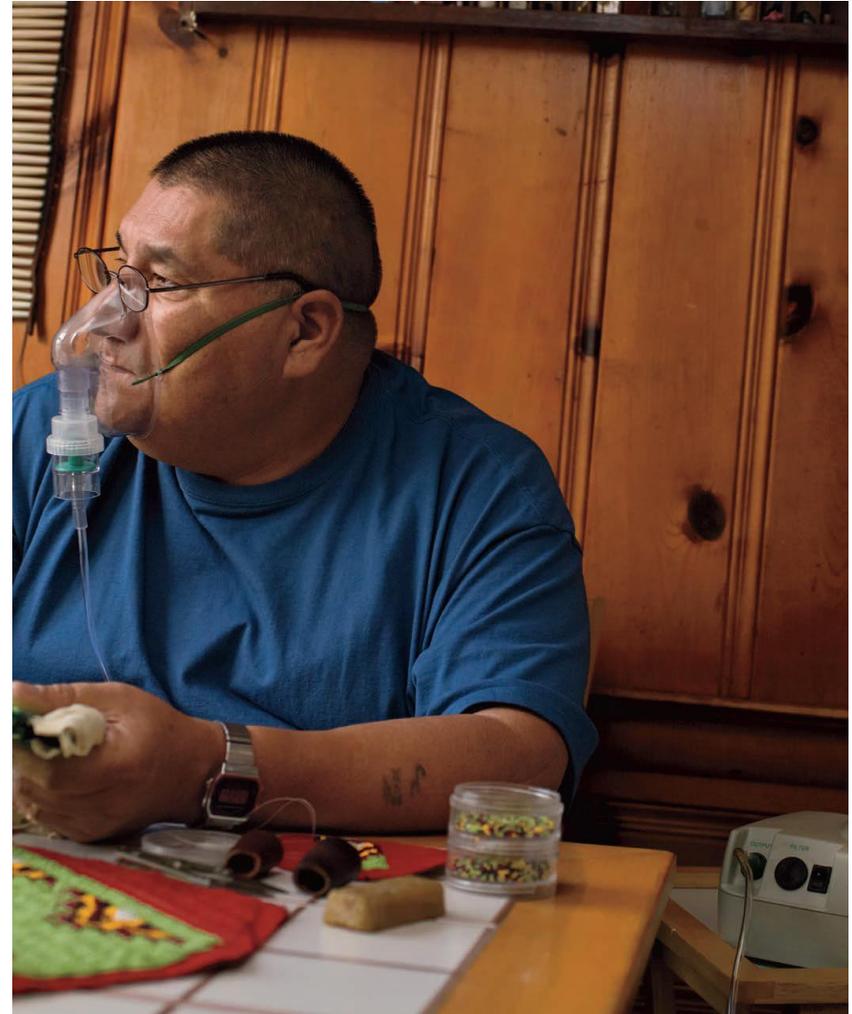


AI/AN Specific Resources Can Be Found at the Tips From Former Smokers Campaign

Meet Nathan, *Oglala Sioux*

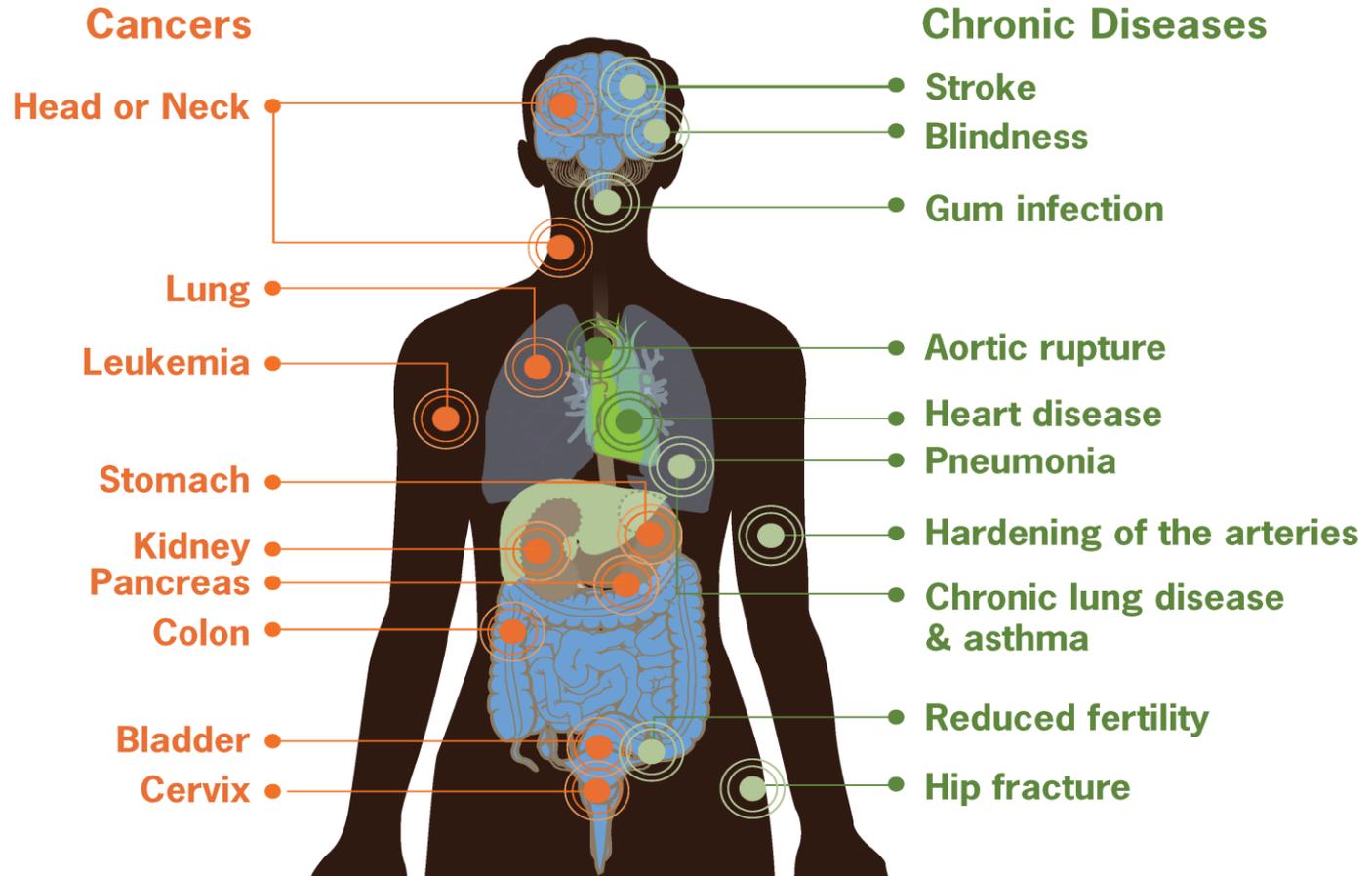
"Some people tell me they smoke, and I ask them if they have grandchildren. 'If you smoke, you may be taking that smoke home to the grandchildren and their small lungs,' I tell them. I never smoked; look what happened to me. I want to make people aware of the damage that exposure to secondhand smoke can do to you."

The secondhand smoke Nathan was exposed to permanently damaged his lungs and led to his early death. He died on October 17, 2013. He was 54.



Risks from Smoking

Smoking can damage every part of the body





If nobody smoked, **one of every three** cancer deaths in the United States would not happen.

THANK YOU

For more information on **Second Wind**,
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