CESSATION IS PREVENTION

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NORTHERN CALIFORNIA INDIAN DEVELOPMENT COUNCIL, INC.
Health Behaviors and Risk Factors Among American Indians and Alaska Natives (AI/AN), 2000–2010

http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.301879
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.”

Read More: http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301609
Why It Is Important to Prevent Future Cancers Through Commercial Tobacco Prevention and Cessation Programs

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).

http://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html#populations
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

DATA RESULTS OF THE CALIFORNIA TOBACCO SURVEY AMONG AMERICAN INDIAN ADOLESCENTS Funded by TRDRP, 2009

*9 missing from data
**Overall CA sample - 7% used chewing tobacco or snuff in last 30 days.**
CIGARETTE USE

Age at First Puff

<table>
<thead>
<tr>
<th>Years of Age</th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
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<tbody>
<tr>
<td>7-9</td>
<td>11.9</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>10-13</td>
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<td></td>
<td></td>
<td></td>
<td>26.3</td>
<td></td>
</tr>
<tr>
<td>14-15</td>
<td>11.4</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-older</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.5</td>
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Will Smoke in Next Year

<table>
<thead>
<tr>
<th>Definite Not</th>
<th>Definitely Yes</th>
<th>Probably Yes</th>
<th>Probably Not</th>
<th>Definitely Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.3</td>
<td>5.3</td>
<td>21.2</td>
<td>19.2</td>
<td>0%</td>
</tr>
</tbody>
</table>

DATA RESULTS OF THE CALIFORNIA TOBACCO SURVEY AMONG AMERICAN INDIAN ADOLESCENTS Funded by TRDRP, 2009
CURRENT BEST PRACTICES

http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm?source=govdelivery
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

http://talktoyourpatients.org/counseling/motivational.php
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
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.

http://www.cdc.gov/tobacco/campaign/tips/groups/american-indian-alaska-native.html
Risks from Smoking

Smoking can damage every part of the body

Cancers
- Head or Neck
- Lung
- Leukemia
- Stomach
- Kidney
- Pancreas
- Colon
- Bladder
- Cervix

Chronic Diseases
- Stroke
- Blindness
- Gum infection
- Aortic rupture
- Heart disease
- Pneumonia
- Hardening of the arteries
- Chronic lung disease & asthma
- Reduced fertility
- Hip fracture
If nobody smoked, one of every three cancer deaths in the United States would not happen.
THANK YOU

For more information on Second Wind, contact:

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(707) 445-8451 ext. 27