INDIAN HEALTH SERVICE



CHR ECHO: Working Together to Prevent Commercial Tobacco Use

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Learning Objectives

- Define traditional and commercial tobacco
- Identify at least 3 specific strategies to support commercial tobacco-free living
- Identify resources that are available to refer individuals who are ready to quit

Outline

- Background
- Commercial vs Traditional Tobacco
- Commercial Tobacco Use Among American Indian and Alaska Native (AI/AN) Populations
- Health Effects
- Prevention Strategies & Cessation

Commercial Tobacco Use is the Leading Preventable Cause of Disease, Disability, & Death



30M An estimated **30.8 million** U.S. adults smoked in 2020.



480,000

Cigarette smoking and secondhand smoke exposure kill about **480,000** people in the U.S. each year.

\$300B

Each year, cigarette smoking costs the US more than **\$300 billion**, including **\$225** billion in direct medical costs and **\$156** billion in lost productivity.

1 vs. 30 For every one smoking-related death, at least 30 people live with a serious smoking-related illness.

Centers for Disease Control and Prevention:

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

Background

- Significant health disparities among American Indian/Alaska Native
 - Cardiovascular Disease
 - Cancer
 - Diabetes
- Many of these health conditions and diseases are related to lifestyle behaviors
 - physical inactivity, commercial tobacco use, and poor diet

Traditional vs. Commercial Tobacco

Traditional Tobacco Use

- Sacred or ceremonial use for religious or medicinal purposes
- Used as an offering to a elder, healer, or others as a sign of thanks or respect
 - Source: National Native Network <u>http://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-tobacco-use/</u>

Commercial Tobacco Use

 Recreational and habitual use

Traditional Tobacco

- Tobacco or other plant mixtures are harvested for the purpose of ceremonial or medicinal purposes
 - Tobacco varies across tribes and regions
 - Some use wood barks, herbs, and plants that does not contain nicotine
- In some Tribes, specific individuals or people grow, harvest, and prepare traditional tobacco

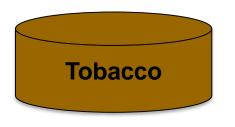
Traditional Use of Tobacco

- Some Tribes have used traditional Tobacco for centuries
 - Prayer

- Blessing
- Medicinal
- Spiritual
- Offering
- Healing
- Protection
- Gift

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Commercial Tobacco use



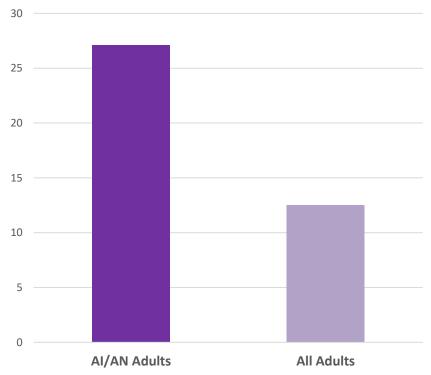


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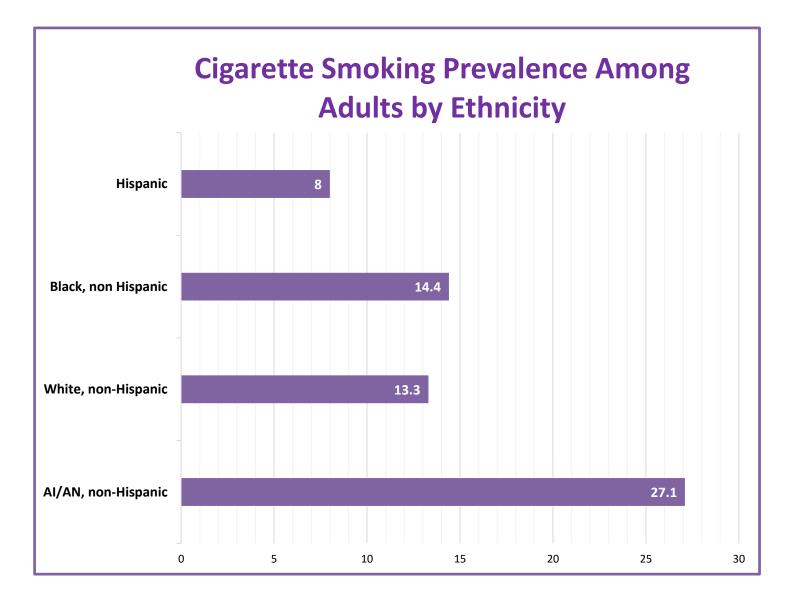
Tobacco Usage

- An estimated 30.8 million people, or 12.5% of all adults (aged 18 years or older), in the United States smoke cigarettes.
- 27.1% of AI/AN adults in the United States smoked cigarettes.

Percentage of Adults Who Smoke in the U.S.



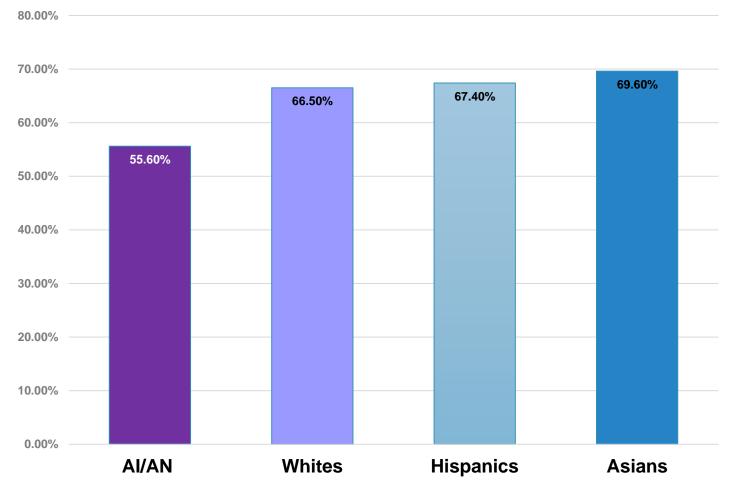
Source: Centers for Disease Control and Prevention (2020) https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm



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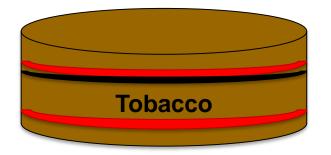
Quitting Rates by Ethnicity



Source: CDC https://www.cdc.gov/tobacco/disparities/american-indians/index.htm

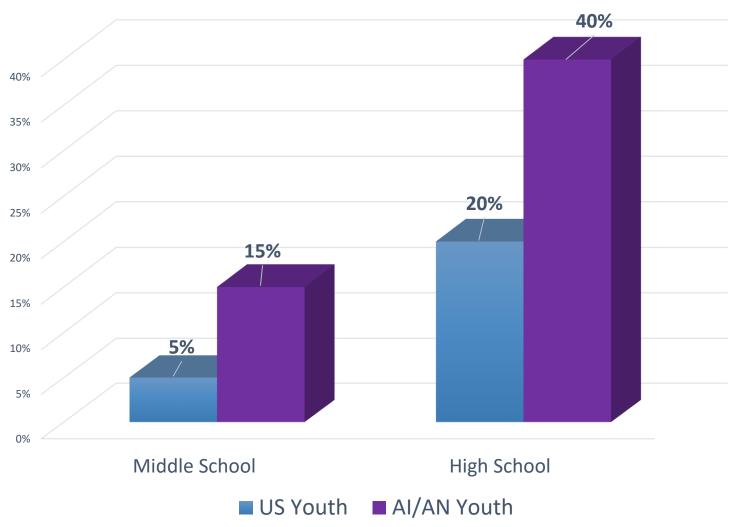
Smokeless Tobacco

 6.8% among AI/AN adults vs 3.2% among White, non-Hispanic



Source: CDC MMWR, March 18, 2022

E-Cigarette Use Among Youth



Source: CDC Morbidity and mortality weekly report Surveillance summaries (Washington, DC : 2002). 2019;68(12):1-22

Smoking Affects Your Health

- Harming nearly every organ of the body and causing many diseases
 - Increased risk of gum disease and tooth loss
 - Wounds taking longer to heal
 - Decreased immune system function
 - Decreased sense of smell and taste
 - Premature aging of the skin
 - Bad breath and stained teeth
 - Increased risk for cataracts
 - Lower bone density (thinner bones)
 - Higher risk of developing rheumatoid arthritis
 - Increased risk for age-related macular degeneration
 - Increased risk of peptic ulcers
 - Increased risk of type 2 diabetes

Smoking and Diabetes

- Smokers are 30–40% more likely to develop type 2 diabetes than nonsmokers
- People with diabetes who smoke are more likely than nonsmokers to have trouble with insulin dosing and with controlling their disease
- Smokers with diabetes have higher risks for serious complications, including:
 - Heart and kidney disease
 - Poor blood flow in the legs and feet
 - Retinopathy (blindness)
 - Peripheral neuropathy (numbress, pain, weakness, poor coordination)

U.S. Department of Health and Human Services. <u>The Health Consequences of Smoking—50 Years of</u> <u>Progress: A Report of the Surgeon General.</u>, 2014 [accessed 2014 May 5].

Health Effects of E-cigarettes

- Nicotine addiction
- Aerosol may contain cancer-causing chemicals and other substances
- Physical injury from defective devices that have exploded
- Use among pregnant women can negatively affect developing fetuses
- Nicotine can adversely affect brain development in youth
- Lung damage and respiratory illness

What is Secondhand Smoke?

• Secondhand smoke is smoke coming from burning tobacco products such as cigarettes, cigars or pipe

 It is also smoke that is exhaled (breathed out) by someone smoking

What is Third-Hand Smoke?

- Third-hand smoke is residual nicotine and other chemicals that settle on indoor surfaces such as curtain, carpet, and table by tobacco smoke
- People are exposed to these chemicals by touching contaminated surfaces

Secondhand Smoke Impacts on Health

- Among adults, it causes stroke, lung cancer, and coronary heart disease in adults
- Among children, it has been linked to health concerns in nonsmokers such as
 - Asthma
 - Sudden Infant Death Syndrome (SIDS)
 - Respiratory infections
 - Ear infections
- There is no risk-free level of exposure to secondhand smoke
- Eliminating smoking in indoor spaces fully protects nonsmokers
- Separating smokers from nonsmokers, cleaning the air, and ventilating buildings <u>CAN NOT</u> eliminate exposure of nonsmokers to secondhand smoke

Source: CDC https://www.cdc.gov/tobacco/basic_information/secondhand_smoke/ 20

Third-Hand Smoke

- Third-Hand Smoke-residual of tobacco smoke contamination
 - settles into the environment and stays there even after a cigarette has been extinguished
- The chemical particles resulting in the burning of tobacco, including the tar and nicotine
 - linger on clothes
 - upholstery
 - drapes

Third-Hand Smoke (continued)

- These particles are formed from more than 200 poisonous gas such as cyanide, ammonia, arsenic, and polonium-210 which is radioactive
- Children of caregivers/parents who smoke cigarettes are especially at risk of third-hand smoke exposure and contamination
- Young children are vulnerable because they ingest tobacco residue by putting their hands in their mouths after touching contaminated surfaces

Source: American Nonsmokers' Rights Foundation <u>https://no-smoke.org/smokefree-threats/thirdhand-smoke/</u>

Health Effects of E-cigarettes

- E-cigarettes aerosol
 - Formaldehyde, benzene and tobacco-specific nitrosamines (all carcinogens)
- Secondhand aerosol (exhaled by user)
 - Benzene, formaldehyde, and other toxins
- No evidence that e-cigarettes emissions (secondhand aerosol) are safe

Source:No-Smoke.org https://no-smoke.org/electronic-smoking-devices-secondhand-aerosol/

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2017 Meeting to Develop a Tobacco Plan

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Keeping Tobacco Sacred: Honoring our Indigenous Lifeways.



By Honoring our Legacy of Traditional Tobacco, We See Generations Commercial Tobacco-Free by Sharing Our Culture, Traditions and Teachings Among all Indigenous People.



ClearWay Blueprint for Commercial Tobacco Prevention & Reduction Blueprint for Commercial Tobacco Prevention & Reduction

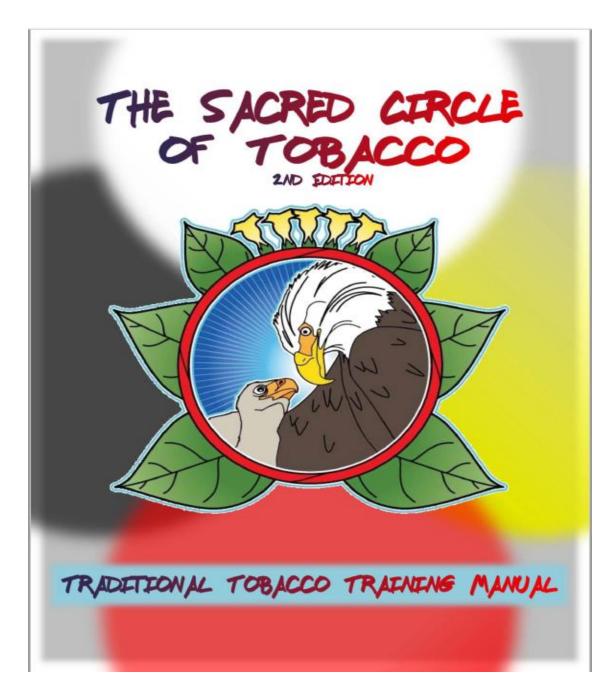


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Prevention & Intervention Strategies

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History of the Sacred Circle of Tobacco

Key Individuals:

- Vicky Augare (Blackfeet/Cree)
- Nyleta Belgarde (Ojibwe)
- Daniel Fox (Lakota/Arikara)
- Kathy Reddies (Assiniboine/Sioux)
- Danny Vollin (Salish)
- Cary Youpee (Sioux/Assiniboine)

Key Organizations:

- Montana Tobacco Use Prevention Program
- Combined Coalition for Urban Indian Health
 - Great Falls Indian Family Health Clinic
 - Helena Indian Alliance
 - Missoula Indian Center
- University of Montana Missoula

Partners for TSCOT 2nd Edition

Key Individuals:

- CoCo Villaluz (Hidatsa/Assiniboine/Cha morro)
- Lori New Brest (Pikuni)
- Alberta Becenti (Navajo)
- Joe Law (Klamath/Siletz/Northern Cheyenne)
- Suzanne Nash (Ojibwe)
- Jacquie Arpan (Oglala Lakota)
- Joshua Hudson (Ojibwe)

Key Organizations:

- National Native Network
- ClearWay Minnesota
- Indigenous Peoples Task Force
- Indian Health Service

Mission & Goals of TSCOT

 The primary mission is to reinforce the traditional uses of tobacco by AI/AN people by educating youth of the spiritual and cultural significance of tobacco

• Goals are to:

- Educate youth to understand and identify the positive aspects of keeping tobacco sacred
- Develop youth as leaders and advocates

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Introduction

- Some of the things the youth will learn and practice while being a participant in the SCOT experience include:
 - Meeting other teens and gaining a sense of belonging
 - Learning about the history of tobacco and its special relevance to AI/AN cultures
 - Learning and practice teaching, organizational, and leadership skills

Introduction (continued)

- Developing youth-led Action & Lesson Plans to guide the delivery of a unique message
- Learning to reach out to their peers, schools, leaders, and communities
- Planning and conducting a community education project focused on commercial tobacco use prevention
- Gain important skills as a leader and an advocate
- Having FUN!



How to Use the Manual

- Intended to be used by adult trainers, mentors and facilitators to engage youth in taking lead roles
- Provide youth an experience in planning and implementing projects, while feeling confident in using the manual
- Adult mentors are available to support the youth and provide guidance when called necessary

Module 1: Getting Started

Overview: This session encourages youth to introduce themselves, share information that best describes them, and assess their current knowledge on tobacco.

Learning Objectives: By the end of this session, the participants will be able to:

- Identify and share information that best describes them.
- Assess their knowledge on tobacco.

Supplies: Markers, flip chart, tape and papers or cards.

Activities/Preparation:

Activity/Time	Preparation
Activity 1: Introduction and Energizer	Write each of the words in large letters (using a marker) on a paper (using half a sheet).
15-30 Minutes	
Activity 2: Setting Ground Rules	Write in large letters "Our Ground Rules" on the flip
5 minutes	chart.
Activity 3: What do you know about tobacco?	Write the following statements on the chalk board or
15-20 minutes	on a flip chart: in large letters write "Agree (Take 2
	steps forward)", "Disagree (stay where you are) and
	"Don't Know (take 1 step back).
Activity 4: The Truth About Tobacco	Read and prepare materials (if applicable)
10 Minutes	

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Within each module, there are several lessons and activities, which are outlined at the beginning of the modules.

Tobacco Prevention Campaign

KEEP TRADITIONAL TOBACCO SACRED



Sacred tobacco has been used by American Indian people for prayer, healing, and ceremonial purposes. If you need help to quit commercial tobacco use, please contact your Tribal or Indian Heath Service clinic or call 3-800-QUIT-NOW (1-800-784-8669).

Text "NATIVE" to 47848 if you or someone you know wants to quit smoking. You will receive tips, advice, and encouragement to overcome challenges and stay motivated.

TOBACCO SACRED

Sacred Tobacco

Spiritual

Natural, found in nature

Used for prayer, healing, and ceremonial purposes

No chemical additives

Used with good intentions

Commercial Tobacco

Profit driven

Unnatural, contains harmful chemicals

Used as a personal choice

Contains additives that may cause cancer, heart disease and diabetes

Used to support a harmful habit

You can also text "NATIVE" to 47848 if you or someone you know wants to quit smoking. You will receive tips, advice, and encouragement to overcome challenges and stay motivated.

text NATIVE to 47848 for tips, acrice, overcome challenges and stay motivated. Our Home is Free of Tobacco Smoke!

AL Man



A Healthy Start Be Vape Free

Protect your baby and family!

Vaping is unsafe and addictive

If you are ready to quit, cal 1-800-QUIT-NOW (800)784-8669 or the state of the sta

Tobacco smoke free homes and communities protect our children.

They are protected from the dangers of secondhand and thirdhand smoke.

- Secondhand smoke is smoke that comes off of a lit cigarette, and comes out of the smoker's mouth and nose.
- Thirdhand smoke is smoke that stays in clothes, hair, walls, and furniture, and the skin of the smoker. It stays there even after the cigarette is put out.



In Our Tobacco Smoke Free Home

Thanks to YOU!

Anno hann groedects our children. It heads taken be headshidr Anno manne obdacca do to schildren. It heads taken be headshidr all search a court story (1.800/344.860)) or your Tabai or stor anno

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WE BREATHE HAPPY!

Tobacco Assessment & Referral

- Screens patients who are 6 years & older for tobacco use (including vaping) & exposure to secondhand smoke
 - Refer patients to cessation services



Smokefree.TXT messaging

Collaboration with the National Cancer Institute



SmokefreeTXT for American Indians and Alaska Natives >

Smokefree.TXT messaging program Text NATIVE to 47848

Basic Tobacco Intervention Skills Certification (BTIS)

- University of Arizona Health Care Partnership
 - 5 As Model
 - Culturally adapted for AI/AN population
- Train-of-Trainers model to increase local capacity
 - Since 2015, IHS has trained more than 1000 individuals (I/T/Us) BTIS and more than 200 BTIS Instructors

IHS Task Force on Vaping

• Multi-disciplinary team

- To improve assessment and documentation of e-cigarettes and vape users
- To provide culturally appropriate educational materials focusing on e-cigarettes and vaping

Policies

 Area IHS HP/DP Coordinators are working with Tribes to draft policies

Webinars

- Best & promising practices
 - Archived for later viewing

Projects in progress

- Vaping e-toolkit (schools, youth organizations)
- Digital or YouTube stories of former vape users
- Posters

• Infographics

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Website:

http://www.ihs.gov/hpdp/tobaccoprevention/

Contact: Alberta Becenti alberta.Becenti@ihs.gov 240-328-5540