



American Indian
Cancer Foundation®

How Tobacco Impacts Cancer in American Indian Communities

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Anishinaabe, Bad River and Fond du Lac

AICAF Story



The American Indian Cancer Foundation (AICAF) was established to address tremendous cancer inequities faced by American Indian and Alaska Native communities.

Mission:

To eliminate cancer and its impact among American Indian families through education, improved access to prevention, early detection, treatment and survivor support.



American Indian Cancer Data

American Indians face alarming inequities in cancer incidence and mortality. Cancer incidence rates vary by tribe, region and gender but are often alarmingly higher than non-Hispanic whites.



Every other population has experienced decreasing cancer mortality rates in the past 20 years but American Indian cancer mortality rates are still increasing.

Our Approach



We believe...

Native communities have the wisdom to find the solutions to cancer inequities, but are often seeking the organizational capacity, expert input and resources to do so.

Tribal Tobacco Data



Tribal Tobacco Use Prevalence Project (TTUP)

- Tribes in Minnesota
- American Indian Policy Center (John Poupart)
- University of MN, School of Public Health (Dr. Jean Forster)
- Community Oversight Group
- Project Steering Committee
- American Indian Cancer Foundation leading dissemination
- Funded by ClearWay Minnesota

Why Tribal Tobacco Use Project (TTUP)?

- Existing data sources inadequate
 - Questions don't account for spiritual, ceremonial use
 - Methods not culturally appropriate
 - Sample sizes too small

	AI/AN population rank	BRFSS sample, 2011-12
California	1	273
Texas	4	159
New York	5	57
Florida	9	150
Oregon	12	69
Minnesota	14	235
Illinois	15	Too small to report

Tribal Tobacco Use Project (TTUP)

- Goal 1: Statewide survey of tobacco (commercial and ceremonial) use among American Indians in Minnesota
- Goal 2: Valid data at community level



Methods

- 7 of 11 tribes + urban areas (Duluth & Twin Cities)
 - Tribal council approval & data ownership
 - Tribes determined population; random sample
 - Tribes approved, modified survey
- **In-person interviews**
 - Native interviewers, Informed consent, Community locations, Gift cards in appreciation
- **Result → 2926 interviews**



TTUP Survey Questions

- Traditional tobacco use
- Commercial tobacco use
- Quitting smoking
- Secondhand smoke
- Attitudes, risk perceptions
- General health
- Healthcare access
- Demographics



Ceremonial or Sacred Tobacco Use

- Ever used tobacco for ceremony or prayer? - 71%

VAS

What type of tobacco do you usually use for this purpose?

Pouch/loose commercial tobacco	60%
Cigarettes	15%
Traditional tobacco	16%
Don't know/not sure/refused	8%



Traditional tobacco use

- Traditional uses of tobacco
 - Spiritual
 - Medicinal
- Uses
 - Not always burned
 - Burned **but not inhaled**



"When it is used correctly, it has the power to bring good things and, like other medicines, if it is not used correctly, it has the power to bring harm."

Anishinaabe Elder

Traditional tobacco use

What type of tobacco is used?

- Commercial tobacco is tobacco you buy in the store.
 - Loose tobacco
 - Cigarettes
- Traditional tobacco is usually not bought in the store.
 - Indian tobacco
 - Mixture that may not contain any tobacco
 - Specific protocol for preparing and sharing



Let's put out the single biggest KILLER OF AMERICAN INDIANS.



Clouds of cigarette smoke are everywhere in our community. And those clouds are taking a toll – NEARLY TWO OUT OF EVERY FIVE AMERICAN INDIAN DEATHS ARE DUE TO CIGARETTE SMOKING AND BREATHING SECONDHAND SMOKE.

There's still time to break this cycle of tobacco addiction. Adults must lead by example. We need to rid our homes, cars, work sites, and community centers of commercial cigarette use. We have to teach our kids the difference between dangerous cigarette smoking and ceremonial tobacco use. And we must quit smoking ourselves.

QUIT SMOKING: It's a powerful gift to yourself, your family and our community's future.

Commercial Cigarette Use

	Current	Former	Never
Overall	59%	19%	22%
Men	61%	18%	21%
Women	57%	21%	22%
18-24 years	55%	8%	37%
25-44 years	70%	13%	17%
45-64 years	54%	27%	19%



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Quit Attempts & Plans to

Plans to quit smoking	Yes	No	Not sure
Want to quit	62%	24%	14%
Plan to quit – 6 months	64%	20%	16%
Plan to quit – 30 days	33%	41%	27%
Quit attempts in past year			
None	48%		
1-2 times in past year	27%		
3+ times in past year	23%		



Preferred Cessation Options

Would you use the following for quitting, if cost not an issue? **yes**

Tribal teachings or ceremonies 43%

Nicotine patch, gum, lozenge 49%

Group or individual class or support 42%

Medications like Zyban or Chantix 20%

Quit smoking phone support 17%

Quit smoking internet support 13%



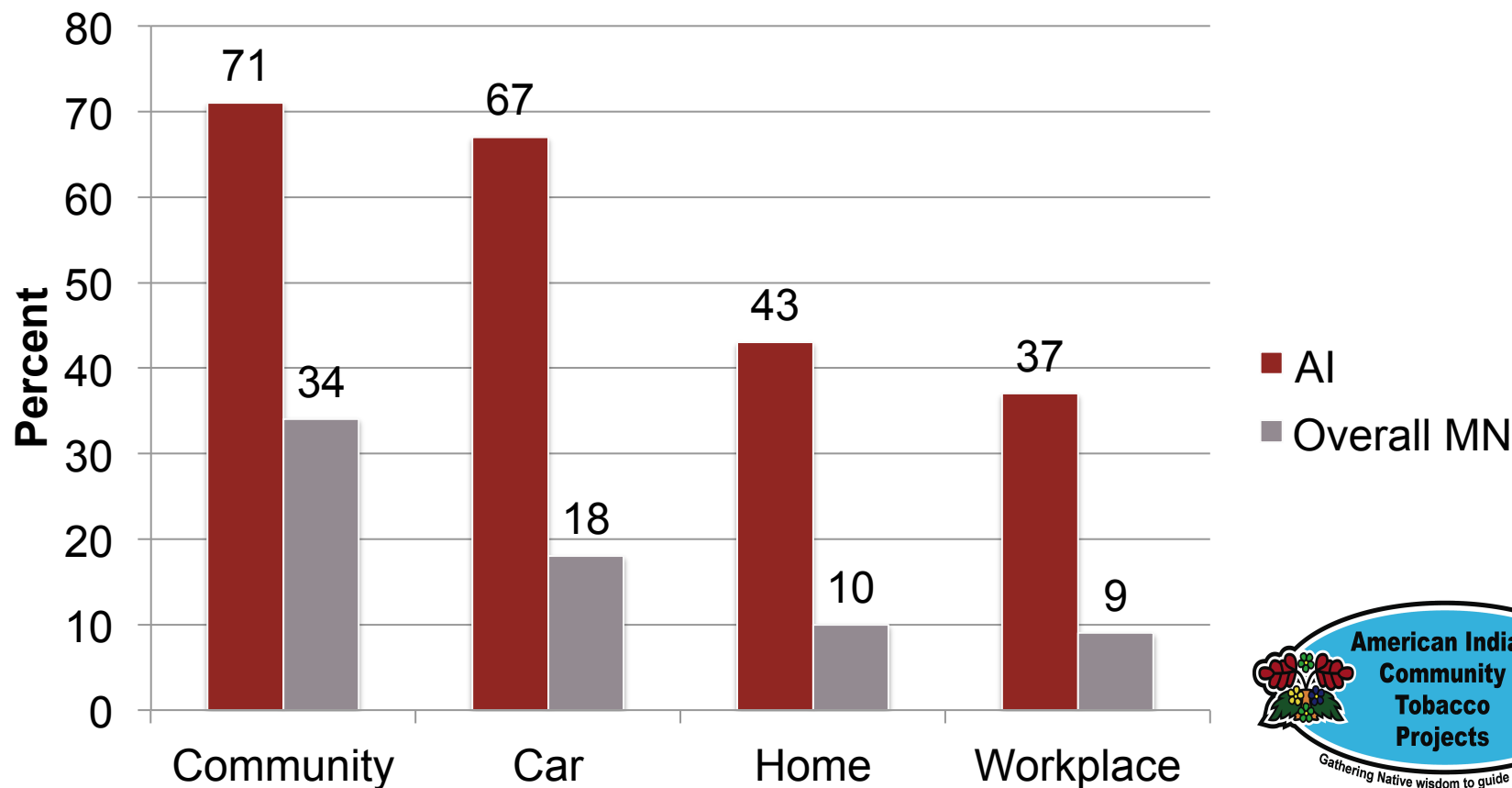
Health Care Provider and Smoking Cessation – Current smokers, past year, yes

- Asked if you smoke 95%
- Advised you not to smoke 76%
- Recommended any quit-smoking product 39%
- Suggested setting a quit date 20%
- Helped access a quit smoking program 39%
- Arranged to follow-up 22%



Secondhand Smoke Exposure

past week



TTUP Findings

- Smoking is a **public health crisis** in many American Indian communities.
 - It is linked to just about all health indicators and closely tied to high rates of cancer, CVD, & asthma
- In context:
 - Current stresses: racism, poverty, other systemic inequities, cultural separation
 - Historical repression of culture, extermination
- What next?
 - **Opportunities for action**



Effective Solutions

- Strengthen youth understanding of positive tobacco uses & smoking dangers
- Improve clinic systems to engage smokers to quit
- Develop & implement cessation programs for Native smokers
- Encourage & support policies for smoke-free environments



American Indian
Cancer Foundation

Improving Access to Screening

We are developing new partnerships and funding sources to launch cancer screening programs to serve the Northern Plains

- Screening + Education
- Access to Treatment



American Indian Systems for Tobacco Addiction Treatment (STAT)

Pilot project at 3 American Indian clinics to:

1. Assess active provider involvement in tobacco dependence treatment within the Five A context.
2. Develop and implement a tailored intervention.
3. Evaluate the feasibility and early effects of the intervention.



Why clinicians need to intervene

“Tobacco use presents a rare confluence of circumstances: (1) **a highly significant health threat**; (2) **a lack of consistent intervention** by clinicians; and (3) **the presence of effective interventions**. It is difficult to identify any other condition that presents such a mix of lethality, prevalence, and neglect despite effective and readily available interventions.”

2008 U.S. Public Health Service Guidelines

The Five A Model

A brief intervention approach that has been proven to change health risk behavior across the disease spectrum.

- Recommended by the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence* (2008).
- Adopted by the Counseling and Behavioral Interventions Workgroup of the United States Preventative Services Task Force (USPSTF)



The Steps of the Five A Model

Ask	Ask about present & past use of tobacco and exposure to secondhand smoke
Advise	Offer clear, strong, personalized advice to quit
Assess	Assess willingness to quit, using the Stages of Change Model
Assist	Provide assistance in quitting through stage-based interventions and motivational interviewing
Arrange	Arrange for follow-up and offer resources



Why this intervention?

- ✓ Behavioral interventions--especially multiple ones--boost tobacco quit rates
- ✓ Appropriate medications can potentially **double** tobacco quit rates
- ✓ The combination of **counseling + medications** is more effective than either alone.

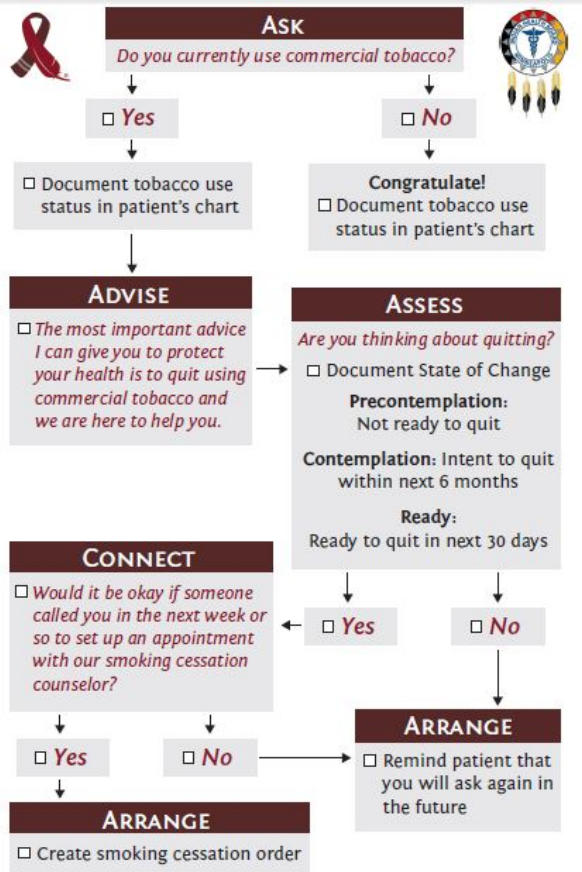
The Five A Model is:

1. **Evidence-based**
2. **Low-intensity**



Cessation Reminder Tools

Tailored Tobacco Cessation Flow Charts



Pharmacotherapy Poster

Clinic Logo

Want to quit? Let's Talk.

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Medications can help you manage your withdrawal symptoms so you can quit for good.

NICOTINE REPLACEMENT THERAPIES (OFTEN REFERRED TO AS NRTs)

SMOKING CESSATION MEDICATION OPTIONS

COMBINATION OPTIONS (NRT + MEDICATION)

Medication	Dose	Use	Side Effects	Caution/Warnings	Medication	Dose	Side Effects	Caution/Warnings
Nicotine Gum** (2 mg or 4 mg) Over the Counter Only Generic, Nicorette	<ul style="list-style-type: none"> 1 piece every 1 to 2 hours 6-15 pieces per day If smoke 10 mins after waking, 2 mg If smoke 10 mins after waking, 4 mg 	<ul style="list-style-type: none"> Pre-quit: Up to 6 months before quit date with smoking reduction Post-quit: Up to 12 weeks 	<ul style="list-style-type: none"> Mouth soreness Stomach ache 	<ul style="list-style-type: none"> Caution with dentures Do not eat or drink 15 minutes before or during use 	Nicotine Patch** (7 mg, 14 mg or 21 mg) Over the Counter or Prescription: Generac, Nicotrol CQ, Nicotrol	<ul style="list-style-type: none"> One patch per day If 14 mg patch: 2 mg 3-4 weeks, 7 mg 3-4 weeks If 21 mg patch: 14 mg 4 weeks, then 7 mg 4 weeks 	<ul style="list-style-type: none"> Local skin reaction Insomnia 	<ul style="list-style-type: none"> Do not use if you have severe asthma or perioral dermatitis
Nicotine Lozenge** (2 mg or 4 mg) Over the Counter Only Generic, Commit	<ul style="list-style-type: none"> If smoke/chew 30 mins after waking, 2 mg If smoke/chew 5-30 mins after waking, 4 mg Weeks 1-6: 1 every 1 hour Weeks 7-9: 1 every 3-4 hours Weeks 10-12: 1 every 4-8 hours 	<ul style="list-style-type: none"> 3-6 months 	<ul style="list-style-type: none"> Nausea Coughs Heartburn 	<ul style="list-style-type: none"> Do not eat or drink 15 minutes before or during use One lozenge at a time Urine 10 in 24 hours 	Nicotine Inhaler Prescription Only Nicotrol Inhaler	<ul style="list-style-type: none"> 6-16 cartridges/day Inhale 10 times/day cartridge May use partially-used cartridge for next day 	<ul style="list-style-type: none"> Local irritation of mouth & throat 	<ul style="list-style-type: none"> May irritate mouth/throat at first (improves with use)
Nicotine Nasal Spray Prescription Only Nicotrol NS	<ul style="list-style-type: none"> 1 "dose" = 1 squirt per nostril 2 doses per hour 8-16 doses per day Do NOT inhale 	<ul style="list-style-type: none"> 3-6 months, taper at end 	<ul style="list-style-type: none"> Nasal irritation 	<ul style="list-style-type: none"> Not for patients with asthma May irritate nose (improves over time) May cause dependence 	Bupropion SR 150** Prescription Only Generic, Zyban, Wellbutrin SR	<ul style="list-style-type: none"> Days 1-3: 150 mg each morning Days 4-end: 150 mg twice daily 	<ul style="list-style-type: none"> Insomnia Dry mouth 	<ul style="list-style-type: none"> Not for use if you: Use monoamine oxidase (MAO) inhibitor Use bupropion in any other form Have a history of seizures Have a history of eating disorders See FDA package insert warning regarding suicidal ideation and suicide.
Varenicline** Prescription Only Chantrel	<ul style="list-style-type: none"> Days 1-3: 0.5 mg every morning Days 4-7: 0.5 mg twice daily Day 8-end: 1 mg twice daily 	<ul style="list-style-type: none"> Start 1 week before quit date and use 3-6 months Alternatively: Begin medication then quit between day 8 and 35. 	<ul style="list-style-type: none"> Nausea Insomnia Abnormal strange dreams 	<ul style="list-style-type: none"> Use with caution in patients with significant renal impairment With serious psychiatric illness Undergoing dialysis FDA Warning: Varenicline patients have reported depressed mood, agitation, changes in behavior, suicidal ideation, and suicide. See www.fda.gov for further updates regarding recommended safe use of Varenicline. 	1) Patch + bupropion 2) Patch + gum 3) Patch + lozenge 4) Patch + inhaler See left for availability.			
Prescriptions marked with ** are available at Navajo/Wasikwaa Pharmacy as no class you need the following requirements: <ul style="list-style-type: none"> 1. Reside in Navajo or Navajo County 2. A member or descendant of a Federally Recognized Tribe 3. Enrolled in a smoking cessation program 					<small> 1. Reside in Navajo or Navajo County 2. A member or descendant of a Federally Recognized Tribe 3. Enrolled in a smoking cessation program </small>			

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Patient Education Materials



- Brochures, posters, pocket guides
- Videos and/or messaging for clinic lobby TV
- Retractable sign displays for clinic lobby



Getting to the finish line

- Systems-level interventions
 - Address third-party reimbursement for cessation & screening
 - Access to culturally-appropriate, effective cessation support
 - All communities need data on the extent of the problem
- Clinical Interventions
 - Health care provider education & support
 - Clinic policy and process
 - Clinic tools and resources
- Community Interventions
 - Educational resources specific to tribal communities
 - Engagement of community to identify solutions
 - Policies to limit smoking in public spaces





American Indian
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