



**PROJECT SUN:  
A CULTURALLY  
ADAPTED YOUTH  
SMOKING  
CESSATION  
PROGRAM FOR  
AMERICAN  
INDIAN/ALASKA  
NATIVE YOUTH**



A Project of Inter-Tribal Council of Michigan, Inc.

# Project SUN: A Culturally Adapted Youth Smoking Cessation Program for American Indian/Alaska Native Youth



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# Faculty Disclosure Statement

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- No commercial interest support was used to fund this activity.



# Learning Objectives/Outcomes

As a result of participating in this activity, the healthcare team will:

1. Explore the development and goals of Project SUN.
2. Analyze the challenges and successes of implementing culturally adapted smoking cessation programs.
3. Examine the study findings on the effectiveness of Project SUN in reducing commercial tobacco use among AI/AN youth.
4. Discuss the importance of cultural adaptations in public health initiatives and their impact on community engagement and outcomes.



# PROJECT SUN



Korby L. Skoglund

**STOP THE USE OF NICOTINE: CESSATION PROGRAM**

# PROJECT STOP THE USE OF NICOTINE

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# DISCLOSURES

- Funding was provided by Tobacco Related Disease Research Program (TRDRP) # 25IR-003
- We have no potential conflicts of interest to disclose.



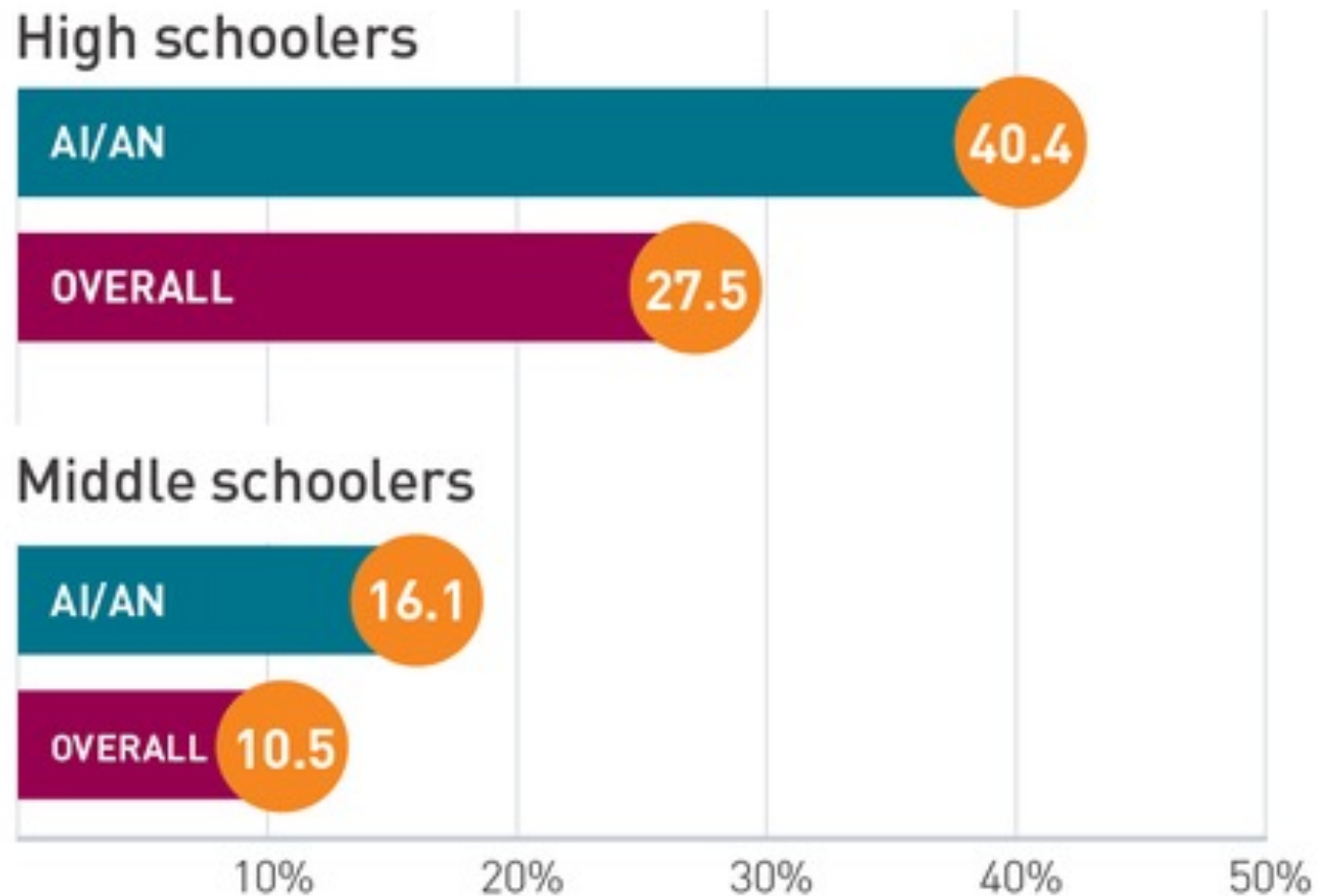
# DATA ON AIAN YOUTH TOBACCO USE



- AIAN high schoolers have the highest current cigarette smoking rate of any other race or ethnicity at **16.2%**, compared to **5.8%** overall.
- AIAN middle schoolers, **3.7%** currently smoke cigarettes compared to **2.3%** of middle schoolers overall.



## E-cigarette use among middle and high schoolers



**\*2019 National Youth Tobacco Survey data**





# TOBACCO: SACRED USE, NOT ABUSE

- Tobacco has played an important role in traditional Native American Indian cultures for thousands of years.
- Tobacco is a medicine.
- The public health problem is recreational, habitual use of commercial tobacco.





# TOBACCO AS A SACRED OFFERING

- Ceremonial Use of Tobacco
- Sweat Lodges
- Drum Groups
- Offering of Prayers
- Tobacco as a spiritual gift





**Difference Between  
Traditional Use versus Commercial Tobacco Abuse**

<b>Traditional Tobacco Use</b>	<b>Commercial Tobacco Abuse</b>
<ol style="list-style-type: none"><li>1. Intentional</li><li>2. Relatively natural &amp; unprocessed</li><li>3. Not inhaled</li><li>4. Viewed as medicine &amp; sacred ancestor</li><li>5. Seen as a spirit (I-Thou relationship)</li><li>6. Used for ceremony or prayer</li><li>7. Gathered and cultivated as a plant ancestor</li></ol>	<ol style="list-style-type: none"><li>1. Habitual/unmindful</li><li>2. Processed &amp; laced with additives &amp; chemicals</li><li>3. Inhaled or used repeatedly</li><li>4. Viewed as unhealthy, shameful addiction</li><li>5. Seen as a drug (I-it relationship)</li><li>6. Smoke/Vape/Dip/Chew casually</li><li>7. Produced by corporations for profit &amp; distributed as a commodity</li></ol>





# INTERVENTION FOR NATIVE TEENS



# SMOKING CESSATION EVIDENCE-BASED TREATMENTS FOR AIAN YOUTH

- Few culturally tailored evidence-based treatments (EBT) unique to American Indian & Alaska Native (AIAN) youth exist.
- One strategy for developing effective and culturally relevant smoking cessation programs is to adapt existing evidence-based programs for varying cultural contexts.
- Project EX (Dr. Steve Sussman, PhD)
  - An empirically validated teen commercial tobacco use cessation program
  - Adapted to meet the needs of culturally diverse populations
  - Implemented and evaluated in Thailand, Spain, Russia, Israel, the United States, China, Korea, and China



# CULTURAL TAILORING

- Tailored to AIAN teens: talking circle format, games, role play, “talk shows.”
- Alternative activities to motivate teens to attempt to quit nicotine use, cope with withdrawal and negative moods, and seek other non-tobacco using activities:
  - Deep Breathing
  - Relaxation
  - Meditation
  - Yoga
- Successful adaptations for smoking cessation programs for AIAN should incorporate:
  - Cultural and historical characteristics, values and traditions, cultural activities for behavioral modification, as well as cultural stories to help participants distinguish between the use of ceremonial from commercial tobacco



# PROJECT SUN



## PROJECT SUN

- Project SUN curriculum
  - Teacher's Manuel
  - Student Manuel
- Commercial tobacco includes cigarettes, smokeless tobacco, cigars, pipes, shish, and e-cigarettes
- 8 Sessions
  1. Orientation
  2. Commercial Tobacco Affects Your Life
  3. Health Dangers of Commercial Tobacco Use
  4. Quitting: Step – 1 Making a Commitment
  5. Quitting: Step – 2 Managing Withdrawal Symptoms
  6. Taking Care of a Healthy Body
  7. Avoiding Relapse



# PROJECT SUN SESSIONS

## ■ **Session 1: Orientation**

- Discuss sacred versus commercial tobacco use and the importance of preserving cultural traditions while reducing the recreational, addictive use of tobacco that leads to disease.

## ■ **Session 2: Commercial Tobacco Affects Your Life**

- Begin in Talking Circle. Additional cultural activities for managing stress include healthy breathing exercise and a chat show.

## ■ **Session 3: Health Dangers of Commercial Tobacco Use**

- Begin in Talking Circle. Discuss the difference between the ingredients of commercial tobacco and the herbal mixtures that are grown and used by traditional cultures. Discuss culturally appropriate ways to avoid inhaling smoke in ceremonial contexts. Present data on AI tobacco use and tobacco-related disease prevalence to show how recreational tobacco use has negatively affected AI communities. Discuss how tobacco companies target the AI community.





# PROJECT SUN SESSIONS

- **Session 4: Quitting: Step – 1 Making a Commitment**
  - Students commit to quit tobacco and are formalized with a blessing from an elder or other respected AI community leader.
- **Session 5: Quitting: Step – 2 Managing Withdrawal Symptoms**
  - More information on the addictive properties of nicotine is presented and more strategies for managing withdrawal symptoms such as creating quit pack.
- **Session 6: Taking Care of a Healthy Body**
  - Students practice yoga activity
- **Session 7: Taking Care Of Your Peace Of Mind**
  - Students express their feelings without being pushy, rude, or aggressive. Students practice stating their position firmly while respecting and acknowledging others' points of view.
- **Session 8: Avoiding Relapse**
  - Students are motivated to quit now rather than later, through a talk show



# ORIGINAL PLAN

Use a randomized block design to assign the centers to one of three conditions:

1. The standard Project EX
2. The culturally adapted Project Stop the Use of Nicotine (Project SUN)
3. A wait-list control.

\*The Institutional Review Board of the University of Southern California approved the study and all modifications.

# BARRIERS LEAD TO CHANGE IN DESIGN

- AIECs and Urban Centers did not want to participate in the study due to potentially being randomized into the standard EX program.
- Changed the three-arm design to a two-arm design\*.
  - Project SUN vs. wait-list control
- After randomization, agencies randomized to the control condition became reluctant.
- Changed the two-arm to a single-arm trial\*.
  - Project SUN only



# ELIGIBILITY

## Agency Eligibility

- have youth within the 13-19 years of age range
- agree to participate as part of a research project that involved multiple assessment points
- obtain Tribal leadership approval

## AIAN Teen Eligibility

- required parental/guardian consent and youth assent
- were between the ages of 13-19 years
- self-identified as AIAN (any Tribe, regardless of federal recognition)
- reported using commercial tobacco in the last 30 days
- were interested in quitting, agreed to attend the sessions
- agreed to provide follow-up data at 3 months



# PROJECT SUN



STOP THE USE OF NICOTINE: CESSATION PROGRAM

## TRAININGS

- AI youth counselors (N=57) were trained at AIECs and Urban Centers
- 12 hours trainings: **Day One** = 8 hours and **Day Two** = 4 hours of teach-back
- The training consisted of 45 minutes to one hour of review for each of eight sessions
- Teach backs were condensed versions of each session performed by trainees with feedback from the trainer
- Trainees evaluated the training with 10 items including: "Rate the trainer," and "Rate the overall quality of the training."
- Trainer ratings ranged from 8-10 on a 10-point scale.



# OUTCOME MEASURES

- Participating adolescents completed surveys before the program, immediately after the program, and 3 months out.
- Demographic questions included: age, grade in school, and place of residence (reservation or non-reservation).
- Commercial tobacco use behaviors were assessed with items such as: *“How many times have you used smokeless tobacco, cigars, e-cigarettes, clove cigarettes, cigarettes, and e-cigarettes/vaping in the last 30 days?”*
- These items have been used widely for youth smoking cessation trials and all Project EX studies.





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Of the 37 participants who met the inclusion criteria:

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mean age was 16 years

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32% were in 11<sup>th</sup> grade

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68% were female

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27% of the sample lived on a reservation

# TOBACCO PRODUCT USE AT BASELINE

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## Baseline Intervention Group Tobacco Product Use (N = 37)

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Cigarettes Only	Cigarettes and Vaping Products	Cigarettes and Smokeless Tobacco	Cigarettes and Smokeless Tobacco and Vaping Products	Cigarettes, Smokeless Tobacco, Cigar, Vaping Products	All Tobacco Products	Vaping Products Only	Total
22	5	3	1	1	2	3	37

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# COMMERCIAL TOBACCO USE AT 3-MONTH FOLLOW-UP

92% completed  
3-month follow-  
up (34 of 37)

24 of the 34  
subjects reported  
**quitting**

*\*The overall adjusted cessation rate among those at follow-up then  
= 24/34 or .71 x .92 (to control for ITT) x .5 (to control for over-reporting  
of quitting) = .32 or 32%*





# LESSONS LEARNED

- We learned that having partnerships with well-known and trusted community agencies (e.g., AIEC's) was helpful, however, we realized that we should have **incentivized staff** so that they could devote time to the project aside from their competing job-related responsibilities.
- We also learned that **staff turnover** is constant because of limited job growth opportunities in underfunded AIAN-servicing agencies, and while agreements with one leadership about an established research protocol may be reached, these agreements may change when new leadership steps in.
- Additionally, **multiple unexpected situations** can arise within the AIAN community (i.e., overdoses and suicides) that shift the importance and plans to uptake an intervention and participate.
- The RCT's Western-based methodology itself does not align with the population's values and practices.



# DISCUSSION

- The alarming high rates of tobacco product use among AIAN youth indicate a dire need for culturally informed smoking cessation programs.
- This study adapted Project EX for AIAN youth to produce Project SUN.
- Project SUN included culturally informed activities such as talking circles and the distinction between commercial and traditional tobacco.
- Program receptivity analyses suggested that youth enjoyed Project SUN's activities, especially the talking circles and the relaxation-related activities.
- Cessation results indicated that 37% of AIAN youth stopped using tobacco products at the three-month follow-up, and according to the ITT findings, 27% of youth quit tobacco products.





# QUESTIONS?

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