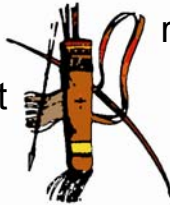

Native American Tobacco Education Fact Sheets For Program Staff

Quitting *Habitual* Tobacco Use

LESSONS

- 👤 About 70% (almost 3 out of 4) habitual tobacco users want to quit but only about 5% (1 out of 20 succeeds each year). Natives' rate is even lower. Need to include Native tobacco counseling services from culturally appropriate trained staff.
- 👤 Very few habitual tobacco quit strategies have ever been evaluated for successfulness within Native communities. Thus, you need to include strong evaluation in your program.
- 👤 Let others help you. Set up partnerships with groups like the Quitline and Quitnet in your local area.
- 👤 Develop procedures to help patients get tobacco quit medications from the clinic at low or no cost.
- 👤 Partner with other Native organizations in the National Tribal Tobacco Prevention Network to avoid re-inventing the wheel.



What works in other communities may not work in Indian Country. Why?

- 👤 The participants may need private health insurance for the cessation program (e.g., nicotine medications)
 - ⊕ But between 25-45% of Native community members do not have private health insurance.
- 👤 “Best Practices” for tobacco cessation require provider referrals
 - ⊕ Implies that the provider has a long-term (3 or more years) and trusting relationship with local patients
 - ⊕ But in Indian Country, many of our clinics have provider turn-over (i.e., they leave) about every 18 months.
- 👤 The “best practices” fail to distinguish between habitual and traditional /ceremonial use of tobacco.
- 👤 The “best practices” rarely provide funding for salaries to train and support for
 - ⊕ Culturally respectful tobacco quit counselors
 - ⊕ Native staff to be tobacco quit counselors
- 👤 NOTE: Never starting to use tobacco is the best strategy (rather than having to try to stop habitual tobacco use)
- 👤 NOTE-2 each of the strategies needs to be evaluated for how well they work with American Indians and Alaska Natives

Examples of Successful Strategies and Issues for Tribal and Urban Programs

Habitual Tobacco Quit Programs

NOTE: Never starting to use tobacco is the best strategy (rather than having to try to stop habitual tobacco use)

NOTE2 each of the strategies listed below needs to be evaluated for how well they work with American Indians and Alaska Natives

YOUTH, ADULTS, and ELDERS	Issues
Creating and <i>enforcing</i> policies, ordinances, laws that prohibit youth from purchasing tobacco products	Casinos and Smoke Shops resistant
Moving tobacco products out-of-the-line-of-sight of children and youth	Needs to be enforced
Implementing tobacco prevention programs within elementary and secondary schools that have worked with other Native school-age children and youth	Get assistance from other programs successful with Native children and youth
Developing culturally relevant after-school tobacco prevention and control programs for Native children and youth	Get assistance from other programs successful with Native children and youth
Increasing taxes on tobacco products (i.e., more expensive)	Need tribal/urban leadership
Developing tribally and geographically specific anti-tobacco mass media campaigns (at appropriate literacy level)	Need community-developed messages
Researching the types of private health insurance local Natives may have and how those specific policies address tobacco quit programs (discounts for non-	Only 1/3 of many Indian communities have private insurance
Providing tobacco-quit medications at sliding scale or free cost	People can't afford the medications
Advertising the availability of local tobacco quit programs	Local programs may be culturally inappropriate
Training Quitline staff how to talk with Native patients	Quitlines need to want this type of training
Hiring and training Natives to function as the designated tobacco counselor	Need salaries and training programs
Providing tobacco-quit counseling and help in non-clinical organizations and settings	Need non-clinical programs to be able to provide office space, phone, salary



Natives Stories about Quitting *Habitual* Tobacco Use

- 🗑️ *When I was smoking real heavy, I was short of breath all the time. I sat home and ... then I just got heavier and heavier.*
- 🗑️ *A lot of Indians can't stop smoking ... on the reservations, there are no patches there or gums or anything. It's expensive. When you go to the reservation you don't see a sign that says get your patches or a hot line.*
- 🗑️ *I never even tried to stop smoking until I got sick. One day I woke up and I couldn't breathe and I was gasping, I thought I was dying. I was diagnosed with severe asthma at that time; I mean it was like one day to the next when I never smoked again. That doesn't mean that I don't feel like smoking at times. I can sit right now in a restaurant and see someone smoking across the room. They light up a cigarette. That is a cigarette that I enjoyed smoking the most--after dinner. So I think it's an on going battle.*
- 🗑️ *Well, I smoked for a long time. Off and on, sometimes I quit like cold turkey, and then I would go back and pick it up again. This is the longest. About six or seven years now that I haven't smoked, but when I smell cigarettes it smells real good, but that's about it. Or I will say, oh, blow it this way! I quit cold turkey. I had withdrawals and stuff like that.*
- 🗑️ *I used to smoke Menthol cigarettes, I used to like that soothing and it would give me a rush. My boys didn't like smoking. So you know those firecracker things and took it apart and put it in my cigarettes. I am going down the freeway and I light one of those and "pop!" I went what was that? I was going to sue the tobacco company. I threw it out and I lit another one, same thing happened. And I thought if they had put enough of it in there they would have blown my face off or my eyes or whatever. So, I got home later on in the evening and said, "you know what guys? I'm suing the tobacco company and this is what happened to me when I was smoking the cigarettes." They were all like, do we tell her? And I said, "What's going on?" They said, mom, we put those, we don't like you to smoke and we put those little fire cracker things in your cigarettes. I said, "You know you guys could have put my eyes out or whatever. But just for them to go through something like that you know something extreme like that. They were telling me don't smoke mom. We don't like that smell and we just do not like smoking. So, I quit (for my boys).*



Quitting and the Benefits to Preventing Chronic Diseases

- For those who quit habitual tobacco use, the benefits are seen immediately and continues over one's lifetime
- Within 20 minutes of quitting, blood pressure and pulse rate decrease.
- Within 8 hours of quitting, carbon monoxide and oxygen levels in the blood return to normal.
- Within 1 day of quitting, the likelihood of heart attack decreases.
- Within 2 days of quitting, nerve endings regenerate; sense of smell and taste improve.
- Within 2 weeks, circulation improves and lung function increases.
- After quitting for 1-9 months, coughing, sinus congestion, fatigue and shortness of breath decrease.
- Within 1 year of quitting, the likelihood of heart attack is cut in half.
- Within 5 years of quitting stroke risk is reduced to the same levels as a non-smoker.
- Within 10 years of quitting, risk of dying from lung cancer is about half that of a current smoker.
- Within 15 years of quitting, risk of coronary heart disease and death become roughly equivalent to those who have never smoked

Source: Most Smokers regret the day they started smoking. CO Quitline 1-800-639-QUIT or <http://co.quitnet.com>

Quitting and other Types of Benefits. Most People have:

- 👤 More energy
- 👤 Breathe easier
- 👤 Enjoy the taste of food better (than when habitually using)
- 👤 More money (tobacco is expensive!)
- 👤 Better sex lives
- 👤 Fewer infections



For further information

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