

Tobacco Cessation in your tribal Dental Clinic

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Northwest Tribal Comprehensive Cancer Program

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Northwest Tribal Dental Conference



Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health



Traditional Tobacco

- Tobacco is first used by Native Americans
- Not all Native Americans used tobacco
- Use was for
 - ceremonies,
 - given as gifts
 - offerings
 - medicine





Disclaimer

- I am not a dentist
- I am a tobacco cessation, prevention, policy advocate
- Let's get tobacco cessation referrals in place



Tobacco

- The Real InDN Killer
- We are smoking ourselves to death
- It is time to change the messaging
- We need to work in our communities
- You need to set up a tobacco cessation and referral system



History: Tradition to Profits

- European settlers cultivate tobacco in 1672 to sell
- Over time 7,000 chemicals have been added, **70** cause cancer
- Today commercial tobacco **kills 50% of it's users** from lung cancer, stroke, heart attack, bronchitis and emphysema are **and yet it** is made and sold for profit



History Tobacco Policy

- 1987 IHS clinics
 - Become smoke free
 - Dr. Everett Rhoades IHS Director
 - With recommendations from Tribal leaders
 - Issues letter to tribal clinics



WOLAN'S STRIKING DRESS—TOLAPA



History Tobacco Policy



- Smokeless Tobacco Survey - 1987
 - PAO Indian Health Service Grant:
 - NPAIHB
 - OSU - Dr. Roberta Hall
 - Dr. Don Dexter (Native Dentist)
- Results:
 - Smoking rates in NW 50%
 - Youth rates smokeless high



1988 Smokeless Tobacco Rates

TABLE 1—Use of Smokeless Tobacco, in Percentages, by Area, Ethnic Group, Grade, and Sex

| Category | (N) | Category of Use | | |
|------------------------------|---------------|-----------------|-------------|--------------|
| | | Non-User | Former User | Current User |
| Grade Level | | | | |
| 6 | (379) | 69 | 21 | 10 |
| 9 | (428) | 45 | 33 | 21 |
| 11 | (373) | 49 | 32 | 18 |
| Ethnic Group and Sex* | | | | |
| Male Native American | (137) | 29 | 37 | 34 |
| Male non-native | (438) | 46 | 34 | 20 |
| Female Native American | (120) | 45 | 31 | 24 |
| Female non-native | (415) | 76 | 20 | 4 |
| Total Sample | (1180) | 54 | 29 | 17 |

*Seventy respondents did not list their sex or ethnic group or both; of these, 41 per cent are non-users, 33 per cent are former users, and 26 per cent are users.



Tribal BRFSS - Tobacco

| | 4 Tribes aggregate | 2015 Oregon BRFSS AI/AN | 2015 Oregon BRFSS NHW |
|----------------------|-------------------------------|------------------------------------|----------------------------------|
| Current Smoker | (23.8% - 33.5%) | 35.8% | 20.1% |
| Smokeless Tobacco | (10.1% - 23.9%) | 11.8% | 8.5% |



Oregon Smoking Rates

| Population | Rate | Year(s) | Source |
|----------------------------------|--------------|------------------|------------------------------------|
| AI/AN 8th Grade Students | 21.9% | 2015 | Oregon Healthy Teens Survey |
| NHW 8th Grade Students | 11.3% | 2015 | Oregon Healthy Teens Survey |
| AI/AN 11th Grade Students | 40.2% | 2015 | Oregon Healthy Teens Survey |
| NHW 11th Grade Students | 24.8% | 2015 | Oregon Healthy Teens Survey |
| AI/AN Adults | 35.3% | 2013 | Oregon BRFSS |
| NHW Adults | 21.4% | 2013 | Oregon BRFSS |
| AI/AN Pregnant Women | 35.7% | 2000-2001 | 2009 PRAMS Analysis |
| NHW Pregnant Women | 18.5% | 2000-2001 | 2009 PRAMS Analysis |



Washington Smoking Rates

| Population | Rate | Year(s) | Source |
|---------------------------|--------------|-----------|---|
| AI/AN 10th Grade Students | 14.1% | 2014 | Washington Healthy Youth Survey |
| NHW 10th Grade Students | 7.7% | 2014 | Washington Healthy Youth Survey |
| AI/AN Adults | 36.6% | 2012-2014 | Washington Behavioral Risk Factor Surveillance System |
| NHW Adults | 16.6% | 2012-2014 | Washington Behavioral Risk Factor Surveillance System |

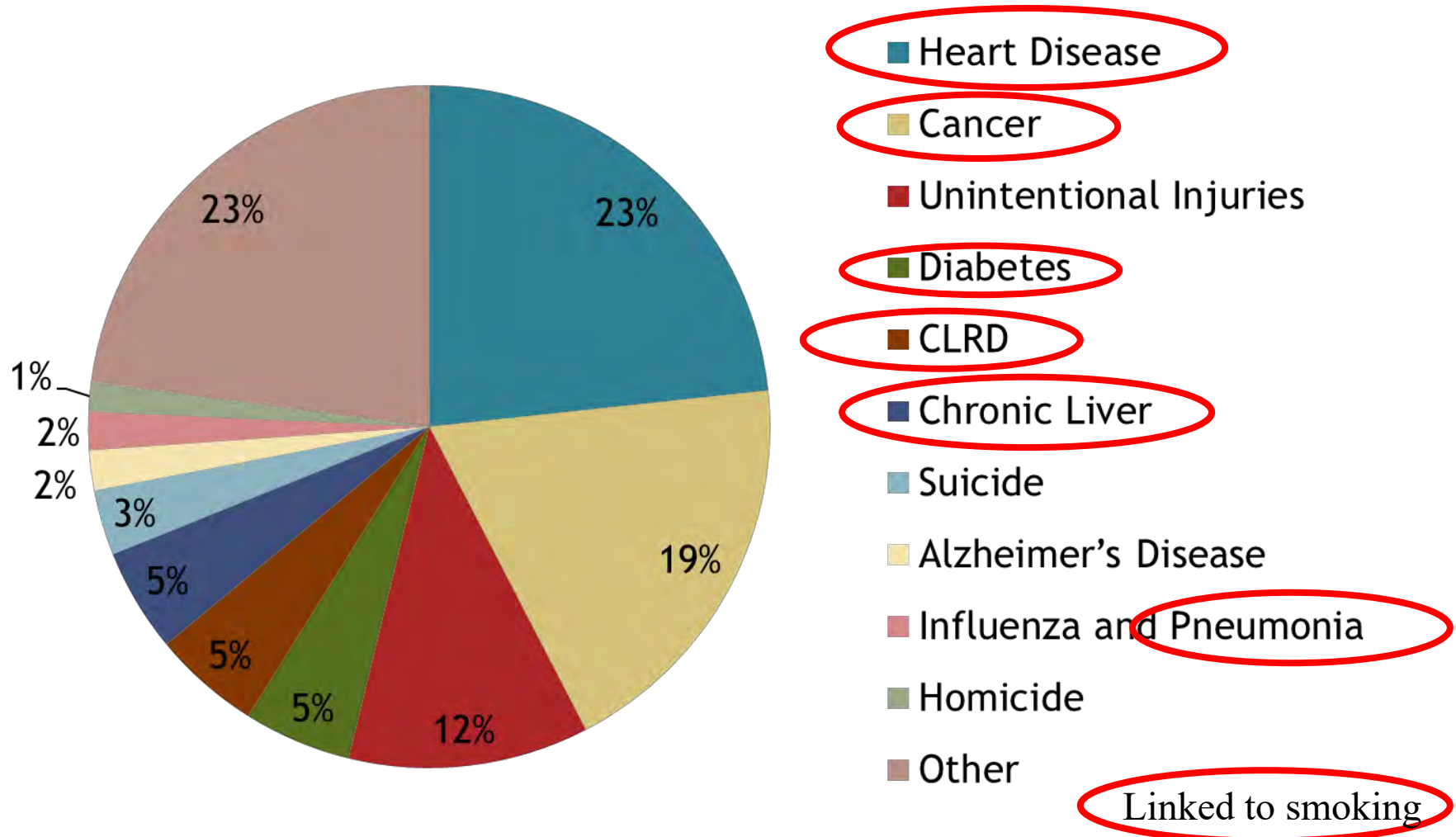


Tribal BRFSS - Chronic Disease

| | 4 Tribes aggregate | 2014 Oregon BRFSS AI/AN | 2014 Oregon BRFSS NHW |
|---------------------------|-----------------------|----------------------------|--------------------------|
| High Blood Cholesterol | (19.9% - 54.2%) | 40.9% | 40.8% |
| High Blood Pressure | (27.1% - 51.5%) | 34.1% | 32.4% |
| Diabetes | (9.5% - 24.4%) | 13.5% | 8.7% |



Leading Causes of Death among Idaho, Oregon, Washington AI/AN 2006- 2009





AI/AN and NHW Health Utilization patterns

| | Characteristic Smoker Composition % (No.) | Current Cigarette Smoking Prevalence % (95% CI) | Dentist Visit in Past Year % (95% CI) | Quit Attempt in Past Year % (95% CI) |
|-------|---|---|---------------------------------------|--------------------------------------|
| NHW | 73.8 (27 296) | 17.5 (17.2, 17.8) | 41.5 (40.7, 42.3) | 36.2 (35.4, 37.0) |
| AI/AN | 1.0 (589) | 28.4 (25.3, 31.5) | 37.7 (31.4, 44.0) | 36.1 (29.6, 42.6) |

Agaku, Israel T., Olalekan A. Ayo-Yusuf, and Constantine I. Vardavas. "A comparison of cessation counseling received by current smokers at US dentist and physician offices during 2010–2011." *American journal of public health* 104.8 (2014): e67-e75.



Dental Support for tobacco cessation

| | Advised to Quit Smoking (n = 10 675), % (95% CI) | Offered Any Additional Assistance (n = 3331), ^a % (95% CI) | Referred to a Telephone Quit Line (n = 3318), % (95% CI) | Referred to a Smoking Cessation Class, Program, or Counseling (n = 3322), % (95% CI) | Helped to set a definite quit date (n = 3322), % (95% CI) | Advised to Use Medication (n = 3331), ^b % (95% CI) |
|-------|--|---|--|--|---|---|
| NHW | 30.5 (29.3, 31.7) | 23.5 (21.5, 25.4) | 12.5 (11.0, 14.0) | 9.2 (7.9, 10.5) | 9.2 (7.8, 10.5) | 11.9 (10.4, 13.4) |
| AI/AN | 26.9 (17.6, 36.3) | 22.2 (6.6, 37.8) | N/A | 3.2 (0.1, 7.0) | N/A | N/A |

Agaku, Israel T., Olalekan A. Ayo-Yusuf, and Constantine I. Vardavas. "A comparison of cessation counseling received by current smokers at US dentist and physician offices during 2010–2011." *American journal of public health* 104.8 (2014): e67-e75.



2002-2016

Smoking rates are dropping for racial and ethnic groups - except one



Additionally, only among Native Americans and Alaska Natives did the smoking rate rise between 2010-2013 -- from 37.1 percent to 38.9 percent, the CDC found.



Dentist can make a difference

Ask your patients about smoking

Increase quit rates by 20%!

Those who quit had the best

- **periodontal response.**

**10 years of staying quit = same
periodontal status of non- smokers!**



Smoking's impact on the mouth

Smoker's are 7 times more likely to develop gum disease compared to non-smokers.

2 times more likely to have

- **gum disease**

Treatment may not work well

Source cdc



Dip Chew Snus



24% of additives are sugar



KILLER.

FACT: WOW! 60 to 78 percent of SPIT TOBACCO users have oral lesions. Exposure to tobacco juice causes **CANCER** of the esophagus, pharynx, larynx, stomach, and pancreas.

8,000 Americans die each year from oral and pharyngeal cancers.



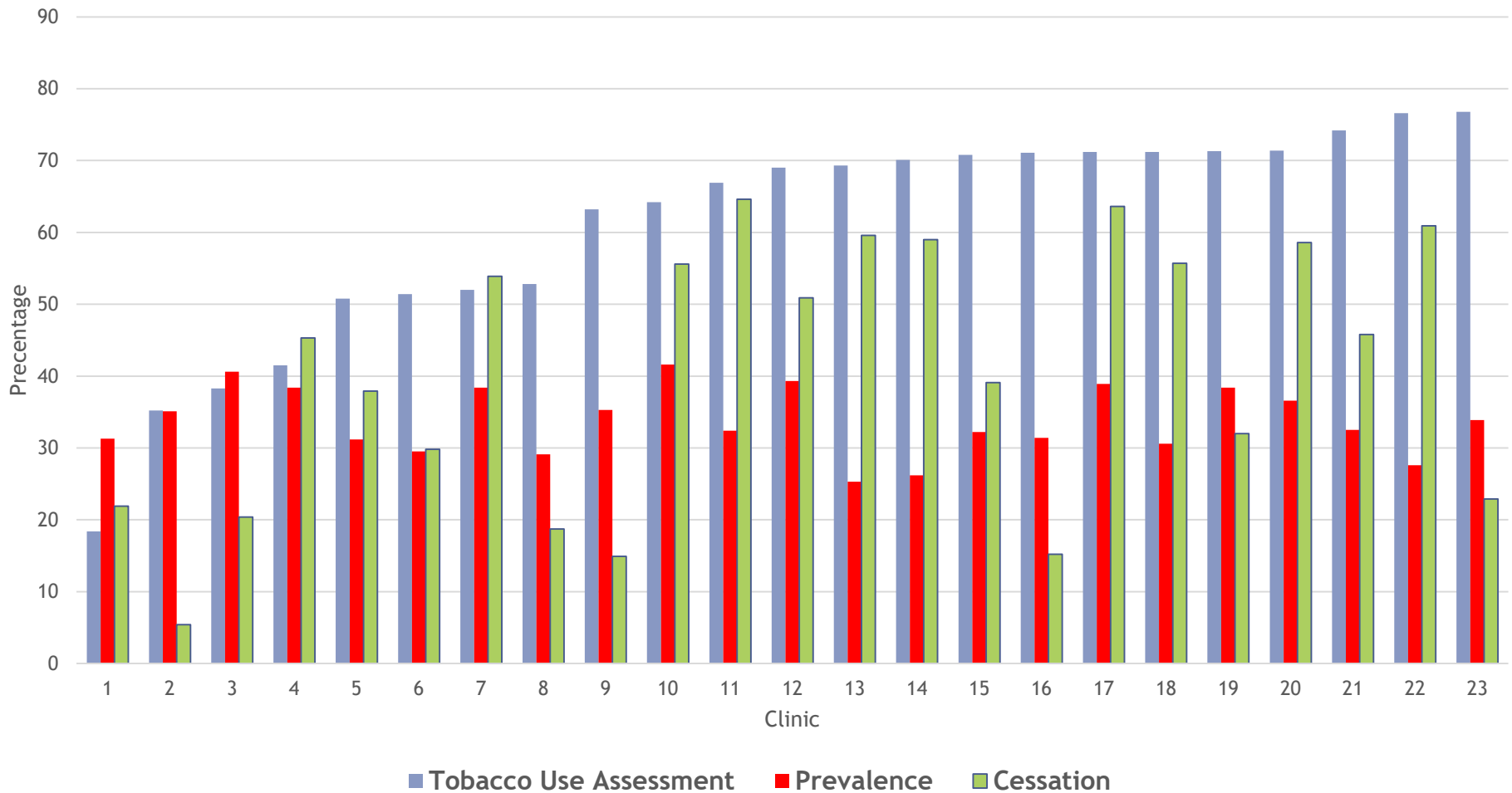
Smokeless tobacco impact on the mouth

- Bad breath
- Gingivitis
- Staining of teeth
- Mouth sores
- Cavities
- Mouth ulcers
- Oral cancer
- Heart disease
- Cardiac arrest
- High blood pressure
- Leukoplakia





2017 Tobacco Assessment, Use, and Cessation among 23 Tribal and IHS clinics in Portland Area





ADA Policies and Recommendations on Tobacco Use

- Professional education related to the importance of primary prevention of tobacco use.
- Members to become fully informed about tobacco cessation intervention techniques to effectively educate their patients to overcome their addiction to tobacco.
- Training and education for dental professionals to ensure that all clinicians in the United States have the knowledge, skills and support systems necessary to inform the public about the health hazards of tobacco products and to provide effective tobacco cessation strategies.
- Provide educational materials on tobacco use prevention or cessation to patients and consumers developed by credible and trustworthy sources with no ties to the tobacco industry or its affiliates.



Recommendation: Smokeless tobacco

- Smokeless tobacco users should be identified, strongly urged to quit, and provided counseling cessation interventions. (Strength of Evidence = A)
- Clinicians delivering dental health services should provide brief counseling interventions to all smokeless tobacco users. (Strength of Evidence = A)



NRT

- Over the counter

- Gum
- Patches
- Inhaler
- Spray



- Prescription

- Zyban
- Chantix
 - Vareicline
- Bupropion



Hope

- Quit cold turkey = **5%** success rate
- Provider advise = **18%**
- Pharmacotherapy **more than doubles** long term quit rates
- NRT + counseling **increases success**
 - Safe to double up on patches
 - Safe to use nicotine while using Nicotine replacement





Tobacco Trivia

- Cigarettes have ? Chemicals
- A can of spit has the equivalent of ??
Packs of cigarettes
- The addictive substance in cigarettes
and chew is



More Trivia

- The safest alternative to tobacco is
 - Cigars, spit, vapping,
- What single event caused the highest rate of tobacco addiction
 - A. The American Revolution
 - B. The invention of the automobile
 - C. World War I
 - D. World War II



The 5A's of Tobacco cessation

- Ask
- Advise
- Assess
- Assist
- Arrange





Ask

- About tobacco at every encounter
- ✓ Are you still smoking?
- ✓ May I talk to you about smoking?
- ✓ Do you now or have you ever smoked? (Youth)
- ✓ Are you exposed to commercial tobacco smoke?
- ✓ Are you aware of the health risks associated with
smoking?



Advise

- In a clear, concerned, respectful and PERSONALIZED MANNER strongly urge the person to consider a healthier option(s).





Assess

Determine willingness to make a change, preferable within 30 days.

- ✓ Are you willing to quit smoking at this time?
- ✓ Are you willing to set a date to quit smoking in the next 30 days?

Depending on how they answer will allow you to determine which step you take next.



Arrange

Schedule a time to follow-up.

- ✓ UNWILLING TO MAKE A CHANGE AT THIS TIME
 - Mention that you will ask them about quitting smoking next time
- ✓ WILLING TO CHANGE AT THIS TIME OR WITHIN 30 DAYS
 - Begin a healthy behavior plan to include a start date
 - Arrange to talk again within one week



Cessation

- Second Wind
 - Freedom from cigarettes
- AI/AN brief intervention
 - 5 A's
- Beyond the 5 A's
 - Red Star
- Freedom from cigarettes
 - ALA
- Not (teen cessation)
 - ALA
- RX for change
 - 5 A's
- University of Mass
 - 5 A's



Cessation models

- AI/AN brief intervention
- Freedom from cigarettes
- Second Wind
 - ACS - fresh start
- Rx for change (5 a's, MI, curriculum)
- Red Star - beyond 5 a's



Comparison

- Cold turkey
- Provider ask
- Referral
- Follow up



Intensive – beyond the 5As

- Combo of all
 - Counseling
 - Groups
 - NRT
 - 1 on 1
 - FOLLOW-UP





What is your clinic doing

- MA ask
- Provider advises
- Refers to behavioral health, pharmacy, cessation counselor
- Arrange -
 - Group or one on one counseling
 - Follow up - constant (alumni group)



What is your clinic doing

- Coeur d'Alene
- Umatilla
- Puyallup
- Yakama
- Klamath





What can your dental program do

- Have a screening system in place
- Advise patients to stop smoking or using spit
- Refer for cessation



Stay Healthy – Life

My Quit Plan

Congratulations on your choice to quit using commercial tobacco. There is no perfect time to quit, but setting a quit date is the first step to being commercial tobacco-free. You should choose a date that is meaningful to you at a time that will not be too stressful.

Follow the steps below to make your personal quit plan.

1. My Quit Date:

_____ / _____ / _____

2. My Support Persons:

3. Problem-Solving Skills:

Ex-tobacco users find these tips useful.

- » Practice some suggestions from "Before Quitting."
- » Keep "After Quitting" handy after your quit date.
- » Always carry your survival bag with you

4. Medication Information:

Talk to your doctor or pharmacist about medication to help you quit.

5. Referrals to Intensive Services:

For information call

- » National Quitline: 1-800-QUIT-NOW
- » Other cessation services:

Quitting is a process. Whether this is your first time to quit or fifth, give yourself permission to go back to your doctor, pharmacist, or counselor if you need to try and quit again.

Before Quitting

Before quitting commercial tobacco, the best thing you can do is plan ahead for your quit day.

Tips:

- » Remember that tobacco is sacred and should be used for prayer or ceremonial uses
- » Tell your family, friends, and coworkers that you are quitting commercial tobacco
- » Find an elder or mentor who can guide you during this process
- » Clean your house, car, and place of work of any tobacco products or accessories (lighters, ashtrays)
- » Wait an extra five to ten minutes before your first commercial tobacco product of the day
- » Ask your doctor about starting an exercise plan
- » Use prayer and meditation through ceremony to find inner strength and courage
- » Spend more time with nonsmoking friends and family
- » Prepare yourself for times that you may be tempted to use commercial tobacco and ways you might handle them
- » Make a money jar to collect the money you will save
- » Review your self-help materials and make personal notes
- » Consider using medication that may help you quit commercial tobacco

Prepare a Survival Bag and carry it with you at all times.

Contents can include:

- » 3x5 cards with top reasons for being commercial tobacco-free
- » A picture of your loved ones
- » The phone number of someone you trust
- » Your self-help materials such as your Strength to Quit Pocket Guide and this Quit Plan
- » National Quitline: 1-800-QUIT-NOW
- » Sugarless gum or candy, cinnamon sticks, fruit, carrot sticks, straws, and toothpicks

"I see strength, not to be greater than my brother, but to fight my greatest enemy—myself. So when life fades, as the fading sunset, my spirits may come to you (Great Spirit) without shame."

After Quitting

"I have seen that in any great undertaking it is not enough for a man to depend simply upon himself."

◆ Lone Man (Isna-la-wica), Teton Sioux

After quitting commercial tobacco, the best thing you can do is plan ahead for tough times. You want to give yourself the best chance of success.

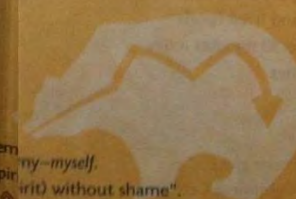
Triggers

- » After meals
- » Drinking coffee
- » Talking on the telephone
- » Boredom
- » Driving
- » After waking up
- » Stressful situations
- » Work or lunch breaks
- » Enjoying time with friends
- » Seeing or smelling commercial tobacco smoke

Positive Coping Strategies

- » Keep busy and try new things:
- » Write a letter or work on a hobby
- » Use prayer or meditation
- » Find a support group
- » Visit nonsmoking places
- » Avoid caffeine and alcohol
- » Exercise, if your doctor allows
- » Eat crunchy foods like fruit, vegetables, and popcorn
- » Wash dishes by hand after meals
- » Take a nap
- » Practice stress reducers such as the Four D's:
 - » Delay
 - » Deep breathe
 - » Drink lots of water
 - » Do something else
- » Call or visit a friend or family member to support you
- » Do one thing at a time
- » Don't put yourself down: if you make a mistake, forgive yourself and learn from it
- » Do something special to celebrate your life!

Other times that may be difficult for you:





Tobacco Quitlines

- **1-800-QUIT-NOW (1-800-784-8669)**
 - Routes patient to quitline provider call center for their state
 - Oregon and Washington - Optum
 - Oregon - AI/AN quit line in development
 - Idaho - National Jewish
 - All provide NRT



Idaho Quit line

- Project Filter
- TWO WAYS TO *QUIT* USING *TOBACCO*. *CLICK TO QUIT* • call to *quit*
- **Call 1-800-QUIT-NOW**
- <https://idaho.quitlogix.org/en-US/Enroll-Now>



Oregon quit line

- 1-800-QUIT-NOW (1-800-784-8669), www.quitnow.net/Oregon
- Quit coaches
- NRT
- AI/AN quit line



Washington Quitline information

- **Clinical Referral System**

- **Fax only**

- <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/ProfessionalResources/TobaccoCessationResources>



**WASHINGTON STATE TOBACCO QUITLINE
FAX REFERRAL FORM
Fax To: 1-800-483-3078**

Provider Information:

Date: ___/___/___

Health Care Provider Name: _____

Clinic Name: _____

Clinic Address: _____ City: _____ Zip: _____

Contact Name (nurse, med. asst., etc.): _____

Fax: (____) _____ - _____ Phone (____) _____ - _____ Email: _____

I am a HIPAA – Covered Entity (Please check one ___ Yes ___ No ___ I Don't Know)



Washington Quit line

- 1-800-QUIT-NOW
- NRT and Coaching
 - Fax referral
 - <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/ProfessionalResources/TobaccoCessationResources>



Patient Educational materials

- Enough Snuff: A Guide to Quitting Smokeless Tobacco for American Indians
 - \$11.95 per copy
 - <http://pub.etr.org/productdetails.aspx?id=100000132&itemno=A087>
- Enough Snuff: A Video Program to Help American Indians Quit Spit Tobacco (DVD)
 - \$49.95 per copy
 - <http://pub.etr.org/productdetails.aspx?id=100000132&itemno=G087>

THE SECRETS THEY KEEP

HERE ARE SOME OF THE HARMFUL CHEMICALS HIDING IN CIGARETTE SMOKE...

NICOTINE

A deadly toxin that causes nausea, headaches and increased blood pressure. Nicotine is commonly used in insecticides.

BENZOPYRENE

One of the most potent cancer-causing chemicals known. You find it in tar, coal, engine exhaust fumes, burnt food and tobacco smoke.

ARSENIC

A toxic metal used in wood preservatives and insecticides. Arsenic causes death from multi-organ failure in high doses and headaches, diarrhoea and weakness in low doses.

ACETONE

An active ingredient in nail polish remover and paint thinner. In cigarette smoke, it irritates the respiratory tract.

LEAD

A toxic metal that damages nerve connections and causes blood, kidney and brain disorders in high doses.

FORMALDEHYDE

It kills most species of bacteria and is used for preserving dead bodies and laboratory specimens. It causes cancer and is now banned in many countries.



TURPENTINE

A paint thinner. In cigarette smoke, it irritates the respiratory tract. High exposures cause kidney and nerve damage.

PROPYLENE GLYCOL

The tobacco industry claims they use it to keep tobacco moist and flexible. Scientists say it carries smoke deeper into the lungs so more nicotine is absorbed.

BUTANE

Used in cigarette lighter fuel.

CADMIUM

Used in batteries. It builds up in the body and causes cancer. Cigarette smoking is the main cause of cadmium exposures.

AMMONIA

Used in household cleaning products. The tobacco industry says it improves flavour and makes tobacco more flexible. Scientists say it helps deliver nicotine to the brain faster.

BENZENE

Found in crude oil, it causes leukaemia and other cancers.

Cigarette smoke contains over 4,000 chemicals. Even if you don't smoke you can still be harmed by these poisonous chemicals by being around people who are smoking.



Need more information?
Check out
www.OxyGen.org.au

Smarter than Smoking
Check out
Ph (08) 9388 3343
SMART@Heartfoundation.org.au
www.smarterthansmoking.org.au

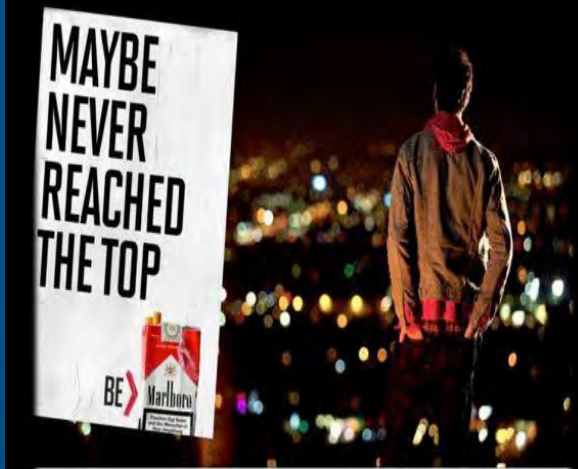


The products pictured contain chemicals found in cigarette smoke. Most of the harmful chemicals come from the burning of tobacco.



WhyQuit.com

Be Marlboro



Smoking kills

Campaign for Tobacco-Free Kids



Vapor Shark E-Cigarette Billboard, Florida, 2013



Targeting AI/AN



- <https://www.youtube.com/watch?v=i799Zz8glzU>



Head and neck cancer: risk factors

- Cigarette smoking (less with other tobacco)
- Alcohol (synergistic)
- Immunosuppression (pts with cancer, HIV)
- Family history of cancer
- HPV
- Age
- Sunlight



Oral HPV and cancers

Int J Oral Surg. 1983 Dec;12(6):418-24.

Morphological and immunohistochemical evidence suggesting human papillomavirus (HPV) involvement in oral squamous cell carcinogenesis.

1983

Syrjänen K, Syrjänen S, Lamberg M, Pyrhönen S, Nuutinen J.

Evidence for a Causal Association Between Human Papillomavirus and a Subset of Head and Neck Cancers

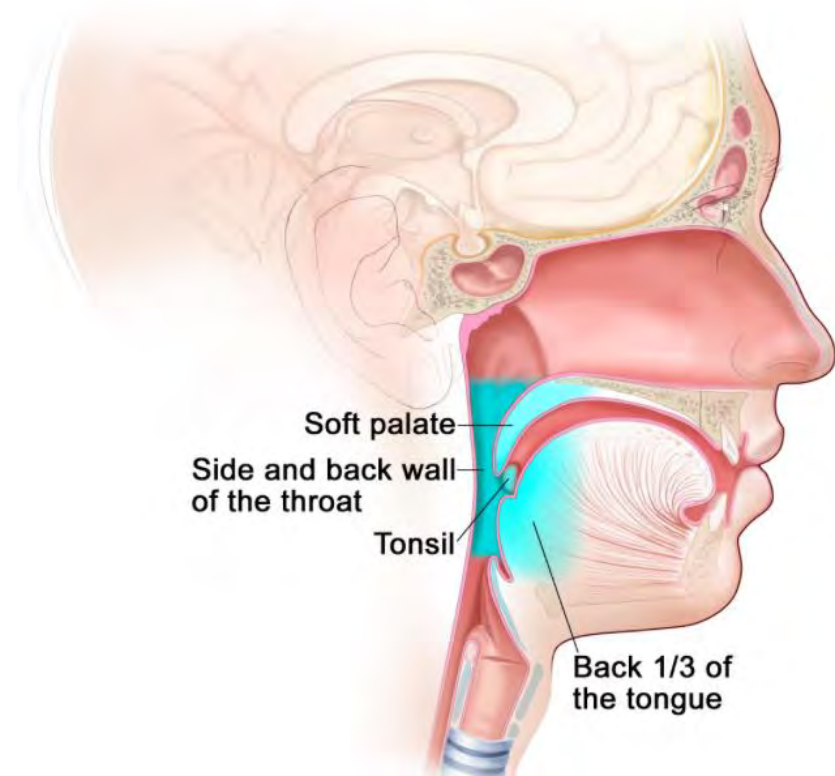
2000

Maura L. Gillison, Wayne M. Koch, Randolph B. Capone, Michael Spafford, William H. Westra, Li Wu, Marianna L. Zahurak, Richard W. Daniel, Michael Viglione, David E. Symer, Keerti V. Shah, David Sidransky



Oropharyngeal cancer

- 48,330 new cases are United States in 2016
- > 70%: HPV infection





HPV and the oral cavity

| Disease | HPV Type |
|--------------------------------------|--|
| Oropharyngeal cancer | 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 69, 66, 68, 73 |
| Squamous papilloma | 6, 11 |
| Verruca vulgaris | 2, 4, 6, 40, 57 |
| Condyloma acuminatum | 6, 11, 42, 43, 44, 53, 54, 55, and others |
| Focal epithelial hyperplasia | 13, 32, 55 |
| Oral potentially malignant disorders | 6, 11, 16, 18 |

9 Valent HPV vaccine protects against 6, 11, 16, 18, 31, 33, 45, 52, 58



Why the dental professionals?

- Oral cancer screening examinations
- Frequent visit compared to other health care providers
- Evidence of dentists playing a preventative role has been demonstrated in the area of tobacco cessation

Asian Pacific Journal of Cancer Prevention.2015 16(10) 4429-4434
Public Health. 2014 March; 128(3): 231–238



Why the dental professionals?

Dentists make a significant difference

- Educating on HPV
- Explaining that HPV causes oropharyngeal cancers
- Showing how to perform oral cancer screenings
- Referring patients to get vaccinated



Contact Information

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