SUPPORTING AMERICAN INDIAN COMMERCIAL TOBACCO CESSATION:
An Introduction to Resources of CDC’s Office on Smoking and Health

CORINNE GRAFFUNDER, DRPH, MPH, DIRECTOR
National Council of Urban Indian Health Webinar • November 19, 2019 • 1 p.m.
In order to ask the presenter(s) a question during the webinar, simply enter your question into the Q & A box at the bottom of the pod and click the button to the right.
Our Mission

NCUIIH is a national membership non-profit organization devoted to the support and development of quality, accessible, and culturally-competent healthcare services for American Indians and Alaska Natives living in urban settings.
GUEST SPEAKER

Corinne Graffunder, DrPh, MPH
Director
CDC Office on Smoking and Health
LEARNING OBJECTIVES

Understand OSH’s mission, vision, history, and commitment to partnering with American Indians and Alaska Natives (AIs/ANs) to reduce commercial tobacco use in tribal communities.

Learn about AI/AN commercial tobacco smoking prevalence and cancer risks impacting AIs/ANs.

Discover OSH’s products, funding opportunities, and capacity-building networks that address commercial tobacco cessation efforts to support quits and quit attempts.

Develop awareness on OSH’s response to the youth e-cigarette epidemic and lung injury outbreak.
IT’S TIME TO HEAR FROM YOU: PLEASE TAKE THE POLL
PRESENTATION AGENDA: FOUR TOPICS

01 About the CDC Office on Smoking and Health
02 Commercial Tobacco Use Among American Indians
03 Resources to Reduce Tobacco Use
04 Youth E-cigarette Epidemic and Lung Injury Outbreak
PRESENTATION AGENDA: TOPIC 1

01
About the CDC Office on Smoking and Health

02
Commercial Tobacco Use Among American Indians

03
Resources to Reduce Tobacco Use

04
Youth E-cigarette Epidemic and Lung Injury Outbreak
VISION: A world free of tobacco-related death and disease

MISSION: To develop, conduct, and support strategic efforts to protect the public’s health from the harmful effects of tobacco use
CDC's Office on Smoking and Health

The CDC is the lead federal agency for comprehensive tobacco prevention and control efforts

CDC's Office on Smoking and Health works to:

- Prevent initiation of tobacco use among youth and young adults
- Promote tobacco use cessation among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities

CDC's National Tobacco Control Program (NTCP) was developed to encourage coordinated, national efforts to reduce tobacco-related disease and death. CDC is the only federal agency that provides funding to help support all 50 states, 8 U.S. territories, and the District of Columbia's comprehensive tobacco control efforts.

CDC Funds:

- 50 states and D.C.
- 26 tribes/tribal support organizations
- 8 U.S. affiliated islands and jurisdictions
- 8 national networks representing populations most impacted

1. Asian-Pacific Islander
2. LGBT
3. Low-SES
4. Rural
5. African American
6. Hispanic
7. Behavioral Health
8. Native-American
Long and Strong History of Partnership in Tobacco Control
TOBACCO CONTROL VACCINE

PRESENTATION AGENDA: TOPIC 2

01 About the CDC Office on Smoking and Health

02 Commercial Tobacco Use Among American Indians

03 Resources to Reduce Tobacco Use

04 Youth E-cigarette Epidemic and Lung Injury Outbreak
#1 Cause of Death:
Commercial tobacco use is the Number 1 cause of disease, disability and death among all U.S. racial and ethnic groups, including AIs/ANs.

Leading Cause of Chronic Diseases:
Among AIs/ANs, cardiovascular disease is the leading cause of death,\(^1,2\) lung cancer is the leading cause of cancer deaths,\(^3,1,2,4\) and diabetes is the fourth leading cause of death.\(^1,2\)

Adult Use:
AI/AN adults have the highest prevalence of cigarette smoking.\(^4,5\)

Youth Use:
AI/AN youth have the highest prevalence of cigarette smoking, smokeless tobacco, and cigar use.\(^6\)

Higher Use in Certain Regions:
Regional variations in cigarette smoking exist among AIs/ANs, with lower prevalence in the Southwest and higher prevalence in the Northern Plains and Alaska.\(^7\)
AIs/ANs bear a higher burden of tobacco-related cancers

Cancer Incidence
- AIs/ANs in the Northern and Southern Plains experience disproportionately higher lung cancer incidence rates compared to whites.²
- The AI/AN population in all U.S. regions has higher rates of liver cancer incidence than whites.³

Cancer Deaths
- Lung cancer is the leading cause of cancer death among AI/AN adults.²
- In all regions combined, the five most common causes of cancer deaths among AI/AN men were lung, colon and rectum, prostate, liver, and kidney. The five most common causes of cancer death among AI/AN women were lung, breast, colon and rectum, pancreas, and ovary.³
- From 2001 to 2009, death rates for all cancers combined went down for whites but went up for AIs/ANs. In addition, whites lived longer than AIs/ANs after being diagnosed with nearly all types of cancer.⁴

Sources:
Cigarette smoking is the highest among American Indians and Alaska Natives adults


*Respondents aged ≥18 years who reported smoking ≥100 cigarettes during their lifetime, and who reported smoking "every day" or "some days"
American Indian and Alaska Native youth are among the highest users of commercial tobacco.


Native Hawaiian/Other Pacific Islander: 23.4%
American Indian/Alaska Native: 20.6%
Multiracial: 16.5%
White: 15.3%
Hispanic: 14.6%
Black: 11.5%
Asian: 5.0%
All MS & HS students: 14.3%


- Any Tobacco Product: 35.4%
- E-cigarettes: 20.1%
- Cigarettes: 16.7%
- Smokeless Tobacco: 13.0%
- Cigars: 11.4%
- Hookah: 9.9%


- Any Tobacco Product: 9.0%
- E-cigarettes: 6.4%
- Cigarettes: 5.2%
- Smokeless Tobacco: 3.3%
- Cigars: 3.0%

PRESENTATION AGENDA: TOPIC 3

01: About the CDC Office on Smoking and Health
02: Commercial Tobacco Use Among American Indians
03: Resources to Reduce Tobacco Use
04: Youth E-cigarette Epidemic and Lung Injury Outbreak
THE OPPORTUNITY

Most people who smoke want to quit

Half make a serious attempt each year

About 1 in 14 report recent successful cessation

Treatment can double the odds of success

HOW DO WE INCREASE TOTAL LONG-TERM QUILTS IN A POPULATION?

Increase Quit Attempts

Increase Effectiveness of Evidence-Based Support

Increase Reach and Use of Evidence-Based Support

Sweet Spot
A changing environment demands innovation to expand and improve what we do to help people quit.
NATIONAL NETWORK OF QUITLINES

2004: HHS launches National Network of Tobacco Cessation Quitlines

2006: All 50 states and D.C. now offer quitline services

2007: 1-800-QUIT-NOW reaches 1,000,000 calls

2012: First-ever Tips® campaign generates more than 207,000 additional calls to 1-800-QUIT-NOW

2013: CDC and NCI establish Spanish-language quitline services

2019: 1-800-QUIT-NOW reaches 10,000,000 calls, and NAQC turn 15 years old
NEW QUITLINE RESOURCES

Five Reasons Why Calling a Quitline Can Be Key to Your Success

1. You can get help to stop smoking—free, with no judgment.

Calling a quitline can help you quit smoking.

If you are thinking about quitting smoking and would like some help, a quitline might be just what you need. Quitlines provide free coaching—over the phone—to help you quit smoking.

If you call 1-800-QUIT-NOW, you can speak confidentially with a highly trained quit coach.

Quit coaches can help create a plan that will work for you.

A quitline can help you find your own way to quit.

If you are thinking about quitting smoking and would like some help, a quitline might be just what you need. Quitlines provide free coaching—over the phone—to help you quit smoking.

* When you call 1-800-QUIT-NOW, you can speak confidentially with a highly trained quit coach.
CDC-OSH Resources and Partnerships to Help Reduce Commercial Tobacco Use Among AIs/ANs
Tips From Former Smokers®

Download free and low-cost Tips campaign resources – posters, videos, social media content – at

- [www.cdc.gov/tips](http://www.cdc.gov/tips)
- [www.plowsharegroup.com/cdctips](http://www.plowsharegroup.com/cdctips)
- [www.cdc.gov/tobacco/mcrc](http://www.cdc.gov/tobacco/mcrc)

2012 to 2018: An estimated **16.4 million people made quit attempts** and **1 million quit for good**
Support integration of tobacco dependence treatment into routine clinical care
Share the MH Tobacco Cessation Suite with clinical partners
Speak with partners about how they can do the same
PRESENTATION AGENDA: TOPIC 4

01: About the CDC Office on Smoking and Health

02: Commercial Tobacco Use Among American Indians

03: Resources to Reduce Tobacco Use

04: Youth E-cigarette Epidemic and Lung Injury Outbreak
CURRENT TOBACCO PRODUCT USE AMONG U.S. HIGH SCHOOL STUDENTS - NYTS, 2011–2018

E-cigarettes and Youth: CDC Efforts to Combat the Epidemic

Research & Surveillance
Core Surveillance
- NYTS
- YRBS
- BRFSS
- NHIS
- PRAMS

Novel Surveillance
- Web-panel surveys
- Retail sales data
- Social media

Federal Coordination
- CDC, FDA, and NIH Surveillance, research and publications, and complementary media campaigns
- HHS, Including Office of the Surgeon General

Other Federal Entities, Including:
- SAMHSA, CMS, IHS, HUD, FTC, DOJ, DOD

Communication
Resources
- Journal articles
- Web resources
- Fact sheets
- Infographics
- Social media
- Back-to-school e-cigarette awareness campaign
- In-person talks
- Webinars
- Heads-up calls

Comprehensive Tobacco Control
Investment and Guidance through the National Tobacco Control Program to
- States
- Territories
- Tribes

to use evidence-based strategies to address tobacco product use, including e-cigarettes, at the sub-national level

Partnership Engagement
MULTI-STATE OUTBREAK OF LUNG INJURIES: WHAT WE KNOW: PART I

- **2,172** lung injury cases associated with the use of e-cigarette, or vaping, products reported (*as of November 13, 2019*)
- 49 states (all except Alaska), DC, and 2 U.S. territories (Puerto Rico and U.S. Virgin Islands) reported cases
- 42 deaths confirmed in 24 states and DC
- All patients have reported a history of using e-cigarette, or vaping, products.

Data updated Thursdays on CDC’s outbreak website at [www.cdc.gov/lunginjury](http://www.cdc.gov/lunginjury)
LUNG INJURY CASES REPORTED TO CDC

As of November 13, 2019
MULTI-STATE OUTBREAK OF LUNG INJURIES: WHAT WE KNOW: PART II

• Analysis of THC-containing product samples have identified vitamin E acetate in these products.
• Vitamin E acetate may be used as an additive in e-cigarette, or vaping products
  • Resembles THC oil
  • Used as a thickening ingredient in e-liquids

This is the first time that we have detected a potential toxin of concern in biologic samples from patients with these lung injuries.
MULTI-STATE OUTBREAK OF LUNG INJURIES: WHAT WE DON’T KNOW

- No one compound or ingredient has emerged as the cause of these lung injuries to date
- All cases report use of e-cigarette, or vaping, products
- Might have more than one cause
- Many different substances and product sources under investigation
- Specific chemical exposure(s) causing these lung injuries remains unknown at this time
CDC recommends people should:

- **Not** use e-cigarette, or vaping, products that contain THC
- **Not** buy these products from informal sources, such as friends, family, or online or in-person dealers
- **Not** modify or add any substances to these products
- The only way to assure that you are not at risk is to consider refraining from **all** e-cigarette, or vaping products.
For updates, visit: https://www.cdc.gov/lunginjury

For information about collection of e-cigarette products for possible testing by FDA, contact: FDAVapingSampleInquiries@fda.hhs.gov

For information about collection and submission of clinical specimens for possible testing by CDC, see CDC’s Healthcare Provider web page

Clinicians and health officials who have questions about this outbreak can contact: LungDiseaseOutbreak@cdc.gov

If you have questions about this outbreak, contact CDC-INFO at 800-232-4636, or visit https://wwwn.cdc.gov/dcs/ContactUs/Form
QUESTIONS?

www.cdc.gov/tobacco

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health
One more thing: Please click on the highlighted link below to take the webinar survey

https://www.surveymonkey.com/r/63F59C3

Feedback will assist us in improving our services to you. It is expected that this survey will take approximately 5 minutes. Please answer all rating items that are applicable to you. Written comments and suggestions are welcomed and helpful. Thank you in advance for your participation!