

Family & Community Health News

Smoking and Recovery: Are we making it harder than it already is?

Studies show that the majority of persons in substance abuse treatment smoke cigarettes. The National Institute on Drug Abuse contends that "Until drug treatment facilities systematically treat their patients' tobacco use, millions will flow through the drug treatment system, overcome their primary drug of abuse, but die prematurely from tobacco-related illnesses." The U.S. Drug Abuse Treatment Outcomes Study found that smoking cessation was associated with drug abstinence 1 year following admission treatment. Among poly-drug users, smokers tested positive for drugs 2-5 times more than non-smokers.

Why should someone who is already struggling to overcome one addiction work to overcome another? The answer's in the question; addiction itself is the problem. Smoking is an addictive cycle and through similar mechanisms perpetuates the addiction cycle; and thus undermines efforts towards quitting drugs and alcohol. Why don't people in recovery just quit smoking? Because it's HARD! Patients experience uncomfortable physical and mental changes because the body and brain are deprived of the alcohol or drugs they are used to getting. Why is smoking so pervasive? Because it's addictive. Nicotine is a colorless and poisonous chemical, derived from the tobacco plant. is both a stimulant and a sedative and is physically and psychologically addictive. It is the most influential dependence-producing drug in

the U.S. and worldwide and it has been linked to asthma, lung disease, cancer and death. What happens when a person smokes? Nicotine alters brain chemistry and changes mood. When a person smokes, fumes containing nicotine pass through the lining of the lungs into the blood stream and circulate throughout the brain. Like with cocaine or heroin, nicotine stimulates dopamine, producing "smoker's high". Smokers also experience decreased anxiety and a feeling of control over depression.

There is an alternative to smoking that can help individuals get the same or superior results: Individual Therapy, Group Therapy and Behavioral Modification. Other alternatives involve pharmacotherapy: Bupropion SR, Varenicline and Nicotine Replacement Therapy (NRT) (patch, gum, etc). Bupropion and NRT increase odds of quitting 1.5 to 2 fold over counseling alone. Highest smoking cessation rates have been observed when pharmacotherapy is combined with intensive outpatient counseling. Drug treatment facilities need to avoid sending mixed messages and staff should avoid discouraging patients from quitting. Any treatment facility that assists patients with quitting smoking while also working towards substance abuse recovery, should be vigilant for the following: Patients with a history of depression are at higher risk of suffering a depressive episode thus monitoring drug treatment patients for depression and relapse to drug abuse during tobacco quit attempts is warranted.



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CALENDAR OF EVENTS

October 21st-23rd, 2010
CRIHB Annual Board Meeting
Hyatt, Santa Rosa
Contact: Renee Bowden
(916) 929-9761

October 28, 2010
AAIR Program Training
CRIHB Office, Sacramento
Contact: Darla Pikyavit
(916) 929-9761

November 16th-18th, 2010
RPMS Diabetes
Management System
IHS Office, Sacramento, CA
Go to this link to register:
<http://www.ihs.gov/RPMS/index.cfm?module=training&option=ClassRegistration&ClassID=1968>

Health Literacy Webinars!
Oct. 20: Making Health Information Actionable and Engaging
Reserve your Webinar seat now
<https://www2.gotomeeting.com/register/575066786>

Nov. 3: Why Culture Makes a Difference
Reserve your Webinar seat now
<https://www2.gotomeeting.com/register/774870554>

FCHS News Around the Office

CRIBB Welcomes a New Injury Prevention Specialist, Julie Adams

CRIBB is excited to welcome Julie Adams as the Health Education Specialist in the Family and Community Services Department. She recently moved to the area from Klamath California and was born in Tillamook Oregon To Sgt Wilson Adams, and Mary Gensaw. The family was then transferred to Klamath which was a blessing to her mother because it was her home town. Julie grew up on the Yurok reservation, up Requa on good old Gensaw rd. She was a very lucky girl growing up with her grandparents William Gensaw Sr, and Belle Pilgrim, whom kept teaching her and provided an understanding of her culture. She comes from a long line of fisher/gatherer's and basket makers. Julie is the very proud mother of five: Richard 19 whom attends College of the Redwoods, Elidia 16 and Melissa 15 and they are both attending Center High , Franchesca 12, and Julian 9. The transition from Klamath to Sacramento has been a learning experience for the whole family since they moved from a very rural community. The family moved to the Sacramento area for her to further her education. She transferred in-house from Elk Valley Tribal Head Start where she had worked for ten years as teaching staff. Teaching at CRIBBs Tribal Head Start was one of the most rewarding experiences of her life; not only did she get to meet a variety of families, but she also got to make and implement cultural curriculum. Working in collaboration with

local tribe's to bring Yurok and Tolowa language into the class rooms was also very rewarding. She is currently in the position as Health Specialist in the Injury Prevention program, and is looking forward to meeting and interacting with her new peers and learning all she can to make a difference with injury prevention and early intervention.



Access to
American
Indian
Recovery

Free Training on the Access to American Indian Recovery Program

October 28, 2010, 9am-4pm
CRIBB Office
4400 Auburn Blvd, 2nd Floor,
Sacramento, CA 95841

CRIBB invites you to attend the AAIR training to learn about the AAIR Program overall, how to enroll clients, how to bill, how to keep sufficient paperwork/documentation and how to perform the GPRA.

This training is for new AAIR Providers, long time AAIR providers and practitioners as well as those interested in becoming AAIR providers. For more information, contact Darla at Darla.Pikyavit@crihb.net or 916-929-9761, ext 1514.

Flu Vaccine Campaign Materials sill available

The Flu season is right around the corner, and now is a good time to begin making plans for fall/winter flu clinics. Getting people to attend your flu clinic requires advanced planning and ample promotion. Many people still need to be convinced that flu shots are necessary and safe. Engage participants weeks before the clinic date by providing information about the benefits of the vaccine. You can utilize the posters, fact sheets and materials provided by CRIBB in July and August. If you would like to offer incentives to get people to receive their flu shots we still have youth, baby and adult t-shirts available as well as magnets and book marks. If you would like to request some of these items, please call or e-mail Sarah Ponnequin at 916-929-9761 sarah.ponnequin@crihb.net.

Congratulation to our New Mom!

Adriana Kimbriel, the FCYS Youth Programs Manager, had a beautiful baby girl on August 8th at 12:35 PM. Lauren Kimbriel was born 6 lbs 14 oz and 19.5 inches long. Both baby and mom are doing well!



New Funding for CRIHB'S Injury Prevention Program

CRIHB was recently awarded an additional 5 years to address injuries and death in the AI/AN population of California through a grant from the Indian Health Services Tribal Injury Prevention Cooperative Agreement Program, (TIP-CAP). The Pathways to Injury Prevention grant will continue to work with a network of CRIHB full member Tribal Health Programs to accomplish 3 primary goals and objectives during year 1 of the five year grant period. The first goal is to provide a centralized agency and location to coordinate and disseminate injury prevention resources and expertise which will serve to assist tribes in maintaining and developing Injury Prevention capacity building activities and tools. CRIHB plans to provide continual and consistent training opportunities with the goal of increasing knowledge levels of tribal community members and clinic staff. The second goal is to increase enforcement of existing seat belt and child occupant restraint laws in rural tribal areas of California by establishing a statewide coalition to address, assist and advise Tribal Health Programs, tribes and enforcement agencies on this issue. Goal three is to increase child safety seats (CSS) and booster seat use by establishing and maintaining CSS distribution and education programs at the target CRIHB tribal Health Programs. These goals have not changed too drastically over the years since the same injuries and deaths are still occurring and there is little data to prove otherwise. CRIHB plans to address this data shortage with more vigorous collection of seat belt and car seat observations and work closely with law enforcement and clinic staff to increase data collection.

CRIHB encouraged all member programs to apply for this funding, however, we only know of one program that applied and we are happy to report Tule River Indian Health Program was also awarded TIPCAP funding. They are under a special category of funding since they are a new program and CRIHB is looking forward to working with them to get their program up and running. Building capacity has remained a long term goal of CRIHB's injury team and the rewards are paying off. Congratulations, Tule River!

In addition to the TIPCAP funding, an award was received from the CDC for CRIHB to work specifically with Tribal Police to address seat belt and car seat usage on tribal lands. A coalition will be formed within the communities consisting of tribal health clinic staff, local law enforcement, county public health officials, California Highway Patrol, Indian Health Service and other outside agencies interested in traffic safety to strategize best practice methods to address motor vehicle safety and receive car seat technician training and assist with media development. Please contact Barbara Hart or Julie Adams at CRIHB for training or additional information. These new goals and program funding make it an exciting time to be part of the CRIHB's Injury Prevention Program!



Buckle Up!

Reasons to Eat Winter Squash

One serving of cooked winter squash provides:

- * An excellent source of Vitamin A, most in the form of beta carotene. Vitamin A is a central component for healthy vision and the antioxidant beta carotene helps fight off cancer-causing free radicals.
- * An excellent source of Vitamin C and a good source of potassium.
- * Six grams of dietary fiber, an excellent source for this complex carbohydrate.
- * Squash are members of the gourd family.
- * Winter squash have hard shells, inedible skins and large seeds.
- * Some varieties include pumpkin, butternut, acorn, spaghetti, banana, kabocha and turban squash.

ROASTED BUTTERNUT SQUASH

Ingredients:

(Makes 4 servings at $\frac{3}{4}$ cup each)

- 2 pounds butternut squash
- 1 tablespoon vegetable oil
- 1 teaspoon thyme
- 1 teaspoon sage
- 1 teaspoon salt
- Nonstick cooking spray



1. Preheat oven to 425 F.
2. Peel squash with vegetable peeler and cut in half lengthwise. Remove seeds and cut squash into cubes.
3. In a bowl, toss squash with oil and seasonings until well coated.
4. Spray a cookie sheet or roasting pan with nonstick cooking spray and spread squash cubes in a single layer.
5. Bake for 45 minutes or until tender.
6. Serve warm.

Funded by the USDA Supplemental Nutrition Assistance Program. • California Department of Public Health

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