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Grady Trying To Clear The Air Hospital's Program Is Aimed At Getting African-Americans To Give Up Smoking

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Ronald Lewis is contemplating the impossible: Can he give up his best friend, the one he's spent almost every day with since he was 14? He's 37 and they've been together longer than they've been apart.

"It's an addiction," says Lewis, who has no illusions about his cigarette habit. "I yearn for it."

Tobacco always has been a close friend and supporter of African-Americans like Lewis. The industry contributes to the Dance Theater of Harlem, the African-American art exhibit at the High Museum in Atlanta and a number of black theater groups and festivals nationwide. It also advertises heavily in Jet, Ebony and other magazines that target black readers. It's in every neighborhood, at the corner store, on billboards.

But it has been a costly friendship for blacks, contributing to smoking and cancer rates that soar above those for whites.

A new Grady Health System program hopes to help all smokers, but particularly African-Americans, turn their backs to this longtime buddy.

"African-Americans try to quit more [often than whites], but they're not successful for a variety of reasons. The obvious one is that it's an addiction, you need education, you need behavior modification," says Dr. Jasjit S. Ahluwalia, director of Grady's Center for Smoking Cessation and Tobacco Control.

Grady's center, open since Jan. 1, is among the most ambitious of big city public hospitals, says Ahluwalia, who also is an Emory University professor of medicine. As the principal safety net for the poor, inner city hospitals must devote most of their resources to trauma care and to treating illnesses, not to preventing them.

The clinic provides free one-on-one counseling, written educational materials, videos and follow-up support. Nicotine patches are prescribed for smokers who feel they need-and can afford to pay for-them.

While all smokers are welcome, the clinic is developing materials aimed at African-Americans, who often don't respond to stop-smoking programs that work for whites.

"Blacks frequently aren't provided with relevant materials and programs, and that makes it more difficult for them to quit," says Dr. Michael Eriksen, director of the Centers for Disease Control and Prevention's Office on Smoking and Health.

Studies have shown that blacks who smoke the same number of cigarettes daily as whites have much higher nicotine levels in their bloodstreams, which may indicate their bodies don't metabolize the drug as efficiently. They also tend to smoke brands with higher tar and nicotine levels and mentholated brands such as Kool, Newport and Salem. Menthol has a soothing, anesthetic effect that may allow smoke to be drawn deeper into the lungs.

More black adults than white adults smoke-34 percent vs. 29 percent- and blacks have higher death rates from smoking-related diseases-lung, esophageal and oral cancer, heart disease, stroke and emphysema.

But not all the news is bad. The success story is in African-American teens, whose smoking rate has plummeted in the past 20 years. A 1992 survey of daily cigarette use among high school seniors found 19 percent of white males and 20 percent of white females were smokers, but only 6 percent of black males and 1.4 percent of black females smoked, Eriksen says.

A number of forces in the black community probably share credit for the decline, he says. Among them:

- An emphasis on sports and sports role models.
- A strong religious presence, particularly a rise in the Muslim faith that believes smoking and drinking defile the body.
- A belief that smoking is disrespectful to parents.
- A feeling among teens that tobacco companies have been preying on the black community by promoting harmful products.

And what's encouraging, he says, is that trend may be gradually shifting to young black adults, ages 18-24. "This is an extremely important shift," he says, because only about 30 percent of African-Americans smokers are successful at quitting. More than 45 percent of whites eventually succeed, studies by the CDC show.

The smoking cessation center's full-time counselor, Mary Swierzynski, offers clients strategies to help them quit and, in weekly sessions, moves them through the stages of change-precontemplation, contemplation, planning, action and maintenance.

"I tell them, when you go out that door, I want you to start thinking of yourself as a nonsmoker," she says.

"It's behavior modification, like thinking, 'I'm so fat, I'm so fat,' but if I start thinking that 'I'm trim and I'm healthy,' what would a trim, healthy person do? Rather than, 'I'm fat, so I'll have these four eclairs, because I'm fat and it's really what I want.' "

Lewis, who made his first visit to Grady's center a few weeks ago, hasn't quit smoking, but he's thinking about it, and his teenage son is urging him to. "When he stops, that's a question yet, and he will decide that, and he's close, very close," Swierzynski says. "It's all a matter of getting to the stage at which you decide you want to do that. Every step is very important."