

BE Healthy

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Boston Public Health Commission

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The deadliest of habits: Despite decades of warnings, smokers still lighting up

The good news is that there is now some help for smokers.

A new prescription medication, Chantix, promises to help curb the addiction to nicotine. Chantix, manufactured by Pfizer Inc., received U.S. Food and Drug Administration approval in May, and is now available through many health plans, including MassHealth.

In two recent studies published in the Journal of the American Medical Association, Chantix proved to be more effective in smoking cessation than a placebo or Zyban, one of the first-line drugs currently available on the market. During three test periods in one study, Chantix proved to be more than twice as effective as the placebo and roughly 50 percent more effective than Zyban in curbing smoking.

Chantix has proven to be a safe and well-tolerated medication and promises effective management of smoking cessation.

One of the studies was conducted by Dr. Nancy Rigotti, director of the Tobacco Research and Treatment Center at Massachusetts General Hospital.

Smoking is now still a major health problem across the globe and will be for the foreseeable future. By 2010, the World Health Organization predicts the annual global cost of tobacco-related illness will

be about \$500 billion.

In this country alone, more than 434,000 people die each year from smoking-related diseases.

But more startling is that of the estimated 44 million Americans who smoke, about 70 percent claim they would like to quit, and another 40 percent actually try. But in a given year, federal officials said, fewer than five percent are successful.

By now, most smokers know the risks.

Lung cancer is the second most common cancer in both men and women, but the deadliest cancer in both sexes. Overall, more people die of lung cancer than colon, breast, and prostate cancers combined, and more women die of lung

cancer than breast, ovarian, and cervical cancers combined.

And for those still in denial about the harmful effects of smoking, cigarette smoking accounts for 87 percent of lung cancer deaths and roughly one-third of all cancer deaths.

The reason is pretty obvious. Cigarettes contain more than 60 carcinogens, or cancer-causing agents, as well as 4,000 substances, some of which are poisonous to the body.

One of the ingredients, tar, which includes the majority of the cancer-causing chemicals in tobacco smoke, is particular-

ly evil, and so-called “low-tar” cigarettes provide no protection against lung cancer. The carcinogens attack the rectangular-shaped cells that line the airways of the lungs, causing them to reproduce uncontrollably. The lungs’ healthy cells try to fight back, but over time, cancer cells often win the battle. Worse, those cancer cells can and do spread — usually to the brain or bones.

Another active ingredient in tobacco is the addictive drug nicotine. With each cigarette the typical smoker inhales as much as two milligrams of nicotine. It’s that drug that spreads through the blood stream to the part of the brain that triggers feelings of pleasure. The immediate physiological response is an increase in blood pressure, respiration, heart rate, and blood glucose level.

Similar to other drugs, like heroin and cocaine, these feelings of pleasure dissipate quickly, leaving cravings for more nicotine. As the body adapts to the nicotine, smokers often increase the number of cigarettes to continue to get a “kick” from the drug.

In recent years, nicotine levels in cigarette smoke have increased. A recent report by the Massachusetts Department of Public



According to the National Cancer Institute, cigarettes contain over 4,000 chemicals, including substances that are toxic to the body and carcinogens, or cancer-causing elements.

Health indicated that the nicotine yield — the amount of nicotine in inhaled smoke — has risen roughly ten percent in U.S. cigarettes between 1998 and 2004. One of the greatest percentage increase was found in Kool menthol cigarettes, a very popular brand smoked by blacks.

It’s not surprising then, given the higher levels of nicotine yield found in Kool and other menthol cigarettes, that blacks die from lung cancer at higher rates than whites, even though more whites than blacks smoke in the United States. Accord-

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Quitting ain't easy

She knows.

Shelley MacAllister knows what it’s like to be a smoker.

She knows about the need in the morning. And after a meal. And with a cup of coffee. Or a drink.

She knows about standing in the cold or in the snow, shivering in some alcove with some other hapless soul, puffing away, knowing that every drag from every cigarette should be the last.

But it isn’t.

There’s always something else. And then the morning to stop doesn’t come. Not for smokers. The lungs don’t lie. Nor do the statistics on the number of smokers.

MacAllister quit when she became pregnant. She had smoked about a pack a day for seven years. And now she has been clean for the last ten — the age of her son.

“I know, without a doubt, I will never smoke again,” she said. “Never. I know there is enjoyment in smoking. But it’s an albatross. You feel like an idiot.

It’s almost like a prison.”

It’s a burden all right. The smell. The little exaggerated coughs from non-smokers — or their rapidly fanning hands — as if inhaling a little cigarette smoke was the same thing as breathing in the E. coli virus.

Geez.

Unfortunately, they are more right than wrong. Second-hand smoke is a killer too. But then again, we already knew that.

So just how does one quit these days?

MacAllister answers that question almost every day. She works at a telephone counseling service to help smokers. She started as a counselor and is now a manager at Quitline, a service that is part of the American Cancer Society’s National Cancer Information Center (1-800-227-2345). The Quitline is available seven days a week, 24 hours a day.

“I know how hard it is to quit,” she said. “I have asthma, and I can remember sitting in the emergency

room, barely able to breathe, and the only thought that I had in my head was when I could go home and have a cigarette.”

The first step, she said, is understanding that quitting requires several serious attempts.

“People are very surprised to learn that it takes on an average three or five quit attempts,” she said before explaining that running out of a pack of cigarettes is not a “serious” quit attempt.

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A Grim Statistic

Type of Cancer	Estimated New Cases in 2006	Estimated Deaths in 2006	5-Year Survival Rates*
Prostate	17 %	9 %	33.5 %
Breast	15 %	7 %	26.1 %
Lung	12 %	29 %	2.1 %
Colorectal	11 %	10 %	9.7 %

*For cancers that have spread to distant parts of the body

Source: American Cancer Society, Cancer Facts and Figures 2006. Atlanta: American Cancer Society; 2006.

November 2006
S M T W T F S
1 2 3 4

November is Lung Cancer Awareness Month

Blue Cross Blue Shield Community Volunteers



Isabella Harris of Mattapan (left) joined Dorchester residents Stephanie Bittle (middle) and Angela Seton-Wright (right), along with a group of their co-workers and colleagues from Blue Cross Blue Shield of Massachusetts (BCBSMA), in spending a day earlier this



year beautifying the Codman Square Health Center in Dorchester. The volunteers worked through the company's BlueCrew program, which offers the health insurer's employees the opportunity to take one paid day out of work to volunteer in the community.

Employees' Catalyst Fund

The Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation is currently accepting applications for the Catalyst Fund. Catalyst Fund grants are available up to \$3,500 and are awarded to health care and community-based organizations that deliver health care programs to uninsured and low-income people in Massachusetts.

The grants fund one-time expenses that support an organization's capacity to fulfill its mission, including infrastructure improvements, strategic planning, grant writing, community outreach, website development, computer equipment, and special funding for the purchase of

automated external defibrillators. Eighty-nine organizations in Massachusetts have received Catalyst Fund grants totaling \$303,993, including Healthy Malden, in Everett, which received a grant for \$2,500 to hire a grant writer and raised more than \$1 million for its health programs. Partners in Health, located in Dorchester, was awarded a grant to organize and implement a three-day leadership development retreat for 30 inner-city teens who are peer educators focused on HIV/AIDS prevention, STDs and substance abuse issues.

The Catalyst Fund was created in 2002 and is entirely funded by contributions from employees at Blue Cross Blue Shield of Massachusetts. The BCBSMA

Foundation accepts Catalyst Fund applications throughout the year and they are reviewed every month. **Guidelines and applications are available at www.bcbsmafoundation.org. For more information, please contact Angela McCoy, at the BCBSMA Foundation, (617) 246-4850.**

Local recipients of Catalyst grants include:

- Boston Urban Asthma Coalition
- Crispus Attucks Children's Center

- Geiger Gibson Community Health Center
- Harvard Street Neighborhood Health Center
- Neponset Health Center
- Partners in Health
- Massachusetts Community Health Worker Network
- Urban Medical Group
- Boston Institute for Arts Therapy
- The Family Van
- Whittier Street Health Center

If 44 million people can do it,
you can too.

That's the number of Americans who proudly call themselves "former smokers." At Blue Cross Blue Shield of Massachusetts, we know quitting isn't easy, but it is possible. And you don't have to do it alone.

Massachusetts residents:
For free telephone counseling and written materials to help you quit, go to www.trytostop.org or call 1-800-TRYTOSTOP.

www.bluecrossma.com



MASSACHUSETTS

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Insurance Benefits for Smoking Cessation

More than 9,000 Massachusetts residents die each year from tobacco-related causes, making smoking the leading cause of preventable death and illness in the state, as well as the nation. In response, more and more health insurance companies are offering coverage for smoking cessation programs and encouraging their members to make use of them.

According to the National Center for Chronic Disease Prevention and Health Promotion, smoking cessation treatments have been found to be safe and effective. These include counseling and medications, or a combination of both. There are currently more than ten nicotine replacement therapies on the market, but some are available by prescription only, and many are expensive.

Fortunately, the number of health insurers in Massachusetts that are providing smoking cessation benefits is increasing. In July 2006, MassHealth began providing members with individual and group tobacco cessation counseling and nicotine replacement therapy. Many private insurers also cover these methods for quitting. Nicotine replacement therapies such as nicotine gum, lozenges and the patch are available over-the-counter, while other therapies such as a nicotine inhaler or nasal spray are available by prescription.

One of the most effective ways to help people quit is through counseling with their physician. Health plans, in partnership with the Massachusetts Department of Public Health (DPH), have created a program called Quitworks to assist physicians in enrolling their patients into the free DPH telephone counseling program called Trytostop. More information can be found at www.quitworks.org. Although talking with your physician about quitting and accessing the state's free resources is highly recommended, you can also learn more on your own by visiting www.trytostop.org or calling 1-800-TRYTOSTOP.

To learn more about smoking cessation benefits available to you, contact a customer service representative at your health insurance provider.

Lung Cancer

Questions & Answers



Joseph R. Betancourt, M.D.

Director of the Disparities Solution Center, Massachusetts General Hospital

1. Is it safer to smoke cigars or pipes or use smokeless tobacco than to smoke cigarettes?

Smoking cigars or pipes also increases the risk of lung cancer. Cigars, for example, contain the same addictive, toxic and cancer-causing compounds found in cigarettes. In fact, cigar smokers may spend up to an hour smoking a single large cigar that can contain as much tobacco as a pack of cigarettes. Studies show that men who smoke at least five cigars a day and report moderate inhalation, experience lung cancer deaths at about two-thirds the rate of men who smoke

one pack of cigarettes a day. Cigar smokers experience higher rates of lung cancer, heart disease, bronchitis, and emphysema than nonsmokers. Studies show that men who smoke at least three cigars a day are two to three times more likely to die of lung cancer than non-smokers.

Smokeless tobacco also causes significant health risks and is not a safe substitute for smoking cigarettes. It contains the same chemicals as cigarettes and can still lead to nicotine addiction and dependence. Holding one pinch of smokeless tobacco in your mouth for 30 minutes delivers as much nicotine as 3 to 4 cigarettes. Smokeless tobacco contains 28 cancer-causing agents and also increases the risk of developing oral cancer compared to cigarette smoking.

2. Why are there no screening tests available for lung cancer?

Screening tests are effective because they are able to easily detect cancers. There is no easy test to detect lung cancer, and doing yearly chest x-rays hasn't been shown to be effective.

To date, there is no one test considered the "gold standard" for early lung cancer detection. Unfortunately, lung cancer is most often diagnosed after signs or symptoms develop, at a late stage, when the cancer has already begun to spread.

3. Is there a relationship between diet and physical activity and lung cancer?

It is possible that individuals who are physically active have a 30 percent to 40 percent reduced risk of developing lung cancer. The possible link between physical activity and lung cancer is based on a limited number of studies that have found higher rates of lung cancer among those who are physically inactive compared to those who are active, after accounting for smoking status. The relationship between physical activity and lung cancer risk is less clear for women than it is for men. Research to date has not found any link between diet and lung cancer.

4. Does cigarette smoking effect men and women differently?

Although damaging for both men and women, research suggests that smoking is more damaging for women. Women are more susceptible to tobacco-induced cancer and heart disease than men. Compared to those who have never smoked, women aged 35-52 who smoke 20 cigarettes per day have six times the chance of having a heart attack, while men in the same age group have three times the chance of having a heart attack. This may be due to the fact that smoking appears to increase levels of "bad" cholesterol in women much more so than in men. Women who smoke are also more likely to develop chronic bronchitis, emphysema, and diabetes than men.

RISK FACTORS

Smoking

Smoking is responsible for almost 90 % of all cases of lung cancer

Secondhand smoke

The June 2006 report of the Surgeon General concluded that there is no risk-free level of exposure to secondhand smoke.

Occupational and environmental exposure

People routinely exposed to certain products, such as radon, a colorless gas often found in the home, and asbestos, used in brake repair and shipbuilding, are at increased risk, especially if they smoke.

Industrial exposure

Risk increases for people exposed to certain industrial chemicals, such as cadmium, uranium, and arsenic.

Personal or family history

A person who has had lung cancer or has a parent or sibling with lung cancer may be at increased risk.

Tuberculosis

Those with lung diseases, such as tuberculosis (TB), are at higher risk.

Healthy lung



Emphysema lung



Cancerous lung



Source: American Lung Association.

The major purpose of the lungs is the exchange of gas. We breathe in oxygen and breathe out carbon dioxide, a waste product. Oxygen is essential to the body – it provides the fuel our cells and organs require to function.

Cigarette smoking can eventually cause uncontrolled reproduction of cells in the lung, which results in cancer, or destruction of tiny air sacs, which results in emphysema. While healthy lung tissue is pink in color, lungs with emphysema or cancer are black.

Signs and Symptoms

- ◆ Persistent cough
- ◆ Blood-streaked sputum
- ◆ Constant chest pain
- ◆ Repeated bouts of pneumonia or bronchitis
- ◆ Shortness of breath, wheezing, or hoarseness
- ◆ Fatigue
- ◆ Loss of weight or appetite

Source: National Cancer Institute

Screening 101

- There is no effective screening for lung cancer
- The best way to prevent lung cancer is to not smoke or breathe in the smoke of others
- The risk of lung cancer depends on the number of cigarettes smoked a day, the number of years of smoking, and how deeply you inhale
- If you have smoked 20 cigarettes (one pack) a day for 15 years and paid about \$5 a pack, you have smoked 109,575 cigarettes at a cost of \$27,320
- Reduced tar or light cigarettes do not reduce the risk of lung cancer
- Roughly 60 % of people diagnosed with lung cancer die within one year of diagnosis
- If lung cancer has spread to distant parts of the body, the 5-year survival rate is 2%.
- If you stop smoking before lung cancer begins, the lungs return to normal

Source: American Cancer Society.

Healing the racial divide in health care

Dr. Joseph Betancourt wrote the book on health care disparities. Now he's trying to erase them.

When Joseph Betancourt was in medical school, he often saw children acting as interpreters for family members who did not speak English. Originally from Puerto Rico, and as the only Spanish-speaking medical student on his team, he had to interpret for hospitalized patients.

Years later, Joseph Betancourt, MD, MPH, co-authored a landmark study by the Institute of Medicine that found striking inequities in health and health care for racial and ethnic minorities across the US.

When Massachusetts General Hospital president Peter Slavin, MD created the Disparities Solutions Center at MGH, he chose Dr. Betancourt to lead it. "It is time to move from diagnosing the problem to treating it," said Dr. Slavin.

The MGH Center is the first hospital-based Disparities Solutions Center in the country to move disparities beyond research into policy and practice. It has \$3 million in support from MGH and Partners HealthCare.

The Disparities Solutions Center will:

- advise MGH in its efforts to identify and address racial and ethnic disparities in care;
- develop and evaluate customized solutions to



eliminate disparities in the health care community in Boston and beyond;

- educate, train and expand the number of leaders working to end disparities nationwide.

Perhaps most important, the center will transfer what it learns to hospitals and health centers, community groups, insurers, medical schools, educators, government officials, and of course, physicians and nurses across the country.

One of the Center's first efforts is the new Diabetes Management Program at the MGH Chelsea Health Care Center, where more than 50 percent of patients are Latino. Latinos are more likely than whites to die from diabetes complications including kidney failure, blindness, heart disease, and amputations.

MGH Chelsea health professionals will help patients control their diabetes, get regular screenings, and prevent complications through telephone outreach, individual coaching, and group education sessions in English — and Spanish.

Translating talk into action is what Dr. Betancourt has been doing all his life.

More information at Boston Public Health Commission at www.bphc.org

BRIGHAM AND WOMEN'S HOSPITAL

PARTNERS
HEALTH CARE
A charitable non-profit organization

MASSACHUSETTS GENERAL HOSPITAL

A Quiz for the LADIES

What is the deadliest cancer in females?

- Breast Cervical
Ovarian Lung

Although breast cancer is more common and has a greater emotional toll, lung cancer is the deadliest cancer in females. In a given year, lung cancer kills more women than breast, ovarian, and cervical cancers combined.

Smoking

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ing to the National Cancer Institute, the death rate for black men was 32 percent higher than that for white men between 2000 and 2003.

In Boston, black men have a slightly higher death rate from lung cancer than white men, while the rate in black women trails behind that of white women.

A recent study published in the *New England Journal of Medicine* offers a partial explanation for the disparities. Among light to moderate smokers, African Americans and Native Hawaiians had significantly higher risks for lung cancer than whites, Japanese Americans, and Latinos. But for all heavy smokers, the risks of cancer are similar. The authors of the study suggest differences in the metabolism of nicotine as one possible explanation, as well as the depth and frequency of inhalation as another.

While further research is required, one thing is clear. Smoking is among the deadliest of addictions, regardless of race or gender.

It increases the risk of 15 other cancers, cardiovascular disorders, and chronic obstructive pulmonary disease, or COPD. The fourth leading cause of death in this country, COPD is a term referring to two diseases — emphysema and chronic bronchitis. In both diseases, the flow of air into and out of the lungs is obstructed. The symptoms of both are cough and shortness of breath, while sufferers of chronic bronchitis also produce increased mucus.

While blacks in Massachusetts are half as likely to die of COPD than whites, living

with the disease severely reduces the quality of life. Sufferers may require supplemental oxygen in order to breathe more easily, and the complications of the disease can impair social activities, physical exertion, and the ability to work.

Being a non-smoker does not make a person immune from lung cancer. Second-hand smoke contains the same chemicals and carcinogens contained in active cigarette smoke, and are emitted by not only a burning cigarette but also the exhaled smoke.

A U.S. Surgeon General report determined that there are substantial health risks from second hand smoke. Children who are exposed to second hand smoke are at increased risk for complications of asthma, sudden infant death syndrome (SIDS), and severe respiratory illnesses. It is estimated that a non-smoking woman has a 24 percent increased risk of lung cancer from living with a smoker and a 16 percent increased risk from workplace smoking. Roughly, 38,000 people die each year from lung cancer and heart disease because of second hand smoke.

A vaccine, NicVax, which hopes to block the ability of nicotine to enter the brain, thus eliminating the pleasure associated with smoking, is under investigation. According to National Institute on Drug Abuse Director Dr. Alan I. Leshner, "If people found tobacco less rewarding, they would be less likely to continue using it. Ultimately, however, our best treatment for nicotine addiction is prevention."

And getting smokers to quit. Today.

Smoking Increases the Risk of ...

- Cancer of the
 - Nasal cavity (nose)
 - Sinuses
 - Lip
 - Mouth
 - Pharynx (throat)
 - Larynx (voice box)
 - Lung
- Esophagus
- Stomach
- Pancreas
- Bladder
- Kidney
- Uterine Cervix
- Blood (acute myeloid leukemia)
- Heart Disease
- Stroke
- Cardiovascular Disease
- Chronic Bronchitis
- Emphysema
- Miscarriage
- Low birth-weight babies

FREE SCREENING

What: Lung Function Test (Spirometry)
When: November 16th (Great American Smokeout)
Where: Brigham & Women's Hospital lobby
75 Francis Street, Roxbury Crossing
Time: 7AM-6PM

Spirometry is a simple test that measures the flow of air into and out of the lungs, and can help detect the damage caused by smoking.

FREE* SMOKING CESSATION PROGRAMS AND INFORMATION

Organization	Method	Contact Information	Availability
American Cancer Society	Telephone	(800) ACS-2345	24 hours a day
American Lung Association	Telephone	(800) 586-4872 option 2	M-F 8AM - 8PM
American Lung Association	Internet	www.lungusa.org	24 hours a day
Brigham & Women's — Faulkner Hospital*	Classes	(617) 732-8983 Call to preregister.	8-week program
Brigham & Women's Hospital*	Classes	(617) 732-8983 Call to preregister.	8-week program
Great Start: American Legacy Foundation (support program for pregnant women)	Telephone	(866) 667-8278	7AM - 1AM
Mass General Hospital Tobacco Treatment Service*	Classes	(617) 726-7443 Call to preregister.	7-week program
National Cancer Institute	Instant Messaging	https://cissecure.nci.nih.gov/livehelp/welcome.asp#	M-F 9AM - 11PM
National Cancer Institute	Telephone	(877) 448-7848	M-F 9AM - 4:30PM
National Cancer Institute (pre-recorded messages)	Telephone	(800) 4-CANCER	24 hours a day
QuitNow	Telephone	(800) 784-8669	M-Th 9AM - 7PM F 9AM - 5PM
Quit Tips Line (pre-recorded messages)	Telephone	(800) 943-8284	24 hours a day
Smokeyfree.gov	Internet	http://www.smokeyfree.gov/	24 hours a day
Trytostop.org	Internet	www.trytostop.org	24 hours a day
Try To Stop Tobacco Resource Center	Telephone	(800) 879-8678	M-Th 9AM - 7PM F 9AM - 5 PM

* Fee may be required. Call for information.

MacAllister

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It's serious when you pick a date — say one month from today — and have what MacAllister described as an action plan.

"People need to stop and think about how much smoking is a part of their lives," she said. "You have to break it down. What are the toughest situations? Is it the first thing in the morning? Is it before a job interview? The next step is to then figure out what you are going to do to replace having that cigarette. It could be little things like take a shower first before smoking. Or removing the ashtray from the car and having a straw or chewing gum nearby."

The point, MacAllister explains, is that smoking is an addiction and a habit. The chemical dependency will go away over time. But breaking bad habits requires establishing new ones, healthier ones.

"The good thing is that most people already have thought about quitting and have good ideas about how to stop," MacAllister says. "There is no one-size-fits-all solution."

The telephone counseling service comprises four or five telephone calls that last anywhere from 20 to 40 minutes, depending on the session.

"We tailor our counseling sessions for the individual and what the smoker needs," she said. "Some people just need to talk. Others need a lot of information and education. But the bottom line is that

most people already know the reasons. They just need to know how to quit. They need support."

MacAllister said the counselors don't randomly call and interrogate clients. When you call you are assigned a counselor who then calls you according to your arrangements.

"They are not judgmental," she said. "They will ask how's it going and if the person says they have slipped then the counselors will say that's OK but when are we going to get back on track? They are there to help, not be another person who does not understand why it's taking so long for you to quit. Most people feel that they have an ally."

So far, the program is working. At one point in Massachusetts alone, MacAllister said, they were receiving about 100 new telephone calls a month.

The benefits of quitting today are enormous. Within 20 minutes, your heart rate goes down. Within 12 hours, the carbon monoxide level in your blood drops to normal. Between three weeks and three months, your circulation improves and lung function increases.

It gets better. A year after quitting, the risk of coronary heart disease is half that of smokers. Ten years after quitting, the lung cancer death rate is about half that of a continuing smoker. In addition, the risk of cancer of the mouth, throat, esophagus, bladder, cervix and pancreas decreases. Fifteen years after quitting, the risk of coronary heart disease is that of a non-smoker.

These statistics are not hearsay. They come from a report of the Surgeon General, published in 1990.

But quitting is tough.

MacAllister said withdrawal is very real, and for most people, using an over the counter Nicotine Replacement Therapy

(NRT) — gum, lozenge, or the patch — can ease the pain. Other drugs, such as Zyban and Chantix, are also available, but only with a doctor's prescription. Fortunately, smoking cessation drugs are now covered by many health plans, including MassHealth.

With a nicotine replacement, the smoker is twice as likely to quit. However, when relying on the quitline alone, the quit rate is only 20 percent greater than

going cold turkey. Of course the combination of the telephone service and a NRT improves even further the chance of successfully quitting — and staying quit.

It wasn't easy for MacAllister. Her boyfriend at the time smoked as well. And when she became pregnant — and had to quit — the stench of cigarette smoke made her ill. He eventually quit, but it took time.

"It has to be in your head," she said. "You can't quit because of your parents or your children or your friends. You have to quit for you."

She has heard the wheezing over the telephone lines. She has heard the coughing. She had one lady tell her about a disease she had contracted from smoking and doctors were forced to remove part of one of her lungs. She still smoked.

"Cigarettes have a powerful hold on people," she said.

She has also heard the good stories. "One woman must have been about 60 years old," MacAllister said. "She said she smoked about three packs a day. She just always had a cigarette either in her hand or in an ashtray."

The woman smoked liked that for about 30 years.

She quit.

It didn't happen the first time. Nor the second.

But she quit.

"She just couldn't believe that she would be able to do it," MacAllister said. "She is so pleased with herself."

"It has to be in your head. You can't quit because of your parents or your children or your friends. You have to quit for you."

— Shelley MacAllister