

Winning by quitti^{ng}

Smokers have more options than ever in the fight to kick the habit.



By Heather J. Chin
INQUIRER STAFF WRITER

Nina Ball regularly walks by a row of smokers outside the charter school in North Philadelphia where she helps youths find jobs and get into college. A year ago, she might have bummed a cigarette there.

But today, after a series of group counseling and fitness sessions at a local health clinic, she hopes she has replaced her addiction to nicotine with another obsession: a drive to write and perform poetry.

"When I'm keeping busy with things I love, I feel less of a need to smoke," said

Ball, who ditched her Marlboro Menthol 100s 10 months ago.

As Ball learned, the methods to stop smoking are growing. A few programs offer group counseling and fitness together — to counter fears of weight gain and encourage overall health — along with nicotine replacement products and drugs. Most sessions are free, courtesy of the money that tobacco firms pay yearly to states to cover smokers' health-related costs.

Insurers also may cover some prescription drugs for those enrolled in a state-sponsored cessation program.

Hospitals, in addition, are pushing smoking cessation to their patients. Stud-

ies suggest that they are likelier to quit when the health risks are high.

Each year about 443,000 people die from smoking nationwide, including about 20,000 Pennsylvanians and 11,000 New Jersey residents.

The habit, the nation's leading cause of preventable death and disability, remains surprisingly persistent. Twenty-seven percent of adult Philadelphians smoke "every day or some days," according to a survey by the Public Health Management Corp.

About 18 percent of Pennsylvania teens smoke, and 18,400 children under age 18 start smoking every year.

See **QUITTING** on D2

Passing cigarette ads on North Broad, Nina Ball enjoys a swig of water. A key to quitting, she says, is "keeping busy with things I love."

AKIRA SUWA / Staff Photographer

Those dollars get around.

Cocaine traces contaminate 90 percent of U.S. currency

Drug dealers are known for laundering money.

But if new research is any indication, they don't do a very thorough job of it.

A chemical analysis of paper currency revealed traces of cocaine on 210 out of 234 U.S. bills sampled. That's nearly 90 percent of the total — the highest rate among five countries studied.

The amounts found were not enough for someone to get high, says study leader Yuegang Zuo, a chemistry professor at the University of Massachusetts at Dartmouth. The largest quantity of cocaine was 2,530 micrograms — less than one ten-thousandth of an ounce — found on a Canadian bill. Many bills were contaminated with far smaller amounts.

Still, the results could be a starting point for studying the spread of drug abuse, Zuo says.

The cocaine could have gotten on the bills because the money

had been used in a drug transaction at some point, or perhaps because it was rolled up and used to sniff the illegal substance, according to the researchers.

Much of the money probably had no direct contact with the drug at all, but was contaminated when processed alongside "dirty" money in banks' counting machines.

The analysis was conducted using the techniques of gas chromatography and mass spectrometry.

The 234 U.S. bank notes were taken from 18 cities, not including Philadelphia. Money from Detroit and Orlando had the highest rates of contamination, at 100 percent. In Washington, the figure was 95 percent.

The intoxicating results were to be presented last night at the American Chemical Society meeting in Washington.

— Tom Avril



Staff photo illustration

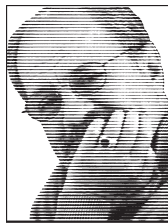
Accepting your role in causing their pain

Dear Dan, I have been married for 20 years, and the majority of them have been unhappy. My husband has been controlling and unloving. And we have two adolescent children.

Recently, a very good friend confessed his feelings for me. I, too, had the same feelings for him. Over several months, we tried desperately to break our relationship off and go back to our spouses.

Finally, after months of struggle, we both separated from our spouses. We then both told our spouses about the affair, and several days later I told my children about it.

After struggling with this for See **ASK DAN** on D2



Dan Gottlieb
Ask Dan



TOM GRALISH / Staff Photographer

Nino Pesce, who is blind, bags groceries at the Giant supermarket in Bensalem. He also teaches eye doctors what it's like to be blind.

Blind man teaches others how to thrive with a loss

As summer sends Philadelphians to the Shore, an influx of new denizens is populating the city: medical school graduates. Now called *residents*, these newly minted doctors are just reaching the most intensive part of their training.

I started my ophthalmology training at Wills Eye Institute two years ago. We had a month-long crash course in ophthalmology, including how to examine the eye and how to prescribe glasses for patients. Several nationally renowned Wills doctors then lectured on the basics of the retina, cornea, and other parts of the eye.

These essentials sent us off to

Rachel K. Sobel
Scrubbing In



the clinics well-grounded. We learned more as we went along. One thing we'll never stop learning: How do you help patients who are losing their vision, despite your best efforts?

Our last session, with a man named Nino Pesce, now 74, of Bensalem, remains with me.

See **SCRUBBING IN** on D3

Rachel K. Sobel, a third-year resident of the Wills Eye Residency Program at Thomas Jefferson University, writes about her experiences every other week.

ARTS & ENTERTAINMENT

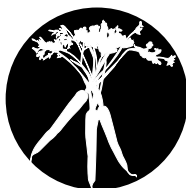
Brad Paisley: At Susquehanna, the country star sticks to his script. **D4.**

Passion Pit: The band's first area appearance is a real sizzler. **D4.**

Personal Health

Diet and exercise combined may lower risk of Alzheimer's

Eating healthy foods and being physically active help stave off Alzheimer's disease, researchers report in the current Journal of the American Medical Association. Doing both is even more beneficial. The researchers asked 1,880 elderly New Yorkers about their diet and exercise habits every year and a half for up to 14 years. Those who followed a Mediterranean-style diet and walked for four hours each week, for example, had about one-third the Alzheimer's risk of their sedentary, steak-loving counterparts. The Mediterranean diet — traditional in Greece and Southern Italy — is heavy on fruits, vegetables, grains, fish, and olive oil. It also includes moderate alcohol consumption. Red meat, poultry, and saturated fats such as butter and lard are eaten seldom, if at all. The scientists scored on a scale of one to 10 how "Mediterranean" each participant's diet was. According to the authors, this study is the first to show how the combined effect of diet and exercise reduces Alzheimer's risk. — Karen Knee



Little evidence that antivirals do much to fight children's flu

With more than 40 percent of preschoolers and 30 percent of school-age children infected during a typical flu season, and complications such as worsening of asthma symptoms common, many parents turn to antiviral drugs. A new review of previous research finds they don't do much. The analysis of four studies of the prescription antivirals oseltamivir (sold as Tamiflu pills or liquid) and zanamivir (the inhalant Relenza) found that treatment with either drug reduced the length of illness by 0.5 to 1.5 days; the one study that included asthma symptoms found no effect. The University of Oxford researchers also reviewed three other studies to assess prevention after a household exposure. They found that a 10-day course of either one reduced infection risk by 8 percent, meaning that 13 people would need to get the drug to prevent one case. Although they were unable to look at the new swine flu, which disproportionately infects kids, the researchers said evidence to date suggested antivirals might have a similarly minimal effect. "A more conservative strategy might be considered prudent," they reported last week in the online journal bmj.com, "given the limited data, side effects such as vomiting, and the potential for developing resistant strains of influenza." — Don Sapatkin

Breastfeeding may reduce risk of premenopause breast cancer

To the well-known benefits of breastfeeding, add one more: It may reduce breast cancer risk for premenopausal women with a family history of the disease. Harvard University researchers examined data on 60,000 nurses followed from 1997 to 2005. The 608 who had at least one child and developed breast cancer before menopause were asked about their breastfeeding practices. Among the 111 women with a family history of breast cancer, those who had breastfed had a 59 percent lower risk of the cancer than non-breastfeeders — almost as much risk reduction as from taking the drug tamoxifen. For women with no breast cancer among close relatives, breastfeeding made no difference in risk. Never having children is known to increase breast-cancer risk, presumably because the breasts don't undergo protective changes. But previous studies looking for a link between lactation and cancer have had conflicting results, according to the study, which appears in the current Archives of Internal Medicine. — Marie McCullough

Aspirin may benefit some patients with colorectal cancer

For many patients diagnosed with colorectal cancer, taking aspirin regularly could lower the risk of dying from the disease, according to a study in the current issue of the Journal of the American Medical Association. Doctors from Harvard University tracked 1,269 men and women diagnosed with colorectal cancer that had not yet spread for an average of nearly 12 years. Among 549 patients who regularly used aspirin, 81 (15 percent) died of the disease. Of the 730 study participants who did not regularly take aspirin, 141 (19 percent) died of colorectal cancer. The researchers found that the effect of aspirin was a lot more beneficial for patients whose tumors overexpressed COX-2, an enzyme that promotes inflammation and cell growth. But patients who took aspirin regularly before their diagnosis did not appear to do better, even if they continued the practice. That suggests the possibility that tumors that grow despite exposure to aspirin might be less susceptible to it to begin with, the researchers said. For many patients with colorectal cancer that has not spread to other parts of the body or organs, regular use of aspirin was associated with lower risk of death, the researchers concluded. — Josh Goldstein



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Nina Ball, who stopped smoking 10 months ago, in front of the North Philadelphia charter school where she works. Puffing away behind her is Morgan Mumford. Ball stopped smoking with a series of group counseling and fitness sessions.

Counseling, medicines help smokers who want to quit

QUITTING from D1 In New Jersey, the rate for adult smokers — 14.8 percent — is lower than in Pennsylvania, experts say, in part because the Garden State has the nation's third highest excise tax on cigarettes — \$2.70 per pack — compared with Pennsylvania's \$1.35 a pack. New Jersey's tax helps fund smoking cessation classes. Many programs in the city are based on the state Health Department's cessation curriculum, "Quit Smoking Comfortably," devised by Frank T. Leone, director of the University of Pennsylvania's Comprehensive Smoking Treatment Program, and his colleagues. "Cessation preps the patient on what to expect and how to deal" with withdrawal symptoms and changes in daily routine, Leone said. For some, that might mean just counseling. For others, it could also mean medication. The goal now, he said, is to "shift health-care providers away from an anti-smoking attitude and towards ... managing and minimizing obstacles." The most accessible medication, often offered free by cessation programs, is NRT, or nicotine replacement therapy. These include over-the-counter patches, gums and lozenges. Small doses of nicotine also come in prescription inhalers and nasal sprays. Drugs that may help include bupropion, an antidepressant marketed as Zyan; and varenicline, or Chantix, a nearly four-year-old prescription drug. "Varenicline seems to be the most effective," said Robert Schnoll, a Penn researcher who studies cessation medications. "In studies, those with a prescription have a lower reaction than we would see in the regular population. It's not for everybody but ... it's promising." Last month the Food and Drug Administration put a black box warning — its strongest — on both Zyan and Chantix, cautioning patients to talk to their doctors if they get depressed or hostile, or have suicidal thoughts. Such reactions can also occur from stopping smoking, the FDA noted. Chantix held a 91.2 percent market share in 2008, according to IMS Health, which tracks drug sales. Nicotine was

More Information

In Pennsylvania and New Jersey, the Free Quitline is 1-800-QUIT-NOW (1-800-784-8669).

the second most prescribed drug, followed by bupropion, the former market leader. At least some of Chantix's rise can be attributed to the tendency for any new drug to appeal to people's hopes that "this is the one," said Leone. He noted that bupropion also saw "tremendous uptake," but died down after a year or two. For Ball, 26, smoking was a misguided way to declare her youthful independence. She learned how to smoke in hopes of snagging the role of a "bad ass" character in a high school play in Baltimore. The role went to a nonsmoking classmate, but from then on, Ball was hooked. "I liked the feeling. It relaxed me," she said. "I don't drive, so I was always waiting for buses, smoking. And when I used to substitute-teach, the stress ... I would find spots that sell loose cigarettes near every school." In 2007, she discovered "Stay Quit, Get Fit," a free smoking cessation program at Eleventh Street Family Health Services of Drexel University in North Philadelphia. Over seven weeks, she exercised in the clinic's fitness center, received group counseling led by a certified counselor, and was supported by participants. By the end, her cigarette count fell from 10 a day to zero. She still retains lifetime access to the gym. The program at Eleventh Street was created by the National Nursing Centers Consortium, which promotes primary care to underserved communities. The effort is innovative because it integrates fitness, health, and counseling in a primary-care clinic. It has seen 50 percent of participants stay off cigarettes after one month. "For me, it was great because I thought, 'I can quit and get the body I want!'" said Ball, who had gained 50

pounds since high school but has yet to lose the extra weight. "It was also great that it wasn't about quitting on day one. Cigarettes have been demonized so much." "Instead, we were really honest and we talked about why smoking feels so good. Until you tackle why you're doing something, you can't stop doing it." Program manager Elizabeth Byrne said the group tracks participants' weight, lung function and blood pressure so they can see their health improve. "That's a huge reinforcer," motivating them to eat better and exercise even more, she said. Byrne also uses the sessions to introduce healthier foods such as hummus. "I got one group hooked on tofu meatballs," she said with a laugh. There is currently no single best treatment for all smokers who want to quit. But new ideas are being tried. Michael Baime, an internist at Penn's Program for Stress Management, will be leading a pilot program to see if mindful meditation can help prevent relapse. "From our other research, we know anxiety and depression goes way down" because of meditation, said Baime. These "and also anger, which decreases sharply, are all associated with relapse. That was the primary reason why tobacco researchers thought this might work." Everyone agrees that to quit successfully, the person has to really want to do so. Nina Ball has quit five times in the last three years, only to start again. It's unclear if she'll make it this time. Her reason now is to set an example for the younger generation. "I didn't want my niece to associate the smell of cigarettes with Aunt Nina," she said. "That, and I just knew I could do better." "I'm thinking about training for a marathon. I went to Guatemala for 10 days, volunteering [with the students], and I hiked 15 miles on the Appalachian Trail," she said. "The quality would have been depreciated if I were still smoking."

Contact staff writer Heather J. Chin at hchin@phillynews.com.

Ask Dan By Dan Gottlieb

Accountability on path to healing

ASK DAN from D1 so long, I believe that I must move forward. I would like to have a calm settlement, if possible. My husband is very hurt and will not speak with me. Some people feel that he needs time to process this, and I am trying to give him space. I just feel like I am rubbing salt into his fresh wounds. How can I approach this matter? Also, and most important, my youngest has been very quiet lately and will not express her feelings about the situation. She just says that she is fine. I don't think she is, but I cannot get her to talk about it. What can I do? Please help me because I just feel that I cannot get a hold of this situation. — Confused

Dear Confused, You probably feel this way because things may feel a bit out of control for you. My hunch is, on one side, you've got these big positive emotions of hope and promise, while on the other, you are facing a devastating loss. Throughout history, we have struggled to balance our heads and hearts. And sometimes it feels impossible. I assume that you have tried for many years to make this marriage work and have longed for a loving relationship all the time. And I trust that you have lived all these years trying to do the right thing. Now, out of nowhere, someone expresses those emotions you've been longing for, and your heart flies open.

I'm sure many people reading this have passed judgment by now, but I have been told by people in your position that staying in a marriage like yours feels like a kind of death. A naturalist once said that, in nature, there are no rights and wrongs, only decisions and consequences. You have made the decision to follow your heart. As a result, you have caused pain to your husband and perhaps injury to your children. At one point, your husband's anger and confusion may dissipate, and we all hope he will find peace, if not forgiveness. I'm sorry he has been hurt, as I know that pain. But I'm not worried about him. Your young children have just learned that their mother has pursued her heart at the expense of their family. And she has been unfaithful to their father. Your children are probably angry, confused and scared, as they have just heard some horrible news. And when great emotions well up like this, their instinct may be to take sides and protect their father. That may be their only way to gain a semblance of security in the short run. Please don't explain yourself to your children or try to have them forgive you. Your job is not to have them understand you, but for you to understand them. This will be painful for you, but you must be able to hear their rage and hurt. And you must own responsibility

for the harm you have caused them. Please don't force them to talk. If they are unwilling to open up, just keep loving them for as long as it takes for them to return to you. Children are injured by divorce. No mental-health professional I know denies that. But no one knows the long-term consequences of what's happened to your family. Your children could grow up bitter and distrustful of intimate relationships, or they could, over time, see that their mother had the courage to pursue a loving intimate relationship. Time will tell. You know that my mantra is *dialogue*. But in a situation with this much emotion and injury, I suggest the four of you have a few sessions with a family therapist. Not for healing, but to say goodbye to this family structure in a way that will help everyone mourn. Because, no matter what, you all must say goodbye to what you once had. Please be patient because the deeper the wound, the longer the healing process. I hope what I've said is helpful. I know it's painful. Take care.

My guest on tomorrow's Web chat at www.philly.com/askdan will be psychologist B. Janet Hibbs, author of "Try to See It My Way: Being Fair in Love and Marriage." We will talk about marriage, how to heal what's broken, and when to know it's time to end.