

## Smoking stats are particularly troubling among southern New Jersey Hispanics

By STEVEN LEMONGELLO Staff Writer | Posted: Thursday, June 10, 2010 |

Like

4 people like this.

The dangers of cigarettes are clear - and several state and local groups want to make sure people know about them in any language.

According to the Centers for Disease Control and Prevention, or CDC, lung cancer is the leading cause of cancer deaths among Hispanics - with deaths among Hispanic men occurring at a rate of 33.4 deaths per 100,000 people.

The origins of the troubling statistic is no surprise: a CDC study shows that almost 25 percent of male Hispanics in grades 9 to 12 are cigarette smokers.

The organization, along with Latino Magazine, recently cohosted a conference at The New Jersey Medical School designed to raise awareness among the Hispanic community about the negative effects of smoking and the fiscal constraints that could hamper anti-smoking programs.

"One of the things occurring here in New Jersey is that, of the many budget cuts being proposed, one of them is to cut \$7.5 million in different smoking-cessation programs," said Henry Acosta, executive director of the New Jersey-based National Resource Center for Hispanic Mental Health. "Right now, that's beyond ridiculous."

Acosta cited the New Jersey Global Advisors on Smoke-free Policy, or NJGASP, in saying the state has generated \$750 million from cigarette taxes.

The \$7.5 million used for smoking-cessation programs, he said, "is not even 10 percent of that. It makes no sense to cut every single smoking-cessation program in the state."

A spokesperson for the state Department of Health and Senior Services said \$2.5 million would still be available from other sources, including federal stimulus funding and grants, to combine overall cancer-control efforts with anti-smoking campaigns.

Among the ideas discussed at the recent conference for reaching out to the Hispanic community was for more translation of anti-smoking literature and materials from groups such as NJGASP and the American Lung Association.

"We need to get across the rawness of the fact that lung cancer is the No. 1 cause of cancer death among Hispanics," Acosta said. "(Groups) have great materials, but some are only in English and others are in English and Spanish. They're not distributed to the people who really need it at the grassroots level."

NJGASP Executive Director Karen Blumenfeld said that as part of its 2010 smoke-free health initiative, "One of the things we're doing is translating the materials into Spanish, not only for market-rate private housing but public housing. We need to ensure the Latino community has those materials."

Blumenfeld also had concerns about the casino employees, many of whom are Hispanic, who have to clean

designated smoking lounges or hotel rooms where smoking is allowed.

"There's a high level of second- and third-hand smoke there that embeds in carpeting and clothing," she said. "We're very concerned about who's cleaning the rooms and what protections they have. It's not clear what demographics are asked to clean those rooms. It's very elitist to allow smoking in lounges and then send other people to go in and clean them."

One of the issues that Acosta said was "most troubling" was the research showing that 24.8 percent of high school-age Hispanic males smoke.

"Both Hispanic females and Hispanic males have higher rates of cigarette use in those education levels," Acosta said. "Not only higher rates of cigarette use, but marijuana use and suicide attempts. Besides educating youth, one of the things we're supportive of is better understanding Hispanic youth. What's going on in a lot of these homes?"

At Casa PRAC, a Hispanic community organization in Vineland, Luz Petty said youth programs hold workshops that feature specialists in smoking cessation.

"We try to teach children from a very young age," Petty said.

At the AtlantiCare Special Care Center, or SCC, in Atlantic City - where 44 percent of patients are Hispanic - smoking is treated as a chronic illness with periods of relapse and remission, according to clinical coordinator Brenda L. Douglass.

"We don't hand a prescription out and give a quick message to quit," Douglass said. "We feature intensive counseling, and for the first smoking visit, smoking is all it's about. We develop with a patient a collaborative plan to help them quit, and the patients are made well aware that they don't have to quit that day." But, she said, it is important to set a target quit date.

A patient's nicotine addiction is treated medically - "The No. 1 reason for relapse is urges and cravings," she said - while also identifying and helping to break a person's smoking habits, such as having a cigarette in the morning or after meals.

At the convenience store owned by Syeda Khanel in Pleasantville, however, there was some skepticism about the CDC's data, especially the large number of young Hispanic smokers. Khanel said Hispanics are not among the biggest customers for cigarettes, while customer Gabriel Hernandez said, "I don't believe that. Believe me, nobody ever asks me for cigarettes. That, I question."

Douglass, for her part, said 20 percent of the entire population smokes - "So if you walk into a room and see 10 people, two of them are likely smokers."

Beyond impersonal studies and numbers are the letters written by two Hispanic men who have worked with the SCC to quit smoking.

"The first gentleman has been smoking since age 12 and was treated at age 60," Douglass said. "His comment was that he was given 'a second chance at life.' The second gentleman's smoking exacerbated his asthma, and he was always coughing and wheezing and couldn't breathe. Within a month's time, he quit, and he remains quit. He's so much more energetic. He can walk, he can breathe, and we haven't seen him visit because of an illness since."

Contact Steven Lemongello:

609-272-7275

SLemongello@pressofac.com

