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## My City No Smoking, Please.



As an allergist and medical director of the Providence Community Health Centers (PCHC) for over three decades, Dr. Stanley Block has seen thousands of uninsured Providence patients. Most of them are from inner city communities and have suffered a great deal from severe respiratory ailments – many of which are caused by years of tobacco use and exposure to second-hand smoke. Dr. Block knows first-hand how difficult it is to treat patients with an addiction to nicotine, especially those who are already prone to respiratory diseases like asthma. He also knows that the treatment involves both a commitment from the individual to quit and a commitment from the community to educate each other, especially young people, about the ills of smoking.

This week Dr. Block and his colleagues received a much-needed boost from the feds – twice! Last Friday, at the Capitol Hill Health Center where Dr. Block runs his allergy clinic, Mayor Cicilline and Dr. David Gifford of the State Health Department jointly announced a \$3.3 million federal stimulus grant awarded to the Providence Tobacco-Free Campaign. The funding will enable the PCHC to provide nicotine replacement therapy and cessation support services to the uninsured – further enhancing the services that Dr. Block offers at his clinics. Then later this week, President Obama signed into law a landmark health care bill that promises to expand insurance coverage to all Americans. For providers like the PCHC whose patients are mostly uninsured, this bill is long overdue.

City News caught up with Dr. Block at the administrative offices of the PCHC on Allens Avenue to get his medical perspective on what it's going to take to make Providence a healthier, tobacco-free place for kids and their families. "If we can get kids not to smoke, that will be the culmination of my career!" he says.

### **Tell us more about the services you'll be providing through the new stimulus grant towards the Providence Tobacco-Free Campaign.**

In addition to the nicotine replacement therapy and cessation support services, we are also going to provide more comprehensive counseling for our adolescents and families who smoke to help them have a better success rate. Adolescents greatly underestimate the addictive potential of tobacco and nicotine. None of them think that they're going to be addicted. These are kids who think they can smoke for one or two weeks and then find out later that it becomes a lifelong addiction.

Every day in the United States, 4,000 children and adolescents under 18 smoke their first cigarette. 1,200 of those children become daily cigarette smokers every day of the year. That's an enormous number of kids that are doing themselves terrible harm. They don't know at that point how addictive it can be and how much trouble they can get into down the road.

The only treatment that is pretty much proven to help young kids and teens is a lot of counseling. You have to make this something that they want to do and be a part of. If you say to them we feel you need to stop, you're not going to get anywhere. They have to be ready to stop and be ready to put up with the side effects of withdrawal. Nicotine replacement therapy (NRT) – like the patch, the gum, etc. - is an option, but with teens counseling is more effective. With adults, NRT is absolutely critical. You get better results that way. Drugs like chantix are effective but there are some moderate concerns and risks with some psychiatric effects of the drug but it's obviously dangerous to continue smoking as well.

### **What are some of the factors that cause kids to smoke?**

I think one of the things is the advertising that tobacco companies have very cleverly concocted to make it seem like the cool thing to do. In some older movies, the cool actors and actresses are depicted smoking. Thankfully that seems to be decreasing. Kids look to other kids, to their peers, and their elders. If their family smokes, a lot of times that gets equated as the normal thing to do. By the time they find out that there are bad things that come with smoking, they're addicted to it and they can't stop.

### **So how can this citywide campaign counteract that?**

The most critical thing is to get them not to smoke their first cigarette. Kids, and especially teens, underestimate the addictive potential of nicotine. They overestimate their ability to quit. If you ask any teen early in their smoking career, they will say, 'Oh! I can quit anytime!' But they don't. And why don't they? Because it's addictive and once they're hooked, it's extremely difficult to quit.



The first challenge of this campaign is to publicize the reasons why not to start smoking. We'll have to work with the City and other partners to find the best way of approaching teens so that we can give them an education that makes sense. If you just say, 'Don't Don't Don't,' they may very well say, 'Yes Yes Yes!' On the other hand there are things that make an impact on teens, such as cosmetic issues like bad breath, wrinkles, yellow teeth, and body odor. Even though those issues may seem trivial, compared to introducing them to a respiratory cripple, it's immediate and they understand it.

The second step is to get those former smokers to counsel them on how to stop before they become addictive. It's a tough row to hoe. Some want to impress their girlfriends or their boyfriends, or they saw an actor they admire smoke, or they saw an ad that caught their attention. Once they smoke the first cigarette and get addicted, then you need to do a lot of counseling and a lot of hand holding to help them quit. Many of them want to quit. They don't like the cost, the smell, and the social ostracism – and yet, they feel the need to smoke because they're addicted.

### **In your field, what are some of the negative results you've seen related to tobacco use?**

I feel very strongly about kids and families smoking. Most of the people that I see in my allergy clinic have respiratory disease. I happen to be an allergist as well as the medical director of the Providence Community Health Centers. The Providence Community Health Centers have been in existence for 42 years serving the inner cities of Providence. We see about 35,000 individual patients a year or 140,000 visits to our nine sites. Most of our patients are minorities. Most of them are poor. Two-thirds of our patients come from Spanish-speaking homes. Asthma is much worse, more prevalent, and more severe in minority and inner city populations. So we see some of the worst asthmatics because our health centers are right in the inner city areas. Smoking plays a very important factor in that, and also second-hand smoke. We have kids whose medical conditions are very difficult to control and so long as they have parents who continue to smoke around them, those kids are not going to do well. Parents who claim that they don't smoke around their children, or smoke outside of the home, are not helping either because there is still great risk of second-hand smoke.

Similarly, if you have an asthmatic that smokes, they're less responsive to the steroids that we use to prevent exacerbations and symptoms of asthma. They are also prone to more hospitalizations and ER visits. Stopping smoking is a critical factor in improving the life of an asthmatic. Many of our asthmatics who smoke eventually end up with two diseases: they start out with asthma, they smoke for many years, and they end up with Chronic Obstructive Pulmonary Disease, otherwise known as emphysema – the fourth highest killer in the United States. That is a very, very terrible disease to have. You're short of breath all the time. You can barely walk one or two blocks. It's an aggressive disease without a cure. The only real impact you can have on the disease itself is to stop smoking. For asthmatic patients to go on and smoke not only worsens their asthma but puts them at risk of getting emphysema in addition to their asthma. At that point, it gets very difficult to control their disease and some become respiratory cripples. They can't hold a job. They can't function well. They're very short of breath. Exercise makes matters worse. Even when we give them medicine, we're really only treating their symptoms at that point.

### **Why is a joint partnership with other agencies critical in spreading the word?**

This effort has to be a partnership. I don't think any one agency can be successful on their own. The health centers see the actual individual patients one on one. We can do the counseling. We can explain the benefits of getting off cigarettes. We can explain how to best to quit. But we need to partner with agencies like the Mayor's Substance Abuse Prevention Council and the State Department of Health to prevent kids from ever starting. If you have 4,000 kids starting every day and 1,200 of those kids become daily cigarette smokers and you don't stop that influx, you're never going to win. You can't fight that war on your own. It takes an entire community to make that case.



### **Most rewarding part of your career as the medical director of the Providence Community Health Centers?**

We have the best medical staff in the entire state of Rhode Island for primary care. We serve about 35,000 folks, mainly disenfranchised or disadvantaged as far as health care goes. They live in the inner city areas of Providence and are very appreciative of the care that they get here. I think we've been very fortunate to get fine doctors and nurse practitioners to provide excellent primary care and some specialty care to the citizens of Providence.

As far as my own personal career as an allergist goes, the most gratifying part of that is seeing kids and some adults who are incapacitated by their respiratory diseases become functional adults and kids again. Kids who are often hospitalized and to see them back at school again, doing gym activities, is just a delight. Same with adults who go back to work and are no longer crippled by their respiratory ailments is just as delightful. Now if we can get kids not to smoke, that will be the culmination of my career!

### **Finally, as a health care provider to the uninsured, what's your take on the newly passed public health care bill?**

We have seen many patients that are uninsured for decades. One of the difficulties that we have is assisting those patients who can't afford their medications. We do the best we can to get them on the patient assistance programs from the pharmaceutical companies, and we work as hard as we can to get them samples and free drugs from the drug companies. But it's a tough row and many of our patients sadly go on and off medications because they have to choose between that or paying their rent, or buying groceries for their families. So for many of our patients, having insurance will be a blessing! It's exciting and it is my hope that our patients truly benefit from this new law.