

Stop-smoking efforts reaching out to homeless - Chicago Tribune

Help to kick habit coming to shelters

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Jack Kulesza has tried to quit smoking at least a dozen times since he started at age 16. Now 63 and carrying his possessions in a plastic bag, Kulesza says he spends more than half his monthly income on tobacco.

"I can't tell you how much I'd like to quit, but hell if I don't want one right now," he said, pulling a cigarette from his pocket near Michigan Avenue while he held a sign that read: "Vietnam Vet . . . Hungry."

Following successful anti-tobacco campaigns geared toward pregnant women, teenagers, African-Americans, Latinos and other groups, homeless people like Kulesza may be the next target.

Amid broad skepticism, nascent campaigns to get the homeless off cigarettes are bubbling up in Chicago and across the country.

A Humboldt Park shelter is holding regular meetings where the homeless can discuss their addiction to tobacco. In New York City, Zyban and other anti-smoking pills will be distributed over the next few months at homeless shelters, where 6,000 workers also will be trained in tobacco physiology. Nicotine patches have been offered at shelters in Seattle since last fall and are on the way to others in Wisconsin.

Even cessation proponents acknowledge that small gains will be seen as a victory, considering that 80 percent of the chronically homeless are addicted to smoking.

The goal, experts say, is to change the culture in shelters and possibly save millions each year in Medicaid payments for smoking-related illnesses.

Increasingly, the homeless themselves are pushing the subject. At Humboldt Park Social Services, which operates in one of the Chicago's poorest neighborhoods, residents sit around a folding table during regular meetings to discuss tobacco.

"We started talking about what can kill you, talking about AIDS and STDs, but they didn't want to hear that anymore. . . . Our clients were tired of it," said Noemi Avelar, director of operations. "They wanted to talk about smoking. They said this is what we do every day, so let's take a look at it."

Addressing addictions to heroin, cocaine and marijuana remain priorities, but tobacco use will be added to the list beginning this year, said Avelar.

So far, few shelters have jumped on the anti-smoking wagon. Most cite higher priorities among their clients, including serious psychological problems or addictions to alcohol, heroin, methamphetamines and crack.

While cessation programs would be welcome at Inner Voice, which runs 14 shelters in Chicago, staff members focus on issues that keep people out of permanent housing, said President Brady Harden Jr.

"We have more people addicted to nicotine than heroin, and the cigarettes can be harder to quit," Harden said. "We'd love to address smoking along the way, but right now there isn't much out there that would do much good."

The executive director of Aurora's only permanent emergency shelter said tobacco addiction is a very low priority.

"I hate tobacco, but there are a lot more serious issues I have to deal with, starting with funding," said Ryan Dowd of Hesed House. "Sure, smoking is bad and causes all sorts of health problems. So does sleeping outside and not having anything to eat."

Randal Syverson, 56, a resident at Hesed House, was openly skeptical of cessation programs.

"No house, no job, no family--a cigarette can be the only joy I'll have today," he said.

Sharing the same table, Otho Roy, 42, said he spent most of last year in a hospital, where he received free nicotine patches, following a stroke partly blamed on a two-pack-a-day habit. He's cut back, he said, to a pack a week.

"I think there's a lot of people in here who would quit if they could get the patch," Roy said.

Coming up with enough money to buy smokes isn't easy for the homeless. Kulesza said it can take him up to four hours to collect enough change to afford a pack of cigarettes, which can cost \$8 in Chicago.

Syverson said he buys a pouch of tobacco, then sells hand-rolled cigarettes for a dime.

At the very least, providers should begin asking clients if they want to quit, said Janet Porter, program director for the National Network on Tobacco Prevention and Poverty.

"I think we've all been surprised by the number of the homeless who say, 'yes,'" Porter said.

The non-profit agency, which receives funding from the Centers for Disease Control and Prevention, is now working with the National Coalition for the Homeless on a cessation model that could be used nationally.

Last month, the American Legacy Foundation awarded a \$100,000 renewable grant to begin cessation programs at two New York shelters, one in the Bronx and the other in Brooklyn. The Legacy Foundation is funded by a settlement between big tobacco and 46 states.

The project targets homeless families with children, but officials hope the model, which includes patches, can be used nationally for all shelters, said Adin Miller, associate vice president for grants at Legacy.

"We have bored down further into the low socioeconomic status population for some time," Miller said. Targeting the homeless "is not a eureka moment, but a natural evolution."

Free nicotine patches will be offered to staff members at shelters and to the homeless, said Linda Bazerjian, spokeswoman for the New York's Department of Homeless Services. The program will cost \$250,000.

In Wisconsin, the state's Tobacco Prevention and Control Program recently began directly targeting the homeless through the Salvation Army.

Nicotine patches will be distributed this month at some shelters, said Marva Brooks of the Salvation Army.

In Seattle and surrounding King County, health officials rolled out a pilot program in the fall offering counseling and nicotine patches at homeless shelters.

"What's good for someone working at a big upscale law firm is just as good for people living in the street," said Roger Valdez, manager of the county's tobacco-prevention program. "Everyone deserves clean water, air and the same chance to beat this addiction."