Editor's Notes

Tobacco Killed My Little Brother

Neil Patrick O'Donnell died August 15, 2010 at the age of 52. He is survived by two children, ages 19 and 23, a grandson (almost 3 years old), a father, seven brothers and sisters, and lots of cousins, aunts and uncles, and friends. Neil was diagnosed on May 18, 2010 with stage 4 adenocarcinoma of the lungs with metastases to the brain and adrenal glands. He smoked cigarettes for nearly 4 decades. We buried Neil yesterday.

So many times in the last 3 months, I asked myself how all of this could be true. (1) How could Neil have started smoking? (2) Why didn't he stop? (3) How could it have killed him? As I thought it through, and considered all the influences, I realized that it would have been more surprising if Neil had not started to smoke, if he had been able to quit, and if smoking did not kill him.

The third question is easy to answer: it is not a surprise that smoking killed Neil. Although Neil had no visible symptoms until 3 months ago, it should have been obvious to us for at least the last 2 decades that Neil would probably die prematurely of lung cancer, if not heart disease, chronic obstructive pulmonary disease (COPD), or stroke.[1] The research literature predicts this very clearly. Ninety percent of lung cancers in men are caused by tobacco use, and men who smoke a pack of cigarettes a day are 23 times more likely to get lung cancer than men who do not.[1] Neil died pretty much as predicted. Most patients with stage 4 adenocarcinoma of the lungs die within 3 to 4 months of diagnosis—Neil died within 3 months. The typical smoker loses 14 years of life because of smoking.[2] Neil lost 16 years compared with the life expectancy for all men born in 1958[3] and 27 years compared with men who already had reached age 52.[4] Neil approached the dying process with such dignity and showed remarkable kindness to all the people he encountered during his illness, even though he was in significant pain most of the time. He lost more abilities each week. First he couldn't walk. Soon he lost some of his sight. Pain was the norm; incontinence was common. He was often confused. All of his drinks had to be thickened to avoid aspiration, which would lead to pneumonia and accelerated death. Eventually Neil's voice was so weak that we could understand very few of his words. Toward the end, he could not feed himself. It was real. It was dying and it was death. I learned so much from Neil during this process, but that is another story.

The first question is also easy to answer. Neil started smoking because smoking was the norm in his life. Both parents and his oldest brother (not me) smoked. His mother quit when he was 10, and his dad when he was 15. Not surprisingly, kids who have at least one parent who smokes when the kids are 12 or younger are 360 times more likely to smoke than kids whose parents do not.[5] Having an older brother who smokes further increases the odds. Having friends who smoke, especially older ones you admire, is even worse. The clincher for Neil came when he started high school. Neil was a photographer, and the head of the photography club was a senior who smoked. He supported Neil's emerging habit by smoking with him and supplying all the cigarettes Neil needed during the school day. At first it was one cigarette a day in the photography lab. Within a few weeks, it was three a day. Neil's school was lax about enforcing its smoking policy, so it was easy to sneak a smoke in the bathroom, the photography lab, or behind the school. Pretty soon Neil was smoking a pack and a half a day, a habit that lasted for 38 years.

The answer to the second question is more complex, and more troubling, because all of our efforts could have changed the outcome. Neil did make two serious efforts to quit. Seventeen years ago, in 1993, when Neil was 35, his primary care doctor told him he had spots on his lungs and he would be dead by the time he was 50 if he kept smoking. His doctor knew nothing about how to quit, and like most smokers who get this kind of news, Neil was too shocked and scared to do anything on his own. Several years later, Neil did quit completely for several months because his wife kept complaining about his disgusting ashtray mouth. She never noticed that he quit, the marriage eventually ended, and Neil went back to the dependable comfort of his cigarettes. Neil tried again several years later because he was concerned about his health. His doctor and his local hospital could not help him, so he turned to me. I am not a tobacco cessation counselor, and I knew less about quitting then than I do now; however, I did know how to look for help. I contacted

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several other hospitals and voluntary health agencies in Neil's area, but none of them were offering quit smoking programs at the time. This was before the era of telephone quit lines, nicotine replacement therapy, and online programs. The only program Neil could find was hypnosis. Not surprisingly, hypnosis had no effect.[6] Breaking any habit you have practiced for decades is difficult, but quitting smoking is more difficult because it also requires breaking a physical addiction to nicotine, one of the most addictive substances we know.[7] The people who lead tobacco companies have full knowledge of the facts—that tobacco kills more than 400,000 people in the United States every year,[8] 10 times more than car crashes, more every single week than died in the terrorists attacks the week of 9/11/2001, more every year than all of the Americans who have died in all of the foreign wars in the history of our nation. Of course death is just the tip of the iceberg. For every smoker who dies young each year, there are more than 30 smokers who are living with debilitating chronic diseases caused by smoking, including bronchitis, emphysema, heart disease, other cancers, and other respiratory diseases.[9] Tobacco producers have been so effective in developing their product that only 3% to 5% of people who try to quit without behavioral therapy or medicine are successful.[10]

This whole experience leaves me with two lingering questions. The first is what could I have done, what could Neil's primary care doctor have done, what could the rest of his family and friends have done? The answer is simple and painful. We could have saved Neil's life. If Neil had quit smoking 15 years ago, his lungs and heart most likely would have fully recovered, and Neil would probably have lived a full life.[11] His daughter would have a father to walk her down the aisle, his son would have a dad to help guide him in life, and his grandson would have a grandfather to adore him. My brothers and sisters, my father, Neil's friends, and I would all have Neil in our lives. Thinking about this first question very much is too painful and not very constructive.

Thinking about the final question—what can we do going forward—is very constructive. I am publicly pledging that I will be much more assertive on this issue than I have been in the past. I hope you decide to do the same.

If you know someone who smokes, you might start a conversation by saying the following: ''I have a friend who lost his brother, and I don't want to suffer the same loss.'' Starting the conversation this way is more effective than saying you want them to quit so they avoid disease and premature death. Most smokers have heard the health arguments a zillion times, and they usually tune them out. Although smokers typically underestimate the health risks of smoking, most absolutely know smoking is very dangerous. Unfortunately, scare tactics don't work. The possible (and likely) outcomes of smoking are just too horrible for most smokers to imagine, and quitting is so difficult that most smokers don't think about the health issues and they don't want to hear about them from you. However, people who care about you may be willing to listen to your concerns about you suffering a loss, about you losing them from your life. This, in turn, can lead to them being more open to thinking about quitting. Most smokers (79.3%) expect to quit at some point, a majority (58.4%) plan to do so within the next 6 months, and many of them (46.8%) actually try to quit each year.[12] Discussing the pros and cons of quitting, helping them believe they can be successful in quitting, and telling them you will help can push them from thinking about quitting to actually attempting to quit. You can assure them that people's lungs and hearts have a remarkable ability to heal and regain their normal function once the poison of tobacco is removed. You can also help them consider cost/benefit decisions. For example, you can explain that medication to help them quit will cost less than they spend on cigarettes. If they are broke, you can offer to loan them the money for the first month's supply and ask to be paid back from the money they save by not buying cigarettes. In the meantime, don't make it easy to smoke. Don't let them smoke in your house or your yard. Don't stand outside and talk with them while they smoke. Let them know that their secondhand smoke is very dangerous to your health in addition to smelling bad. (As a side note, secondhand smoke contains at least 250 known toxic chemicals, including more than 50 that can cause cancer. It causes more than 46,000 deaths from heart disease and 3400 more from lung cancer (or 49,400 total) each year in the United States.[13] To put this in perspective, this is 50% more than are killed in a year by homicide or suicide and nine times more than are killed in occupational accidents.[14] Expressed in different terms, smokers who choose to smoke around friends, children, colleagues, and strangers, kill more than three times as many people each year as drinkers who chose to drink and drive.[15] Like direct smoking, second hand smoke also makes a lot more people sick than it kills. For example, the tens of millions of children exposed to their parents' second hand smoke have higher rates of asthma, emphysema, sudden infant death syndrome, ear infections, and retarded lung growth.[16]) Be sure to remind them that you care about them during this process. It is critical to always be conscious about showing that you love and respect the smoker, even though you despise and fear the smoking.

Note: It is easy for health promotion professionals (like me) to talk to people about these issues at work because it is expected and even welcomed. It is much more difficult for us to do this with our friends and family because we don't want to impose our personal value systems, we don't want to reinforce our ''mother hen'' image, and our past attempts with family and friends to help in this way may not have always been welcomed. We need to have a pro and con discussion with ourselves…what's better—being able to stay in our comfort zone by avoiding these conversations or keeping a friend or family member alive? For me, it used to be professional; now it's personal.

When they are ready to quit, you can help them gain the skills they need and you can provide support through the quitting process. You can help them find expert help through work, their health insurance company, a telephone quit line (like 1-800-QUIT-NOW), an online program (e.g., http://www.becomeanex.org/), or a local voluntary organization or hospital. You can help them have a realistic sense about how challenging it will be to quit, and let them know that many people need to make several attempts before they are successful. You can also give them hope by telling them about people you know who have successfully quit and letting

them know that people who take a combination of medication and behavior therapy are six times more successful.[10] You can help them engage their doctor and other family and friends so that they have a circle of supporters around them. You can also help them build a physical environment that makes it easier to stay smoke free—by washing clothes, throwing away cigarettes, and getting rid of ashtrays and other smoking paraphernalia.

Your friend will still need help staying smoke free after quitting. In fact, many smokers continue to think of themselves as a ''former smoker'' rather than a ''nonsmoker'' for up to 5 years and will be tempted to smoke all of those years.[17] Many smokers need five to eight quit attempts before they quit for good. You can help by letting them know that relapse is normal, remind them of reasons they decided to quit in the first place, and offer to be a patient friend during all of these quit attempts.

If you want to help others beyond your close friends and family, encourage your employer to create a smoke-free campus and to pay for quit smoking programs, including medication. Help your community pass laws to prohibit smoking in public places, levy tobacco excise taxes, and mandate that schools create smoke-free campuses. Advocate that your state legislature allocate the amount of funds recommended by the Centers for Disease Control and Prevention (CDC) for tobacco prevention and treatment from the Master Settlement Agreement with the tobacco industry, rather than the 2% to 3% spent by most states.[18]

I wrote most of this message the day after Neil died. Neil told me most of this story as I helped him in the 3 months before he died. He asked me to share the story with the hope that ''others could learn from my mistakes.'' Normally when I write columns in the *American Journal of Health Promotion*, I intend them to be read by scientists and managers who run health promotion programs. I am writing this column to anyone who has a brother, sister, spouse, parent, cousin, or friend who smokes…and wants to keep that person in their life. So please share it.

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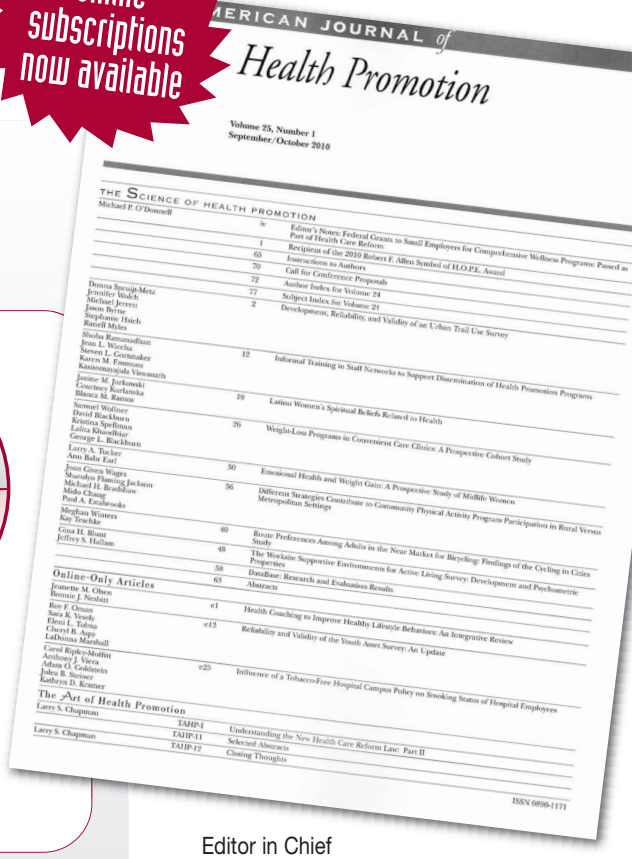

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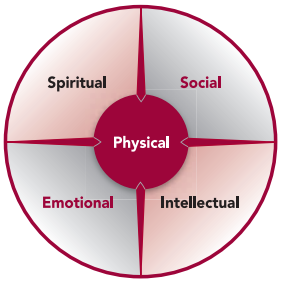
(O'Donnell, *American Journal of Health Promotion,* 2009, 24,1,iv)



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