

There's Never Been A Better Time To **QUIT**

Today is the day to take control of your life
by taking the first step toward becoming
smoke free.





JOIN THE THOUSANDS

of quitters and make that first move toward a smoke-free life.

Inside “There’s Never Been a Better Time to Quit,” you’ll find tips on how to conquer the tobacco addiction, as well as resources from around the state to help you quit smoking.

For inspiration, read the success stories of several Hoosiers who have made the decision to quit smoking.

Then take the next step toward improving your health. Accept the challenge to quit smoking or become a person of influence and help someone you know conquer the addiction.

Today is the day to take control of your life.

There truly has never been a better time to quit.

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A SPECIAL MESSAGE FROM DR. JUDY MONROE

State Health Commissioner

There's no doubt in my mind that your time spent reading "There's Never Been a Better Time to Quit" will be time well spent. You'll be inspired by the personal stories of people who have overcome their addiction to nicotine. You also will be enlightened by various articles, tips and resources about the harmful effects of smoking.

But reading is not enough.

Take a moment to think about how you can influence others in matters of health. By your example, you already are making a difference in your own home, within your circle of friends and among your coworkers. **The impact you have on others during your day-to-day interactions can't be underestimated.**

My challenge to you is to take your role of influencing others to the next level. Start seeking out opportunities to act as a messenger, inviting others to make positive choices toward improving their health by taking control of their lifestyle choices.

If you're a smoker, stop smoking. You'd be amazed at how many people could be motivated to do the same by following your example.

As you share health information, tips and success stories with others, your actions will be like a pebble tossed in a pond. Your casual chat

with someone about how to quit smoking can start a ripple effect. Your example makes the possibility for change real.

Make a difference today ... at home, at work and beyond. Together, we can minimize the deadly effects of tobacco, which has been determined to be the single greatest cause of disease and premature death in Indiana.

As Theodore Roosevelt said, "Do what you can, with what you have, where you are."

Here are some ideas to get you started:

HEALTH CARE PROFESSIONALS should apply the "5 A's" in their practice: ask, advise, assess, assist and arrange. Urge identified tobacco users to quit and establish smoke-free homes so their loved ones won't start to smoke.

FRIENDS AND FAMILY are in your personal sphere of influence. Encourage others, including your children and other youth, to never take that first puff. If you smoke, don't smoke in the house or car and try to quit. Children are twice as likely to start smoking if a parent smokes.

BUSINESS LEADERS can provide a tobacco-free work environment and cessation classes for their employees. They also can support smoke-free laws and provide insurance coverage for smoking cessation medications and counseling, and develop a worksite wellness program.

SCHOOL LEADERS can implement a tobacco-free school environment and evidence-based smoking prevention programs, and support youth-led organizations such as Voice and the INSight Youth Corps.

FAITH COMMUNITIES are natural partners in health promotion. Enlist retired health professionals to help join forces in the community to support tobacco control. Encourage parents to maintain smoke-free homes, provide cessation resources and information, and work with youth to prevent them from ever starting down the path of addiction. Support smoke-free air workplace laws for all workers.

The Institute of Medicine recently released a publication called *Ending the Tobacco Problem: A Blueprint for the Nation*. Take time to read the report and learn more about how you can help by visiting www.iom.edu.

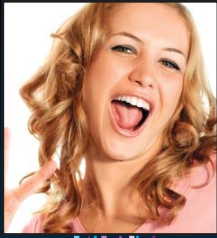
I'm confident that your efforts will make a difference.

For a healthier tomorrow,



A handwritten signature in black ink that reads "Judith A. Monroe M.D." The signature is fluid and cursive, with a long horizontal line extending from the start of the name.

Judith A. Monroe, M.D.
Indiana State Health Commissioner



"I took time to quit."



This can be you!



CARLA NEUHAUSEL

During one of our mother-daughter talks, my 11-year-old daughter asked, 'When the time comes, don't you want to be a part of my children's lives?'

When I answered, 'Of, course,' she caught me off guard when she replied, 'How will that be when it's possible that you can die of lung cancer before I am able to have my kids?' The sad look in her eyes said that she really felt that if I didn't quit smoking, I wouldn't be around to share in her adult life. Right then and there, my smoking took on a different perspective.

My daughter had been asking me to quit smoking for some time, and I had always said, 'I will.'

I love my daughter more than my own life and to think that I may not be around for her really made me take that first step to quitting. It's my honest attempt to stop.

"I love my daughter more than my own life and to think that I may not be around for her really made me take that first step to quitting. It's my honest attempt to stop. ... I just quit cold turkey."

I just quit one month ago. I just quit cold turkey. I have a straw that I use to keep my hands busy while driving. When at work, I take small walks and at home I sweep a lot. It has been one of the hardest things I have ever done.

I eventually realized I had smoked most of my adult life. It has done nothing but age my face and brought me grief.

But I feel hopeful. Every day that I am smoke free, I feel excited. I had a dream last week that I started smoking again and when I woke up I felt really disappointed. But then I realized it was a dream. I was excited again that I do not smoke. (I know that sounds crazy but I did feel much happier when I knew I had not smoked.) My next goal is to start running to tone my body.

I have not been smoke free long, so I am looking forward to feeling all of the benefits of not smoking. Right now, I do not have that nagging smoker's cough any longer and I always smell clean. I'm hopeful that I will soon see more changes.

I hope that my story brings inspiration to all who have hopes of quitting. Good luck. I know if I can quit, you can too.



SHEILA RHOADES

Some people don't have a problem with quitting — but not everyone smokes two to three packs of cigarettes a day. I did for about 33 years.

But I can now say I have successfully quit smoking, and I've been smoke free for seven months — thanks to my doctor, my family and a medication called Chantix.

I had tried everything to quit smoking and nothing had ever come close to working until I took Chantix. My doctor explained that the medication, which is relatively new in treating nicotine addiction, blocks the message to the brain that tells you you're addicted to nicotine. It also helps relieve the jitters, cravings, anxiety and general crabbiness that you often have to deal with during withdrawal.

“... the way I feel — both physically and mentally — is not worth the risk of going back to my 'ball and chain.' ”

I gave the medication a couple of months, and then I slowly started cutting back until I was down to half a pack a day.

When I felt strong enough, I thought I would see if I could go without smoking until after breakfast. When I was successful with that, I decided to try to refrain from smoking until after lunch. Pretty soon it was the end of the day and I hadn't smoked at all.

I never picked them back up.

I stayed on Chantix for three more months, but it varies with each person.

I have no urge to smoke. I only miss it occasionally, but the way I feel — both physically and mentally — is not worth the risk of going back to my 'ball and chain.'

When I quit smoking, I picked up crocheting. In about 3 ½ months I had managed to crochet five full-sized afghans and three baby blankets!

TANYA YOUNG

I started smoking when I was 15 years old as a way to fit in. It was around the time my mother died ... and I was looking to be a part of something; in this case, a group of friends who smoked.

When I went to college, I ended up in the same situation. All the women I hung around with smoked.

Now that I think back, I typically was smoking when I was around other people who were smoking. When I worked at a church camp, I didn't smoke, but when I went to college I started smoking again.

Eventually, it became an addiction, a mental and physical habit.

When I started getting involved in a church, I worked on quitting, but as soon as I left the church I started smoking again. I smoked for about eight years straight without any breaks.

I finally decided to quit for good when I found a lump in my breast during a self-exam. It really scared me. I realized if I had cancer it was probably my own fault. I committed to not smoking any cigarettes. It turned out that the lump was a cyst, a fluid build-up. After that I didn't smoke for 3 ½ years, but then I took a trip to Las Vegas where I was bombarded with smoke. I had an urge to revisit my addiction to smoking. I felt like I was missing something. I remembered the release I would get if I smoked — the inhaling and exhaling. I enjoyed the process. I felt like I was missing something.

I would think, I really need to stop, but the craving for the nicotine was so intense I would always choose it to satiate me over what I knew was healthy for me.

I'm finally committed to my decision to give up cigarettes.

The only thing that worked for me was to just stop smoking. I had tried all methods and programs, patches and gums. None of the alternatives or pacifiers designed to wean you off nicotine worked for me. If there was nicotine in my system, I wanted a cigarette. I just had to make a decision to not smoke.

When I smoked my energy was so low. I couldn't work out as well. Although I'm a small person, I would get winded just walking up a flight of stairs. I would even start having asthmatic symptoms. My chest would get so tight and I would start wheezing.

Now that I have quit, I feel so much better. I have more energy. I breathe a lot better. I taste things. I can get through my workouts without feeling extremely fatigued.

I've been smoke free for about a month. I feel 10 times better. One of the things I hated about smoking was the odor. I would do everything to hide it. I would constantly have to wash my hands. I was real paranoid about my teeth becoming yellow, so I would always brush my teeth and rinse my mouth really well. I never smoked in my house.

There's another bonus. I'm glad I don't have to stand outside of a restaurant on a corner somewhere smoking for all of society to see me. I would feel so tacky doing that!



Tanya Young, with her husband, Michael Cheatham.



Jayne Smith (right) is joined by her friend, Lori Eifrid.

JAYNE SMITH

Of course, I've tried to quit smoking a thousand times. But recently, I got more serious about quitting. First, the city of Fort Wayne told us we could not smoke near any building — even at work. No smoking in bars and restaurants. Then the price of cigarettes went up 44 cents a pack. And, worse, I was waking up in the middle of the night coughing. That alone really bothered me.

I had no one to talk to at home. I was just so depressed with how I was feeling. I knew no one was going to make this decision but me. I knew I had to do something. So I started using the patch and I didn't buy any more cigarettes.

I did well for about eight days — no smokes; not even a puff. At first, I felt I was doing great on my own. But then I was unable to purchase any more patches. But I did buy 'smokes' and just smoked about five cigarettes a day. I had cut down — but not totally quit.

"I am so pleased about my decision to quit smoking that it is sometimes overwhelming."

Things changed when I heard about a pill called Chantix. The pill stops the craving for nicotine in the brain without using nicotine to help you quit, like the patches I tried before. To help employees quit smoking, OmniSource Corp., the company I work for, allows a support group to meet once a week, on the clock. I get support from my co-workers in our support group. We all started the program at the same time and stopped smoking at the same time. I am so pleased with the progress that we all have made. We will even be reimbursed for our Chantix for the whole six months of the program.

For the first four days of the program, I took .5 mg of Chantix twice a day. Then on the eighth day I started taking 1 mg twice a day. It's then that you decide on your quit date. We all quit on the eighth day. I learned that it's better to be on the program for six months because you are actually training your brain to not want nicotine. I am breaking this addiction for good — so I'm staying with the program for the full six months.

My future is going to be nothing but better. I am so looking forward to completing things that I have not been able to do, like projects for my house and going places with my children.

I am so pleased about my decision to quit smoking that it is sometimes overwhelming.

I have been practically smoke free with few cravings. Even at home by myself I am able to quit smoking. My determination to quit has done nothing but good for me.

SHIRON HORSLEY

I'm glad I quit smoking June 6, 2007. I started smoking at age 12 and had been smoking up to four packs a day when my fiancé of 10 years died of a heart attack on May 6, 2007. He didn't take good care of himself. He was overweight and he smoked. When he died, it was a wake-up call. I was not going out like my fiancé. I knew then I needed to quit smoking so I would live to take care of my kids. No one else would do it. We can be hard headed until we come up against something that makes us pay attention.



I never really thought about how damaging smoking was to my kids and me. We're told about it, but we just don't pay attention. We just don't think about it.

When you smoke, you don't smell it. As you quit, you start to smell how bad it was and you see all the bad things that smoking actually does to you. I actually started crying one day when I smelled cigarette smoke. I felt so awful when I realized that used to be me.

I decided to quit because it boiled down to taking care of my kids or continuing to smoke. I have a good job, but now I have only one paycheck since it's just me.

Mentally, I was ready to stop smoking. It's all about being ready. If you're doing it for other people, it won't work. You have to quit smoking for yourself. When I first quit, it was hard in the beginning. A week before I quit smoking, I started doing the INShape Indiana with Mitch Daniels. Then I bought Nicorette gum and threw away my cigarettes and lighter. I stayed away from people who smoked and didn't allow anyone to smoke in my house. Then I went to our public relations person and he shared with me that the health department was offering Nicorette gum for free.

The gum helped the physical craving, but not the emotional part — the mood swings. I sometimes felt very nervous and felt like "going off." **So I would use the quitline: 1-800-QUIT-NOW (1-800-784-8669) to talk to a real person. Sometimes you just need someone to listen to you and to remind you of the reasons you need to quit smoking.** So it has gotten way easier.

Now that I don't smoke, I feel 100 percent better. It's life changing. I can breathe. I haven't had an asthma attack since I quit. I feel healthier. I'm proud of myself. Now I'm a healthy mom and I can be there for my kids. I can watch them graduate, watch them get married and have children. It's been worth it. — *As told to Deb Wezensky*

LINDA BARNES

Just recently, I've learned to live one day at a time — to get up and walk or gently exercise whenever I crave a cigarette.

For years, my doctors had told me to stop smoking if I didn't want my life to be cut short. It was only when I was no longer able to play with my grandchildren and I had to have oxygen 24/7 just to be able to breathe without pain, that I started to realize maybe my doctors were right.

In July 2006, during one of my many doctor appointments, I finally asked for help. When my doctor prescribed me medication to help me quit smoking, I did not look back. I decided I wanted to live to see my grandchildren grow up.

After smoking for 47 years, I finally quit smoking on Aug. 9, 2006.



“You have to quit looking back and look forward to a better life.”

How did I quit? I told all of my family and friends my quit date. My husband made sure cigarettes were out of my reach. Reading daily Bible verses, praying and knowing that my family and friends were there for me are big parts of my success. I also started going to First Place meetings — a combined Bible study and weight loss program. It's been a great way to meet other women who are helping each other cope with daily concerns — no matter what they may be.

Anyone who wants to quit has to know it is going to be a tough fight. But there is help available. However, pills, patches or other aids won't work unless you want to quit. You have to quit looking back and look forward to a better life.

I realize how fortunate I am to have a husband, children, brothers, sisters, friends and doctors who care. And I thank God every day for the strength that He gave me to face this challenge.

Since I quit, I no longer need oxygen 24/7. I am able to walk and talk at the same time. My lungs are clear and I no longer have to fear what the doctor might say. I am looking forward to spending more time traveling with my husband, more time with my children and grandchildren and less time in the hospital. I have no desire to ever smoke again.



Lorin Dotson,
with his wife,
Wendy.

LORIN DOTSON

My wife and I had always talked of retiring somewhere near the ocean. But one day — after we had helped our last child move out — my wife asked me if I really would be around to do that. Her question was appropriate since I had been smoking for 32 years. I had quit in the past, but I finally was determined to successfully stop smoking.

I had tried to quit a half a dozen times. Many people around me smoke, and I have always felt that stress in my line of work was alleviated by smoking. I have always felt that I could do anything that I put my mind to. But trying to quit smoking cigarettes was extremely difficult.

As my kids got older, I felt more pressure from them to not smoke. They would hear about how bad smoking was and they'd ask me, 'Why do you smoke?' My kids were very excited when I told them about using Chantix to quit smoking and that I was going to be successful.

A friend had stopped smoking several months ago after his doctor prescribed Chantix for him. I decided to ask my doctor about it during a checkup. He informed me that there had been a fairly substantial success rate, so I decided to give it a try.

“... I feel better ... I have more energy. I can't remember the last time I felt this good.”

I am now into my eighth week of being smoke free. I feel I have finally kicked the habit after many unsuccessful attempts. Chantix has eliminated my craving for cigarettes. The drug has very little side effects. Some days, I felt less energetic and drowsy, but I felt it was a small price to pay for the rewards.

I used to feel uncomfortable around clients when I smoked. I was worried that I smelled like cigarette smoke. I went to great lengths to try to not pick up the smell of cigarettes. Now, it's not even a remote possibility.

I have been off of my prescription for a while and I feel better than I have for a long time. I have more energy. I can't remember the last time I felt this good. I look forward to spending some good times with my wife and my six grandchildren.

I hope everyone can make their minds up to quit smoking and that they find the support they need to be successful.



*NOW
is the
time.*

One Hoosier
dies every hour
from a tobacco-
related illness.

— Centers for Disease
Control and Prevention

Nearly 1 million
Hoosier smokers
want to quit. More
than 130,000 did
last year.

— 2006 Indiana Adult
Tobacco Survey

For every
person who dies
of a smoking
attributable
disease, 20 more
are suffering with
at least one
serious illness
from smoking.

— Centers for Disease
Control and Prevention

A SPECIAL MESSAGE FROM **CHERI DANIELS**

First Lady of Indiana

As a woman, mother and first lady, I am deeply concerned about the negative effects tobacco has on the citizens of our state — especially our youth. Millions of dollars are spent to market this deadly product, and far too many young people are being enticed to start smoking.

As a mother, I wanted my four daughters to grow up and make responsible decisions, especially when it came to their health and well-being. As they grew into young adults, I kept an open dialogue with them about many issues that affected their lives, including smoking. Mitch and I tried to set positive examples by not smoking and taking advantage of every opportunity to encourage them to lead healthy lives. Luckily, all four of our daughters do NOT smoke.



As a sister, I always encouraged my sister to quit smoking. She smoked her entire adult life and I tried to support her in her efforts to quit, even offering to buy her the patch. She finally conquered her addiction. The reality is she had to come to that decision herself. Yet, we each can encourage our relatives and friends to take measures to improve their health.

With this influence in mind, I've started a program called Heart to Heart, which encourages college-age women to start leading healthy lives early in life. Through this program, I encourage women to use key information they receive about preventing heart disease to have a heart-to-heart conversation with the women they love. I continue to talk with my girls about their health; I've had a heart-to-heart with each one of them.

Smoking is the single greatest modifiable risk factor in preventing heart disease. Unfortunately, 22 percent of women over 18 years of age smoke. We can change this! **You don't have to be the first lady to make a positive impact on the issue of tobacco use in our state.** Think about the many roles you play and the opportunities you have to promote healthy habits and have a heart-to-heart with the women close to you.

The strongest role you can play as a woman is to become a role model and have a strong positive influence on those you love. If you are a smoker, make the commitment to quit and become a positive influence for the many people you love — whether it's your daughter, sister, mother, friend, co-worker or the important man in your life.

I challenge everyone in Indiana to take an active role, however big or small, in reducing the use of tobacco and encouraging those you love to lead a heart-healthy life. Together we can make a difference and improve the health of our citizens for generations to come.

In good health,

Cheri Daniels
First Lady of Indiana

THE BIG PAYOFF

After you stop smoking, your body begins to repair itself within just a few moments. Here's how quickly your health can start improving after you put down that cigarette for good:

WITHIN 20 MINUTES:

- > Blood pressure decreases to normal
- > Heartbeat stabilizes
- > Temperature of hands and feet increase to normal

WITHIN 8 HOURS:

- > Carbon monoxide level in the blood decreases to normal
- > Oxygen level in the blood increases to normal
- > Mucus begins to clear from the lungs, improving breathing

WITHIN 24 HOURS:

- > Chance of a heart attack decreases

WITHIN 48 HOURS:

- > Sense of smell and taste improve
- > Nerve endings begin regrowing

WITHIN 3 MONTHS:

- > Circulation improves
- > Walking becomes easier
- > Lung function improves
- > Immune system improves

WITHIN 9 MONTHS:

- > Coughing, sinus congestion, wheezing, fatigue and shortness of breath decrease
- > Cilia regain normal function in the lungs, increasing the ability to handle mucus and clean the lungs

AT 1 YEAR:

- > Risk of coronary heart disease is lowered to half of that of a smoker

AT 5 YEARS:

- > Risk of stroke is reduced to that of a person who has never smoked

AT 10 YEARS:

- > Risk of lung cancer drops to half that of a current smoker
- > Risk of mouth, throat esophagus, bladder, kidney and pancreatic cancer decreases
- > Risk of ulcers decreases

AT 15 YEARS:

- > Risk of coronary heart disease is similar to those who have never smoked
- > Risk of death returns to similar level to those who have never smoked

Source: *Indiana Tobacco Prevention and Cessation*, www.itpc.in.gov, (317) 234-1787

HELP FOR HEALTH CARE PROVIDERS:

5 A'S FOR CESSATION COUNSELING

ASK

Ask about tobacco use.

Identify and document tobacco use status for each patient.

ADVISE

Advise to quit. In a clear, strong and personalized manner, urge every tobacco user to quit.

ASSESS

Assess willingness to make a quit attempt.

Determine the patient's readiness to make a change.

ASSIST

Assist in the quit attempt.

Use counseling and pharmacotherapy to help a patient quit.

ARRANGE

Arrange follow-up. Schedule a follow-up contact, preferably within the first week after the quit date.

5 R'S TO MOTIVATE A PATIENT TO QUIT SMOKING

RELEVANCE

Provide information that has the greatest impact on the patient's disease status, family or social situation (e.g., children and second-hand smoke), health concerns, age or gender.

RISKS

Acute risks: shortness of breath, exacerbation of asthma, harm to pregnancy, impotence, infertility, increased blood carbon monoxide, bacterial pneumonia; increased risk for surgery
Long-term risks: heart attacks, strokes, lung and other cancers, chronic obstructive pulmonary diseases, long-term disability and need for extended care
Environmental risks: increased risks of lung cancer and heart disease in spouses; higher rate of smoking by children of tobacco users; increased risk of low birth weight babies, SIDS, asthma, middle ear disease, and respiratory infections in children of smokers.

REWARDS

Highlight benefits most relevant to the patient, such as better health, improved sense of taste and smell, money saved, good example for children, more physically fit, and reduced wrinkling and aging of skin.

ROADBLOCKS

Ask the patient to identify barriers to quitting, such as withdrawal symptoms, fear of failure, weight gain, lack of support and depression. Note elements of cessation treatment, such as problem solving or pharmacotherapy.

REPETITION

Repeat the motivational intervention each time the patient has an office visit. Let the patient know that most people make repeated attempts to quit before they succeed.

Source: *Indiana State Medical Association*

A POWERFUL ADDICTION: NICOTINE

If you have tried to quit smoking, you know how hard it can be. It is hard because nicotine is a very addictive drug. For some people, it can be as addictive as heroin or cocaine. Quitting is hard. Usually people make two or three attempts, or more, before finally being able to quit. Each time you try to quit, you learn about what helps and what hurts.

Quitting takes hard work and a lot of effort, but you can quit smoking.

To help you get started, consider the advantages of quitting and take steps that have proven to be helpful to others who have overcome their addiction to nicotine.



GOOD REASONS FOR QUITTING

- > You will live longer and live healthier.
- > Quitting will lower your chance of having a heart attack, stroke or cancer.
- > If you are pregnant, quitting smoking will improve your chances of having a healthy baby.
- > The people you live with, especially your children, will be healthier.
- > You will have extra money to do positive things for yourself and your family.

CONTROL YOUR CRAVINGS

Nicotine is a powerful addiction. If you have tried to quit, you know how hard it can be. People who are trying to quit smoking go through both physical and psychological withdrawal.

They face cravings, which in their most intense form, usually only last for minutes. Use these techniques to minimize the length and intensity of your craving:

- > **Drink plenty of liquids, especially water.** Try herbal teas or fruit juices. Limit coffee, soft drinks and alcohol — they can increase your urge to smoke.
- > **Avoid sugar and fatty food.** Try low-calorie foods for snacking — carrots and other vegetables, sugarless gum, air-popped popcorn or low-fat cottage cheese. Don't skip meals.
- > **Exercise regularly and moderately.** Regular

exercise helps. Joining an exercise group provides a healthy activity and a new routine.

- > **Get more sleep.** Try to go to sleep earlier and get more rest.
- > **Take deep breaths.** Distract yourself. When cravings hit, do something else immediately, such as talking to someone, getting busy with a task or taking deep breaths.
- > **Change your habits.** Use a different route to work, eat breakfast in a different place, or get up from the table right away after eating.
- > **Do something to reduce your stress.** Take a hot shower, read a book or exercise.



FIVE-DAY COUNTDOWN

Map a plan to quit your nicotine addiction

Commit to these simple steps to help you conquer your addiction to nicotine in less than a week.

5 DAYS BEFORE YOUR QUIT DATE

- > Think about your reasons for quitting. Write them down.
- > Tell your friends and family you are planning to quit.
- > Stop buying cigarettes.

4 DAYS BEFORE YOUR QUIT DATE

- > Pay attention to when and why you smoke.
- > Think of other things to hold in your hand instead of a cigarette.
- > Think of habits or routines to change.

3 DAYS BEFORE YOUR QUIT DATE

- > What will you do with the extra money when you stop buying cigarettes? Make a list.
- > Think of whom you can contact when you need help.

2 DAYS BEFORE YOUR QUIT DATE

- > Buy the nicotine patch or nicotine gum.
- > Or see your doctor to get the nicotine inhaler, nasal spray, or the non-nicotine pill.

1 DAY BEFORE YOUR QUIT DATE

- > Put away lighters and ashtrays.
- > Destroy all cigarettes and matches.
- > Clean your clothes to get rid of the smell of cigarette smoke.

QUIT DAY

- > Keep very busy.
- > Remind family and friends that this is your quit day.
- > Stay away from alcohol.
- > Give yourself a treat or do something special.

SMOKE FREE

- > Congratulations!
- > Eat healthy food and exercise.

If you “slip” and smoke, don’t give up. Set a new date to get back on track. Call a friend or a “quit smoking” support group.

FOR MORE HELP

Visit your health care provider for medical advice on quitting; call the Indiana Tobacco Quitline at 1-800-QUIT-NOW (784-8669) and seek help from a trained tobacco cessation coach, or contact the local ITPC-affiliated community coalition for resources at www.in.gov/itpc/community.asp or see pages 14 and 15.

Source: U.S. Department of Health and Human Services, www.surgeongeneral.gov/tobacco/5daybook.htm



*Be smoke
free in
a week.*



Lung cancer is the leading cancer killer of women, surpassing breast cancer in 1987.

— American Cancer Society,
National Center for Health Statistics

Each year 260 Indiana children lose their mom to smoking.

— Preventive Medicine, May 2000.
Leistikow, B., et al.

Nearly 1 out of every 5 babies born in Indiana is born to a mom who smoked during pregnancy.

— 2005 Indiana Birth Certificate Data



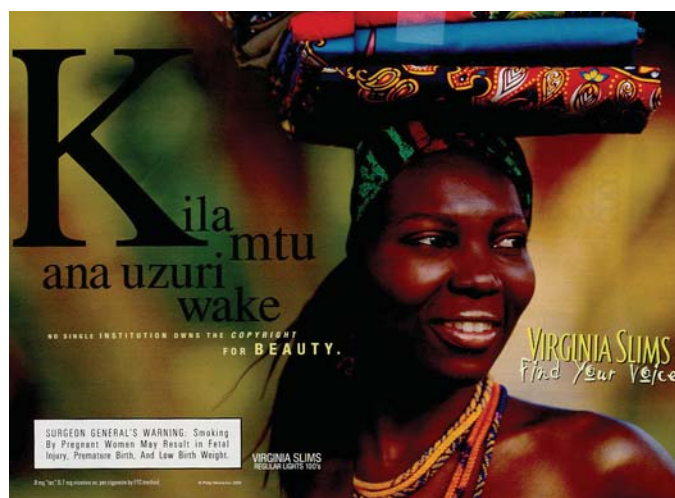
You
really
can quit!

Tobacco companies spend \$425 million on marketing in Indiana, compared to \$16.2 million on programs to prevent kids from smoking and help smokers quit.

— 2005 Federal Trade Commission Report of Cigarette Marketing

For every \$1 Indiana spends on tobacco prevention, the tobacco industry spends \$26 in marketing and advertising.

— 2005 Federal Trade Commission Report of Cigarette Marketing



Philip Morris has a history of targeting women with Virginia Slims ads.

UP IN SMOKE

Tobacco marketing hits its mark — sparking a huge increase in smoking among women

by Victoria Almquist

The tobacco industry’s history of targeting its marketing toward adolescent and adult women dates back to the 1920s and has always generated controversy. Early marketing efforts featured existing brands with messages clearly aimed at women. Perhaps the most famous was Lucky Strike’s campaign encouraging women to “Reach for a Lucky Instead of a Sweet.” One ad featured the profile of a slender woman in front of the silhouette of a larger woman, so the message was unavoidable. Candy makers protested the ads. Other ads that targeted women from that era include “Blow Some My Way” (Chesterfield), “Ivory Tips Protect the Lips” (Marlboro), and “Keep Kissable” (Old Gold).

CREATING A LURE

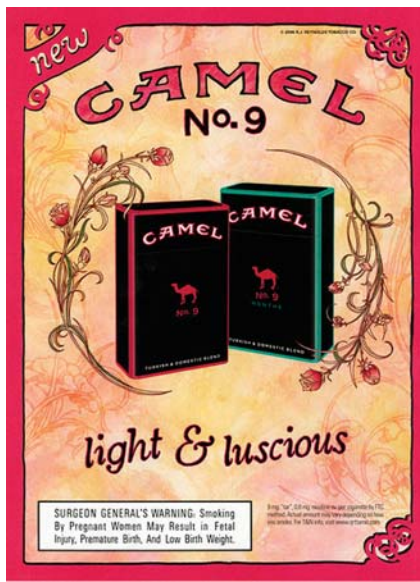
The marketing campaigns for these brands often equated smoking with independence, sophistication and femininity, and preyed on the social pressures women and girls face. The campaigns in the 60’s and 70’s sought to take advantage of the impact the women’s liberation movement was having on the role of women in America. The marketing of cigarettes as “slims” or “thins” played into social pressures on young women to control their weight, manage stress and appear more mature. More recent campaigns have carried themes of rebelliousness, such as Winston’s ads citing “Yeah, I have a Tattoo and No, You Can’t See It.” They also have reflected

“This targeted marketing has found its mark; the smoking rate for Hoosier high school girls is now at 23 percent.”

In 1968 Philip Morris launched the first woman-specific brand, Virginia Slims, with its iconic “You’ve Come a Long Way, Baby” advertising campaign. Within a mere six years of the introduction of Virginia Slims, smoking initiation rates for 12-year-old girls had increased by a whopping 110 percent. Obviously, Philip Morris was on to something: Virginia Slims was followed by a number of other women-specific cigarettes, including “slim” or “thin” versions of existing brands, as well as new brands such as Misty, Eve and Capri — a “super slim” cigarette.

the movement to express one’s heritage or unique personal style, such as Virginia Slims’ Find Your Voice ad campaign that featured women of color and copy written in Spanish and Swahili. This targeted marketing has found its mark; the smoking rate for Hoosier high school girls is now at 23 percent, and 22 percent of Indiana women over 18 currently smoke.

But advertisements were just the beginning of the targeted marketing. The cigarette companies also reach out to their women customers using tactics such as Virginia Slims catalogues of



The tobacco industry tries to design ads and packaging that prey on the various social pressures women and girls face.

clothing and other merchandise branded with “VS,” free women’s magazines such as Brown and Williamson’s Flair, and contests for free visits to luxurious spas. Virginia Slims customers can still receive catalogues, but the merchandise offered is no longer branded because of legal constraints.

RECENT CAMPAIGNS

Perhaps the most egregious example of the tobacco industry’s putting women and girls in its crosshairs is the recent glitzy rollout of R.J. Reynolds’ new women-targeted brand, Camel No. 9. According to R.J. Reynolds, the company developed the product because women smokers “didn’t feel that Camel had a brand for them.” Eager to fill that void, RJR launched Camel No. 9, with sleek packaging, flowery ads and the slogan, “light and luscious.” The packs have shiny deep pink foil lining instead of the usual silver. Every cigarette also features a pink camel.

Camel No. 9 was launched in January of this year with a huge marketing effort, estimated at costing between \$25 million and \$50 million. Full-page ads have been running in women’s magazines that have high youth readership such as *Vogue*, *Glamour*, *Cosmopolitan*,

Marie Claire and *InStyle*. In September, a new ad was unveiled for the longer version of Camel No. 9 with the slogan, “Now in Stiletto.”

Point-of-sale marketing for Camel No. 9 is pervasive in stores nationwide. The direct mail marketing for this brand is extravagant and includes an offer for a free cigarette case and dollar-off coupons that are folded into an empty pack so that the pack looks as if it is full of cigarettes. Perhaps the most outrageous aspect of this marketing campaign is the Camel No. 9 parties — “ladies only” nights — held in bars across the country. These events

offer women facials, manicures, makeup and hair styling, all to be enjoyed while smoking a free pack of Camel No. 9’s and drinking a new drink named in honor of the brand, the

Divine Nine martini. Partygoers receive goody bags filled with treats and coupons. In some locations, the goody bags included pink crystal “jewelry” for cell phones and tiny cases of pink lip gloss, both of which seem clearly aimed at girls.

FIGHTING BACK

The Camel No. 9 marketing campaign has created outrage across the country. Women who don’t smoke and rarely notice cigarette ads were incensed at the blatant targeting of young women, and the use of feminine images and the color pink. Efforts are underway to let the women’s magazine editors know how offensive many women (and men) find this marketing. U.S. Rep. Lois Capps (D-CA) was joined by 40 other members of Congress in sending letters to the editors of 11 women-focused magazines, including *Vogue* magazine, asking them to stop running the ads. On August 15, a letter signed by 47 national health and women’s groups was sent to the chairman of R.J. Reynolds, Susan Ivey, asking her to remove Camel No. 9 from store shelves across the country. At least one state attorney general is investigating the marketing.

Will any of this make a difference? It can if more women and girls say no to the marketing and let the magazines and stores hear that this kind of target marketing is simply not acceptable. We must make every effort to ensure that girls don’t succumb to the wiles of the tobacco industry by joining together and speaking out. You can let your voice be heard by using your influence to write a letter to the editor of these magazines.

A sample letter and where to send them can be found at www.influence.in.gov.

Almquist is the director of Outreach for the Campaign for Tobacco-Free Kids.



SPREAD THE WORD

Education and support are vital in lowering the use of nicotine among minorities

by Elizabeth Hart

As marketing director at the Indiana State Department of Health, I know all too well the sobering impact that nicotine has had on minorities. Here are just a few of those statistics:

- > Each year, about 45,000 African Americans die from a preventable smoking-related disease.
- > The smoking rate for Hoosier African Americans is slightly higher than other African Americans in the United States (27 percent vs. 22 percent).
- > The smoking rate for Latinos in Indiana is also higher than the all-states median for Latinos (23 percent vs. 19 percent).
- > African Americans have a higher lung cancer incidence and mortality rates compared to Whites. Rates for new cases of lung cancer were 16 percent higher for African Americans compared to Whites.

Those numbers hit home on a personal level, when my father, a 62-year-old African-American man, died after suffering a sudden heart attack. He smoked a pack of cigarettes every day for 25 years.

For years, I had tried to convince my father to quit smoking. My attempts were unsuccessful. Sometimes I think if I had been equipped with more information, I could have better educated him about the benefits of being a nonsmoker, possibly convincing him to quit.

Smoking and tobacco use are a major contributor to the three leading causes of death among African Americans: heart disease, cancer and stroke.



In minority communities, unfortunately, this is an all too familiar story to many. For decades, minorities have been specifically targeted by the tobacco industry through billboards and promotional items in newspapers, magazines and sponsorships of special events.

If we are to stop the damaging effects of tobacco throughout our communities, we must understand the important roles education and support play in promoting healthier lifestyles and extending the life expectancy of all minorities.

Traditionally, minority communities heavily rely on comfort from family and members of their religious establishment. It is not only essential for a smoker to be equipped with the knowledge and helpful tips to quit, but it is equally important for those around them to offer their guidance and assist in any way.

The time to stop smoking is now. The time to support your family and friends is now.

Hart is the marketing director of the Indiana State Department of Health.

RESOURCES

The following resources are provided to help you conquer your tobacco addiction — or to help someone you care about quit smoking. The list is provided by Indiana Tobacco Prevention and Cessation Agency to help carry out its mission to reduce the number of smokers in Indiana.

Indiana Tobacco Quitline, (800) QUIT-NOW (800) 784-8669, www.indianatobaccoquitline.net

Indiana Tobacco Prevention & Cessation, (317) 234-1787, www.in.gov/itpc/

White Lies, www.whitelies.tv

Voice, www.voice.tv

Indiana Family Helpline, (800) 433-0746

INShape Indiana, www.inshape.in.gov/tobacco

INfluence, www.influence.in.gov

Smokefree Indiana, www.smokefreeindiana.org

American Cancer Society, (800) ACS-2345, www.cancer.org

American Heart Association (800) AHA-USA1, www.americanheart.org

American Legacy Foundation, www.americanlegacy.org

American Lung Association, (800) LUNG-USA, www.lungin.org

Anthem, www.anthem.com

Campaign for Tobacco-free Kids, www.tobaccofreekids.org

Centers for Disease Control and Prevention, www.cdc.gov/tobacco/how2quit.htm

Clarian Tobacco Control Center, (317) 962-9662, dhudson@iupui.edu

Local support and resources by county:

Adams	Katie Myers	(260) 724-2145 ext. 3408	kmyers@adamshospital.com
Allen	Richard Conklin Raquel Aragon	(260) 420-7484 (260) 456-5000	dick@tobaccofreeac.com raragon@uha-bjc.org
Bartholomew	Caroline Martinez	(812) 376-5092	cmartinez@crh.org
Benton	Jackie Ferdinand	(574) 583-7111	mcochran@localline.com
Blackford	Deborah McGriff-Tharp	(260) 726-1925	dtharp@jaycountyhospital.com
Boone	Delana Bennington	(765) 482-6099	debenington@netcapade.com
Brown	Sherri Rice	(812) 988-2255	browncountyhealth@localhealth.in.gov
Carroll	Brenda Coble	(765) 564-3420	healthd@carrollcounty.in.gov
Cass	Amy Sweet	(574) 722-5151 (574) 361-7187	asweet@fourcounty.org
Clark	Andrea Hannah	(812) 283-2649	andrea.Hannah@clarkmemorial.org
Clay	Linda Messer	(812) 448-9019	elaine@cfyi.org
Clinton	Phyllis Peter, RN	(765) 656-3340	brandie1@earthlink.net

RESOURCES (continued)

Crawford	Patoka Family Health Care Clinic	(812) 338-2924	medwo@netzero.com	Monroe	Shirley Lindsey-Sears	(812) 353-5811	slindsey@bloomingtonhospital.org
Daviess	Valerie Roark	(812) 254-2760 ext. 322	beth@hoosieruplands.org	Montgomery	Father Alexis Miller	(765) 364-7870	fralexis.ahead@sbcglobal.net
Dearborn	Kelly Mollaun	(513) 515-3221	kelly.mollaun@lanxess.com	Morgan	Morgan County Health Department	(765) 342-6621	jluw@sbcglobal.net
Decatur	Barb Schasney	(812) 663-4331	barbs@dcmh.net	Newton	Indiana Tobacco Prevention and Cessation	(317) 234-1787	jarnett@itpc.in.gov
DeKalb	Jamie Leeper	(260) 920-2572	jleeper@dekalmemorial.com	Noble	Randy Handshoe	(260) 636-3365	rhandshoe@dfnc.org
Delaware	Ashlee Bane Delaware County Health Department	(765) 281-2745 (765) 747-7721	jw@familyservicesmuncie.org	Ohio	Ohio County Health Department	(812) 438-2551	dmorgan@itpc.in.gov
Dubois	Kathy Mathies	(800) 852-7279	kmathies@mhcc.org	Orange	Hanna K. Swayer	(812) 723-7474	hsawyer@bloomingtonhospital.org
Elkhart	Josephine Roman	(574) 523-2114	jroman@elkhartcountyhealth.org	Owen	Dave Newgent	(812) 828-9622	d_newgent@yahoo.com
Fayette	Karolyn Buckler	(765) 825-7633	kbuckler@comedcoalition.org	Parke	Ann Mattox	(765) 569-4008	fhcc@bloomingdaletel.com
Floyd	Lynetta Weathers	(812) 948-6730	lweathers@fmhs.com	Perry	Jan Sprinkle	(812) 547-3435	jan@lhdc.org
Fountain	Kathy Walker	(765) 793-4881	kwalker@capwi.org	Pike	Kathy Mathies	(800) 852-7279	kmathies@mhcc.org
Franklin	Stayin' Alive	(765) 647-7272	kbuckler@comedcoalition.org	Porter	Susan Gleeson	(219) 464-5480	prevention.education@valpo.edu
Fulton	Linda Lukens Petersen	(574) 224-5152	linlukpetersen@yahoo.com	Posey	Martha Caine	(812) 476-1471	itpcsmokefree@hotmail.com
Gibson	Martha Caine	(812) 476-1471	itpcsmokefree@hotmail.com	Pulaski	Gail Hildebrandt	(574) 946-6017	hilde@pwrct.com
Grant	Marion General Hospital Lung Center Lisa Couch	(765) 662-4153 (765) 517-2170	cindy.thompson@mgh.net	Putnam	Meredith Williams	(765) 655-2697	pctobacco@gmail.com
Greene	Nancy Cummings	(812) 384-8769	greenetobaccofree@sbcglobal.net	Randolph	Brigette Reidy	(765) 584-1155 ext. 14	rcnurses@insightbb.com
Hamilton	Nancy Collett	(317) 776-7906	ncollett@riverview.org	Ripley	Kathy Newell	(812) 933-5115	Kathy.newell@mmch.org
Hancock	Brandee Bastin	(317) 468-4162	bbastin@hancockregional.org	Rush	Ronda Sweet	(765) 932-7472	ronda.sweet@arushmemorial.com
Harrison	Jennifer A. Riley	(812) 738-8708	jriley@hchin.org	Scott	Scott County Health Department	(812) 752-8455	dmorgan@itpc.in.gov
Hendricks	Jill Woodward Wendy LaLone	(317) 745-3553 (317) 217-3477	jawoodw@hendricks.org WLalone@clarian.org	Shelby	Judith A. Collins Shelby County Drug-Free Coalition	(317) 421-5689 (317) 398-3135	jcollins@majorhospital.com shelbycc@sbcglobal.net
Henry	Sandy Moore	(765) 521-1401	smoore@hcmhcares.org	Spencer	Kim Litkenhus	(812) 660-0660	klitkenhus@spencer.k12.in.us
Howard	Shirley Dubois	(765) 457-9313	shirleyd@fsahc.org	St. Joseph	Roz Summerlin	(574) 239-8585 ext. 380 (574) 239-5299 (574) 647-7318 (574) 647-6880	Summerlin@hcisjc.org sabojs@sjrhc.com
Huntington	Bill Lucker	(260) 356-2865	cmphillips5@comcast.net		Jill Sabo Sally Szymonik Kree McMullen		
Jackson	Susan Wynn	(812) 522-2349	swynn@schneckmed.org	Starke	Jennie Carter	(574) 772-2520	jenniescarter@yahoo.com
Jasper	Indiana Tobacco Prevention and Cessation	(317) 234-1787	jarnett@itpc.in.gov	Steuben	Marty McNeal	(260) 668-1000	mmcneal@co.steuben.in.us
Jay	Deborah McGriff-Tharp	(260) 726-1925	dtharp@jaycountyhospital.com	Sullivan	Alice Dodd	(812) 268-4737	alice@milburnpharmacy.com
Jefferson	Kimberly Crawford	(812) 265-0598	smokefreemadison@hotmail.com	Switzerland	Kim Crawford	(812) 265-0598	smokefreemadison@hotmail.com
Jennings	Jennings County Health Department	(812) 352-3024	dmorgan@itpc.in.gov	Tippecanoe	Tristan Emery Cathlyn Fraguela Gabriel Colon	(765) 494-4012 (765) 742-5046	temery@purdue.edu cfraguela@cfrc.org, gcolon@cfrc.org
Johnson	Partnership for a Healthier Johnson County	(317) 346-3728	partnership@johnsonmemorial.org	Tipton	Debby Bennington	(765) 675-8741	debbenny@yahoo.com
Knox	Tammy Howell	(812) 882-5220 ext. 3215	thowell@gshvin.org	Union	Kim Klein Elaine Meyers	(765) 458-5393 ext. 32 (765) 458-5393 ext. 24	kklein@localhealth.in.gov emeyers@uchd.com
Kosciusko	Linda Lukens Petersen	(574) 224-5152	linlukpetersen@yahoo.com	Vanderburgh	Johnny Kincaid Linda White	(812) 467-0728 (812) 423-5452	Johnny@icanquit.org vcnhc@evansville.net
LaGrange	Dave Bell	(260) 336-9349	tobaccofreelagco@myvine.com	Vermillion	Michelle Stucker	(765) 569-2969	michelle@cfiy.org
Lake	Dr. Rebekkah Ross Sheryl Mayo	(219) 886-4788 (219) 883-QUIT (219) 833-7848	heluvdme@yahoo.com smcmtc@sbcglobal.net	Vigo	Carrie Evans	(812) 323-5190	caevans@cfiy.org
LaPorte	Lynn Zeiler Pam Blake	(219) 326-2480 (219) 877-1557	lzeiler@lph.org Pamela.Blake@ssfhs.org	Wabash	Daniel Gray	(260) 563-7727	tobaccofreewabash@hotmail.com
Lawrence	Alice Horsting	(812) 279-6222	ahorsting@dunmemorial.org	Warren	Kathy Walker	(765) 793-4881	kwalker@capwi.org
Madison	Michelle Cook Brenda Carey Michelle Richardt Matilda Barber	(765) 298-1660 (765) 552-4816 (765) 641-2663 (765) 641-7499	Michelle.cook@ecommunity.com BJcarey@stvincent.org mdrichar@sjhsnet.org	Warrick	Karen O'Brien	(317) 234-2441	kobrien@itpc.in.gov
Marion	Lisa Smith Jose Luis Romero Valeria Hall	(317) 221-2084 (317) 472-1055 (317) 545-6580	lsmith@hhcorp.org omorales@indianalatin.com firefightert@sbcglobal.net	Washington	C. Randy Bugh Gayle Berryman	(812) 883-5881 (812) 883-0103	cbugh@wcmhospital.org
Marshall	Tammy Pairitz Kim Knez Jill Sabo	(574) 936-5141	womenscareply@hoosierlink.net	Wayne	Pat Murrach Amy Stadick	(765) 983-3099 (765) 973-8526	murrachp@reidhospital.com
Martin	Kathy Mathies	(800) 852-7279	kmathies@mhcc.org	Wells	Molly Lesnet	(260) 824-5019 ext. 7952	cnfmolly@onlyinternet.net
Miami	Mike Wilson	(765) 472-4450	imsmokefree@comcast.net	White	Indiana Tobacco Prevention and Cessation	(317) 234-1787	jarnett@itpc.in.gov
				Whitley	Nila Reimer	(260) 244-6524	reimern@earthlink.net

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