ting off of it."

One model might be Illinois's unemployment compensation scheme, in which people who lose their jobs receive money for a limited amount of time, can earn up to half their benefits before they're docked, and have to demonstrate that they're trying to find work. Driscoll also suggests direct-payment voucher systems for landlords and grocery stores.

Driscoll is, she cautions, speaking in generalities: Plenty of those who find themselves on public aid would like to get off it but don't know how. She's hoping for a new emphasis on education in shelters, "if you can get the liberal left to get off the bandwagon about 'You can't force people to do things because you think it's right.' Well, maybe they can't, in publicly operated shelters and publicly funded shelters. But, as a private shelter, we can make it a part of our contract—and we do."

Driscoll predicts that other shelters will begin to emulate her methods, now that state and national groups have begun to recognize St. Martin. The National Alliance to End Homelessness, for example, has named the shelter one of eight model programs in the United States in its book *The Checklist for Success: Programs to Help the Hungry and Homeless.*

Plans for expansion of St. Martin de Porres are under way. Rather than increasing the number of beds, however, the shelter will use the added room to improve its program. The 4,100-square-foot addition will include a children's playroom, a preschool classroom, counseling rooms, a resale shop for job training, a GED classroom, a medical clinic, a women's lounge, and additional laundry facilities.

So far, however, Driscoll hasn't lined up funding for the mammoth project. "Like everything else, it'll come," she says. "It's always been our position that if God wants this place to go, then God's going to have to provide the means for it to happen. And so far, it's worked."

Bryan Miller is a Chicago-based freelance writer.

COLD TURKEY

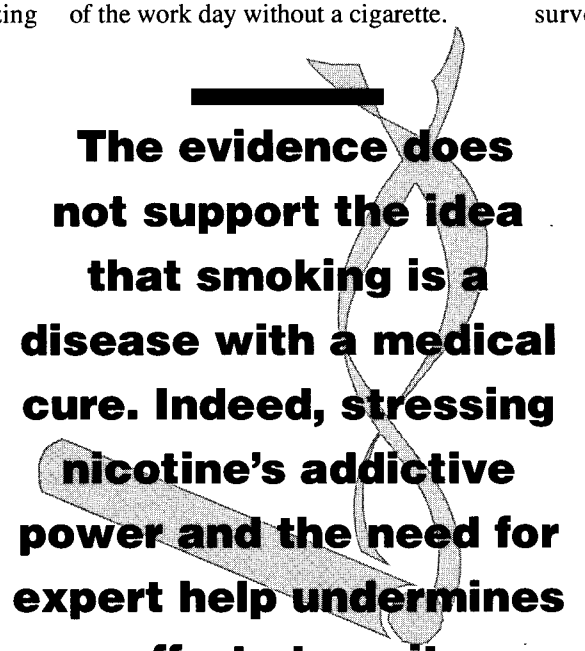
BY STANTON PEELE

Surgeon General C. Everett Koop's 1988 report on the health consequences of smoking compared nicotine addiction to a heroin habit. "Recognizing tobacco use as an addiction is critical...for understanding why people continue to smoke despite known health risks," the report says. "Tobacco use is a disorder which can be remedied through medical attention."

There are good reasons to call smoking an addiction. Many smokers have a strong desire for nicotine, develop tolerance for its effects, and suffer withdrawal symptoms without it. In several surveys, addicts and alcoholics in treatment have said that cigarettes were tougher to give up than crack, cocaine hydrochloride, or alcohol. But the evidence does not support the idea that smoking is a disease with a medical cure. Not only is that approach misleading, stressing nicotine's addictive power and the need for expert assistance undermines efforts to quit.

While some 46.5 million Americans smoke, the Centers for Disease Control report that nearly as many—44 million—have kicked the habit. Furthermore, over 90 percent did so on their own, without any formal treatment program. Now if we could only learn how more than 40 million Americans gave up cigarettes, we would know the most successful method ever used for quitting addiction. It turns out that good information, social forces, and concern for one's health work better than any kind of treatment.

To begin with, the government, the news media, and national health organizations publicized accumulating evidence that smoking is toxic. At the same time, individuals and employers began to disapprove of smoking and smokers. In many companies, smoking actually impaired one's chances for promotion. Employees sometimes had to hide their smoking or restrict it so dramatically that they went through most of the work day without a cigarette.



The evidence does not support the idea that smoking is a disease with a medical cure. Indeed, stressing nicotine's addictive power and the need for expert help undermines efforts to quit.

Meanwhile, smokers' friends and families began indicating that smoking was abhorrent to them. They expressed concern about smokers' self-destructive behavior and complained that tobacco smoke was annoying and disgusting. (As techniques for quitting, try having your small daughter cry every time you come home, "Daddy/Mommy, I hate that you're killing yourself," or having your spouse refuse sex until you stop:)

Of course, these efforts at personal persuasion haven't made everyone quit. Advising and pressuring people to quit smoking works (in the long run) only about half the time. Why doesn't social pressure work better? For one thing, the pressure is felt unevenly. In many groups, such as working-class adolescents, smoking retains its cachet. Smoking is more accepted in some occupations than in others. When I looked for a new car last year, every salesman I saw smoked cigarettes. According to one survey, almost half of all waitresses smoke, compared with fewer than one in 10 doctors.

Epidemiological data from the CDC and other sources support these impressions. The pattern resembles that of cocaine use: After much publicity about the negative effects of cocaine, middle-class experimentation has declined dramatically, while inner-city addiction has remained high and even intensified in some areas. Similarly, the percentage of former smokers among those who ever smoked is highest for college graduates (60 percent). While about 16 percent of college graduates continue to smoke, the smoking rate for those without a high school diploma is 36 percent.

One way to think about these discrepancies is to imagine the function smoking serves; many people use it as a way of rewarding themselves during the day. If you are relatively affluent, you can substitute other rewards: "I'm having a tough time today, but I'll go out for dinner with my wife or play tennis tonight to make up for it." If you're poor, smoking may seem the most ready alternative. Many smokers accept the risks of their behavior in exchange for the benefits they receive.

But for those who want to quit, some methods clearly work better than others. A recent national survey by the CDC found that, of smokers who had tried to stop in the previous decade, "47.5% of persons who tried to quit on their own were successful whereas only 23.6% of persons who used cessation programs succeeded." I hear skeptics saying, "I bet the ones who entered the programs were more-addicted, heavier smokers." Wrong. According to the researchers,