

# The Nicotine Challenger

Fall 1999

This issue: Zyban

Volume 8, Number 1

## For Your Bookshelf



A new book, *How to Quit Smoking and Not Gain Weight Cookbook*, by Dr. Linda Ferry and dietician Mary Donkersloot, will be available in November from Random House. It's full of

delicious, low-calorie, low-fat recipes to address one of the issues facing many people who are about to quit smoking. The book includes an introduction by former US Surgeon General, C. Everett Koop.

The current issue (September, October, November) of the quarterly publication, *Primary Care Clinics in Office Practice*, is: "Tobacco Use Cessation." Editor John Spangler has gathered fourteen chapters to cover the topics primary care clinicians need to know to help a client stop smoking. Two of the chapters were written by Linda Ferry. To obtain a copy, contact the publisher, WB Saunders Co. at 215-238-5503

The September *JAMA* (Journal of the American Medical Association) features an article on the results of Dr. Ferry's survey of US medical schools' curriculum on tobacco. The discouraging results were that, in the majority of medical schools, third and fourth year medical students learn how to treat diabetes, hypertension, and how to care for patients in the hospital and clinic, but are not taught how to help their patients stop smoking.

## And on the web

In the near future, clinicians will be able to amass between four and eight hours of CEU or CME credits by taking a course on treating tobacco dependence on-line. Dr. Ferry's website is still in development, but take a preview tour by going to <http://www.findhelp.com>.

Why a website? "Most of what's available now is for health educators to learn how to implement behavior modification information," Dr. Ferry said. "This section of the website will be about how to manage all the clinical problems that smokers face and that are so difficult for clinicians."

## CHAMPION VS. TOBACCO

### Linda Ferry, MD, MPH

In 1979, at the beginning of her family practice residency, with an enthusiastic interest in helping people improve their health, Linda Hyder Ferry, MD, MPH, delivered the physician lectures for the stop smoking program at the University of Texas in Galveston. After teaching these classes for a few years, it became clear that very few people were quitting smoking. For Dr. Ferry, the challenge of watching people struggle with tobacco was inspiring. "I was just so impressed with the power tobacco had on these people. It instilled a desire to learn more," Dr. Ferry said. "I had certainly told a lot of patients when I was in medical school to stop smoking, but no one taught me how to help them."



Currently, Dr. Ferry is the Director of Preventive Medicine at the Loma Linda Veterans Affairs Medical Center in Loma Linda, California. For the last twelve years, one of her major interests has been how to help the hard-core, high-risk, predominantly-male population of veterans quit smoking. Dealing with that, and teaching medical students and residents how to become effective interventionists, in her role as Associate Professor of Preventive Medicine and Family Medicine at Loma Linda University School of Medicine, has molded her interests in the clinical aspects of helping people stop smoking. "I call myself a street fighter with tobacco," she said, "because I am on the frontlines, dealing with hundreds of people every week who come to our program to quit smoking."

From 1987 through 1990, the quit rate at the VA Hospital was only about five percent. This 95% failure rate sent Dr. Ferry on a quest for a new way to help clients stop smoking. Reading and research about depression and smoking led her to start looking for an agent to stabilize the brain chemistry, mimic nicotine's effect and

reduce the need for nicotine. "I knew there was a high degree of depression in my veterans at the hospital," Dr. Ferry said. "In fact, I studied them over several years and found that 50% of both men and women who came to our program fit the criteria for depressive symptoms, if not major depression. Fifty percent!"

Although Prozac was being widely used for depression, in studies to evaluate its effect on smoking, it had no benefit. A psychiatrist Dr. Ferry worked with encouraged her to try bupropion. He reported that some patients treated with bupropion for depression found their depression was better, they were drinking less coffee, the desire to binge on chocolate was gone, and they were no longer feeling the need to smoke. Dr. Ferry's reaction? "We need to investigate this!"

After trying, without success, to get funding to study smoking and bupropion, Dr. Ferry pared the research down to fifty patients and conducted the study herself, with funds from the university to pay for the drugs and the lab tests. The results were astounding. In 1992, Dr. Ferry brought her results to Glaxo-Wellcome. After completing a larger, well-funded study in 1994, Glaxo-Wellcome completed the trials the FDA needed, and in July of 1997, Zyban (the brand name for bupropion when used to treat nicotine dependence) was approved.

In nine years of Zyban use, the VA Hospital changed the stop-smoking rate from 5% percent to 35%. "Nicotine does something to people's brains that makes them unable to give it up," Dr. Ferry points out. "There are other ways to end that addiction: stabilizing the neurochemistry with something not addicting and not a replacement, something that is actually corrective. It's been really exciting being able to contribute that to the field."



## News & Notes

### European Study Finds Cigar & Pipe Smoke as Dangerous as Cigarette Smoke

Cigar and pipe smoke is just as dangerous as cigarette smoke, according to a new World Health Organization (WHO) study, the first large-scale European study to prove the risks of cigar and pipe smoking. According to the study, conducted by the International Agency for Research on Cancer, a research arm of the WHO, cigar smokers were nine times more likely to develop lung cancer than non-smokers, and pipe smokers were eight times more likely to develop the disease. "There's a message in this for politicians, fashion models, movie stars and sports people who glamorize and popularize cigars and pipes by endorsing these products or smoking them in public," said Derek Yach, head of the WHO's Tobacco Free Initiative. The study examined 5,621 men with lung cancer and 7,255 men without the disease at centers in Germany, Italy, and Sweden.


Source: "Study: Cigar, Pipe Smoke As Lethal As Cigarettes," *Routers*, April 19, 1999.

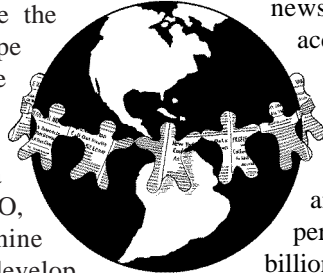
### New York Times Says No To Tobacco Ads

Starting May 1, the New York Times and the paper's Sunday magazine stopped accepting advertising for cigars,

rettes, cigars, or other tobacco products. "This wasn't a snap decision," says Nancy Nielsen, a spokesperson for the paper. "We are reluctant to ban advertising for legal products, but we don't want to expose our readers to advertising that is harmful to health or safety." The newspaper will continue to accept non-tobacco advertising from tobacco companies, such as ads promoting festivals and concerts. Last year, cigarette advertising amounted to less than one percent of the newspaper's \$1 billion advertising revenue. Mark Smith, a spokesperson for Brown & Williamson Tobacco Company, called the new policy "pathetic," and said, "Isn't it ironic that a publication that trumpets freedom of the press would trample on the freedom of commercial expression?" Responding to fears that advertising for other controversial products, such as alcohol, may be banned, Nielsen argued, "In moderation, alcohol is safe. In moderation, tobacco is not."

The ban does not extend to other newspapers owned by the NYT Company. More than a dozen American newspapers refuse cigarette advertising, including the Seattle Times, the Deseret News of Salt Lake City, and the Christian Science Monitor.

Sources: Wendy Bounds & Sally Beaty, "The New York Times to Refuse Tobacco Ads," *Wall Street Journal*, April 28, 1999. p. B9. 



## We Welcome Your Comments and Suggestions

Please let us know  
what you think about  
*The Nicotine Challenger*.

Write to us at  
*The Nicotine Challenger*  
Addressing Tobacco,  
78 New Street  
3rd Floor  
New Brunswick, NJ  
08901-1233



Or contact us by  
Phone: (732) 846-4338  
Fax: (732) 846-4436  
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## The Nicotine Challenger

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*The Nicotine Challenger* is a publication of *Addressing Tobacco in the Treatment of Other Addictions*. We welcome your letters, comments and suggestions. Please address all correspondence to:

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New Brunswick, NJ 08901-1233  
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Newsletter design & production by Pressing Issues, (732) 549-9054

*Addressing Tobacco in the Treatment of Other Addictions*, a statewide project of the School of Public Health of New Jersey, helps substance abuse treatment programs deal with tobacco issues and nicotine dependence. The project is funded by a grant from the New Jersey Department of Health and Senior Services, Division of Addiction Services.

Products and services include:

- ♦ consultation
- ♦ staff education
- ♦ staff training
- ♦ policy & program development
- ♦ treatment planning
- ♦ staff recovery workshops

# Nicotine Anonymous Meeting Schedule

## New Jersey

Please call the Addressing Tobacco... office at (732) 846-4338 with additions, deletions or corrections to this list.  
Call the contact person to confirm current information about meeting times and locations.

### BERGEN COUNTY

#### **Wednesday, 7:00 PM, Westwood**

Pascack Valley Hosp, 250 Old Hook Rd.  
1st Floor Conference Room  
(201) 666-2523: Nancy W.

#### **Saturday, 7:00 PM, Teaneck**

St. Marks Episcopal Church  
Grange & Chadwick Roads  
(201) 947-3305: Bill C.

### CAMDEN COUNTY

#### **Monday, 7:00 PM, Cherry Hill**

Kennedy Hospital - 5th floor  
Chapel Avenue/Cooper Landing Road  
(609) 786-9101: Lee Ann D.

### CAPE MAY COUNTY

#### **Tuesday, 7:00 PM, Cape May Court House**

Burdette Tomlin Memorial Hospital  
2 Stone Harbor Boulevard  
Ground Floor - Conference Room 3  
(609) 886-8153: Laura M.

### HUDSON COUNTY

#### **Monday, 7:30PM, Jersey City**

St. Francis Hospital  
25 McWilliams Place, 1st Floor  
(201) 798-8453: Rich M.

### MERCER COUNTY

#### **Friday, 7:00 PM, Hamilton**

Hamilton Hospital  
Cafeteria Doctor's Dining Room  
(609) 587-4244: Bob M.

### MIDDLESEX COUNTY

#### **Monday, 7:30PM Metuchen**

Centenary United Methodist Church  
200 Hillside Avenue, Room 20  
(732) 549-5955: Jane G.

#### **Tuesday, 7:30 PM, Edison**

Mortgage Money Mart  
1199 Amboy Avenue - Tano Mall  
1st building, in front, 1st floor  
(732) 548-9423: Frank N.

### MONMOUTH COUNTY

#### **Wednesday, 7:00 PM, Manasquan**

First Presbyterian Church  
16 Virginia Avenue at South Street  
(732) 449-0007: Larry U.

#### **Thursday, 8:00 PM, Ocean**

Ocean Fitness Center - Lower Level  
1602 Highway 35 South  
(732) 531-1179: Alfia D.

### MORRIS COUNTY

#### **Thursday, 6:30 PM, Boonton**

Northwest Covenant Medical Group  
Community Conference Room  
Powerville Road  
(973) 586-3359: Goran P.

### PASSAIC COUNTY

#### **Tuesday, 7:00 PM, Clifton**

Athenia Reformed Church  
770 Clifton Avenue  
(973) 470-5765: Mike A.

### SUSSEX COUNTY

#### **Monday, 7:30 PM, Port Jervis, NY**

Mercy Community Hospital Atrium  
160 East Main Street  
(914)478-0871 Clara S.

### UNION COUNTY

#### **Friday, 7:30 PM, Plainfield**

Cross of Life Lutheran Church  
1240 East 7th Street  
(732) 388-1271: Judy M.



## A Fond Farewell

After seven years of outstanding dedication and professional performance as Program/Policy Consultant, Ms. Jacqui Schreiber will no longer be a regular at the *Addressing Tobacco...* project. Although she will be retained as a consultant from time to time, Jacqui plans to pursue other interests at this point in her life. She will be greatly missed by us all, but we wish her the best in her future endeavors.

## **The Addressing Tobacco... project provides a multitude of services including counseling for tobacco-using staff**

*Addressing Tobacco in the Treatment of Other Addictions* is a statewide project of the School of Public Health of New Jersey, UMDNJ. The project is funded by a grant from the Department of Health and Senior Services, Division of Addiction Services, has as its mission to help substance abuse treatment programs deal with tobacco issues and nicotine dependence. Following is a description of the project's services:

### • **In-person and Phone Consultation:**

The project provides in-person and phone consultation to treatment programs, helping to review and assess current tobacco policies and practices of the treatment facility, and assisting in the development and implementation of revised tobacco & nicotine policies and nicotine dependence treatment protocols.

• **Training:** Staff trainings, in-service trainings, and regional trainings on program, policy and clinical issues related to treating nicotine dependence in the chemical dependency setting are offered by the project. Topics covered include: historical & social context of tobacco; nicotine pharmacology; the connection between alcohol, tobacco and other drugs; integrating nicotine dependence treatment; assessment tools; writing a nicotine dependence treatment plan; and developing tobacco and nicotine patient education protocols.

• **Recovery Workshops and Support for Staff:** The *Addressing Tobacco...* project has also developed a 5-hour motivational workshop, "For Smokers Only," that can be provided on-site for clinical and non-clinical staff who use tobacco. This workshop addresses addiction recovery based on the Stages of Change model and uses behavior modification approaches to assist staff in moving through obstacles and barriers to quitting tobacco use. There is one-year clinical follow-up offered to attendees of the program. In addition, the project offers confidential counseling for individual staff members who wish to talk to an outside professional

about their tobacco use. Requests for this service can be made by calling the project office at (732) 846-4338.

- **Video Lending Library:** Another valuable resource is the Video lending library (available to New Jersey treatment programs only). The project has a catalog of over 60 videotapes, as well as audiotapes, for use in staff, patient and family education. A list of videotapes (with descriptions) is available by calling the office.
- **Information Packet:** Also available free of charge from the project is an information packet which includes fact sheets, a brochure, and current research articles supporting the rationale for providing nicotine dependence treatment in the CD setting. Also available is a two-page fact sheet on nicotine pharmacology and the Treatment Resource Directory listing programs which provide treatment for nicotine dependence in New Jersey and nation-wide.
- **Manual and Guide:** The project has also developed products that are available for purchase. The *Drug-Free is Nicotine-Free* manual, now in its second printing, provides a step-by-step guide to developing tobacco-free policies, dealing with tough staff & client issues, and establishing protocols for the assessment, diagnosis, education & treatment of nicotine dependence in the chemical dependency setting. *Helping Your Clients Deal with Tobacco* is a 30-page guide to assist the clinician in developing treatment strategies to intervene with clients based on the Stages of Readiness for Change. Included are descriptions of the Stages, traps to avoid, intervention toolboxes, suggested exercises, audio-visual materials and reading materials for clients and clinicians. The guide is based on information from Dr. Terry Rustin, the Mayo Clinic Nicotine Dependence Center, and the *Drug-Free is Nicotine-Free* manual.

## *Addressing Tobacco in the Treatment of Other Addictions*

### **Steps for Becoming a Tobacco-Free Treatment Facility**

1. Acknowledge the profound challenges tobacco creates for the addictions treatment community.
2. Establish a leadership group or committee and secure the commitment of the organization.
3. Develop a tobacco-free policy.
4. Establish a policy implementation timeline with measurable goals and objectives.
5. Conduct staff training.
6. Provide treatment for nicotine-dependent staff.
7. Assess and diagnose nicotine dependence in patients and use this in treatment planning.
8. Incorporate tobacco & nicotine into patient education curriculum.
9. Establish on-going communication with 12-step recovery groups, professional colleagues and referral sources about policy changes.
10. Require that no staff member be identifiable as a tobacco user.
11. Establish tobacco-free facility and grounds.
12. Implement comprehensive nicotine dependence treatment throughout the program.



# Treatment Program Progress Notes

by Jacqueline Schreiber, M.S.W.

## Daytop – NJ, Inc.

Daytop – NJ has had a tobacco-free campus, meaning that no tobacco use is permitted in the buildings or on the grounds by staff and clients, since January 15, 1998. During the past year, however, the directors recognized that the 'no tobacco use' policy was seen more as a rule than as a treatment issue. The following changes were therefore made to shift the focus to the treatment of nicotine addiction:

1. Upon admission, clients who use tobacco are given a comprehensive nicotine assessment to determine if they are nicotine dependent.
2. Results of the assessment, along with a determination of their stage of readiness to change, are used to generate the treatment plan with specific objectives geared to nicotine treatment activities.
3. The nicotine patch is offered to all incoming clients (at their own cost) and is monitored by the medical director. They are phased off the patch by Level II.
4. Weekly nicotine treatment seminars and education groups are held and include the use of videos and a self-administered smoking questionnaire.
5. Staff education continues and all staff who use tobacco are "encouraged to use the nicotine patch themselves."
6. Family visitation days and family sessions will soon include information on nicotine addiction.
7. Information from the client's smoking questionnaire will be reviewed to determine both treatment progress and relapse potential.

## New Hope Foundation, Inc.

On January 1, 1994, New Hope Foundation established a policy that did not permit adolescent clients to use tobacco while they are in treatment, but which permitted adults to use tobacco in designated areas outside the buildings only. As of June 15, 1999, however, that

policy has changed. The new policy now requires that no-one – adolescent and adult clients, employees, and visitors – may use tobacco in the buildings or on the grounds of New Hope Foundation. The entire environment is now completely tobacco-free.

Few incidents of non-compliance have been reported since the policy changed.



*The grounds of the New Hope Foundation in Marlboro, NJ*

Tony Comerford, New Hope's CEO (elect) states, "in retrospect it was well worth rising to the tobacco-free challenge. Staff members feel positive about 'doing the right thing' for our clients and no longer concern themselves with any ambiguities regarding what our policies are. New Hope Foundation is 'dedicated to Success in Recovery' and our tobacco-free status serves as one more demonstration of this commitment."

Following are some of the things that New Hope did to prepare for this significant change:

1. In November 1998, Executive Management made the commitment to achieve a tobacco-free environment. Though many members questioned whether such a policy was feasible, a committee was formed to gather information to begin the process. Each unit director was asked to develop a Nicotine Treatment Unit Plan – a plan for integrating the treat-

ment of nicotine dependence into their current unit's treatment protocols.

2. The Tobacco-Free Environment Committee held its first meeting in January 1999 and set a tentative "tobacco-free" date of June 1, 1999. The Addressing Tobacco... project was contacted for consultation and two "For Smokers Only" workshops for staff were organized to be held in April and May 1999.
3. In addition to the "For Smokers Only" workshops, a current list of Nicotine Anonymous meetings and a sponsor list of staff members in nicotine recovery were made available to staff. A weekly Nicotine Anonymous meeting was held on site for staff only.
4. By May 5, 1999, all referrals and contracting agencies were notified via mail of the upcoming tobacco-free environment date, now scheduled for June 15, 1999.
5. On June 1, 1999, staff was no longer permitted to use tobacco on the grounds of New Hope Foundation.
6. On June 14, 1999, the day before the big change, a full schedule of events was planned for clients, including a lecture on nicotine addiction, group discussions, and a "Walk for a Tobacco Free Environment" which culminated in a ceremony. In addition, signs were posted around the facility indicating that it was a tobacco-free environment.
7. June 15th, 1999 was the first day of an entirely tobacco-free campus for staff, clients and visitors. Signs were posted around the facility indicating that it was a tobacco-free environment.

*If your program is moving forward in ways that you think others should know about, please let us know so we can include you in our progress notes section.*

# T O B A C C O 1 0 1

## A TOBACCO AND NICOTINE TUTORIAL

By John Slade, M.D.

*A different subject is featured in this column in each issue of The Nicotine Challenger. Please send questions or suggestions for topics to Dr. Slade at Addressing Tobacco...*

### **Bupropion as an Adjunct in Treating Tobacco Dependence**

In the early 1990s, Linda Ferry, a physician at the Loma Linda VA Medical Center, wondered if the antidepressant bupropion might help people stop smoking. She conducted a small clinical experiment to see if it worked. It did. Taking it further, Dr. Ferry encouraged the company that makes bupropion, Glaxo Wellcome, to conduct larger studies. Those studies showed that bupropion, indeed, makes it easier for many people to stop smoking.

Glaxo Wellcome took the information it had assembled to the Food and Drug Administration and received permission to market bupropion under the trade name Zyban for managing tobacco dependence. (It is still available as Wellbutrin for the treatment of depression.)

Thus, Zyban joined the ranks of medicines approved by the FDA as adjuncts in the management of tobacco dependence. It is the first (and so far only) non-nicotine medicine approved for this indication. Like the various forms of nicotine replacement (NRT), bupropion enhances the success rate of effective tobacco addiction treatment. That is, the use of bupropion about doubles the rate of abstinence achieved from counseling or other behavioral treatment alone, and its usefulness is closely tied to how good the underlying addiction treatment is.

There are suggestions in the literature and in clinical practice that combining bupropion with NRT provides even better results than the use of either alone.

It is advised that people who have a history of having had a seizure or who have had a history of an eating disorder not use Zyban. This is because bupropion is known to lower the threshold for seizures and it is associated with an exacerbation of eating disorders. A person who is already taking another antidepressant should consult the physician who prescribed that medicine before starting Zyban.

Instructions for patients using Zyban are a little unusual. Taking a cue from the knowledge that antidepressants don't relieve depression immediately after the medicine is begun, patients are advised against trying to stop smoking until they have been taking Zyban for a week. Initially, one dose is taken each day and this is increased after a few days to one twice daily. (If the second dose is not tolerated, then the person can continue with one dose daily.)

Sometimes, a person will experience a marked reduction in urges and pressure to smoke right from the first dose. Without trying, the amount smoked will fall markedly. At other times, there is no spontaneous falloff. The medicine is helpful for some people and not for others. It is not clear how to tell these two groups apart other than by trying out the medicine.

The packaging suggests that Zyban be taken for between seven and twelve weeks. This time limit is arbitrary, dictated by the conditions of the clinical experiments that led to the drug's approval.

In practice, the actual length of treatment may vary considerably. Occasionally, a person will find that Zyban has actually helped lift an unrecognized depression. In such a case, it may be appropriate to continue the medicine indefinitely, pausing occasionally (with a medicine "holiday") to learn if it is still helping keep the depression at bay.

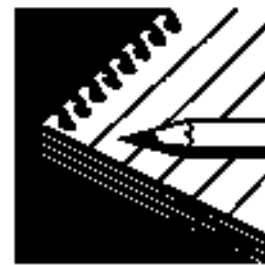
Patients sometimes find that their prescription drug insurance plan covers Wellbutrin but not Zyban. Fortunately for them, there is a formulation of Wellbutrin that is exactly the same as Zyban, namely Wellbutrin SR 150.

Whether used by itself or in combination with NRT, it is important to keep in mind that Zyban is not a magic bullet. It is good medicine, but the benefit people get from it is only as good as the counseling and support that they get for the addiction. The medicine is an adjunct; it rarely can do a good job just by itself.



## HELP WANTED

The *Addressing Tobacco...* project has an opening for a full-time program staff member. Responsibilities include providing consultation and training state-wide on tobacco issues and nicotine dependence treatment. Bachelor's degree and/or CADC or CPS required. Masters degree preferred. UMDNJ position title: Health Educator II. Please contact Diane Lindberg at (732) 846-4338 for further information.



### **Addressing Tobacco... Survey**

After eight years of a "pencil and paper" survey of tobacco and nicotine policies and practices in NJ treatment programs, the *Addressing Tobacco...* project has changed its format for 1999. Instead of mailing the questionnaire, sending follow-up faxes and making reminder phone calls, staff members will be setting up telephone interviews with selected programs. Materials and services will be provided to participating agencies, and ongoing support will be offered.

If you have not received a letter from the project inviting your participation in the survey, please give us a call at (732) 846-4338 to schedule an interview.

# TOBACCO/NICOTINE DEPENDENCE TRAINING OPPORTUNITIES

**October 15-17, 1999**

**American Society of Addiction Medicine (ASAM) 12th Annual Nicotine Dependence Conference, Cleveland, Ohio**

For additional information, please contact the ASAM Meeting Department at (301) 656-3920 or visit their website at: [www.asam.org](http://www.asam.org)

**November 12-14, 1999**

**The New Jersey Task Force on Women and Addiction's Annual Conference**

Flanders Hotel, Ocean City, New Jersey

For additional information, please call NJTFWA at (732) 775-8816 or visit their website at: [www.njwebworks.com/njtfwa](http://www.njwebworks.com/njtfwa)

**January 27, 2000**

**How to Help Your Clients Deal with Tobacco**

Rutgers Continuing Professional Education Seminars in Alcohol and Drug Studies

Location: Center of Alcohol Studies, Conference Room, Smithers Hall, Busch Campus

Time: 9:00am - 4:00 pm

Fee: \$60.00

Contact: Linda Simun, Education & Training Division, (732) 445-4317

*Save the date!*

Addressing Tobacco... project presents a

**One-Day Conference:  
Treating Tobacco Dependence**

at the NJ Hospital Association  
Alexander Road, Princeton, NJ

**March 27, 2000**

*featured speakers*

**Linda Ferry, MD, MPH**

Loma Linda University, Loma Linda, California

**Doug Ziedonis, MD, MPH**

Robert Wood Johnson Medical School,  
UMDNJ, New Brunswick

Plus two investigators from Brown University who have done research on treating tobacco dependence among adolescents and among persons with other drug problems.

*We will apply for certification credits as well as credits for physicians and others.*

## Available from Addressing Tobacco...

Please check ✓ the item(s) you would like to receive

- Drug-Free is Nicotine Free: A Manual for Chemical Dependency Treatment Programs**  
\$35 (in NJ), \$50 (outside NJ) plus \$7.50 per manual for shipping & handling
- "Kicking Out Mr. Butts" — A slide presentation kit for professionals**  
\$110 including shipping & handling
- Beyond Contemplation: 1995 Conference Video 2-tape set with presentations by Terry Rustin, M.D., Abby Hoffman, M.A., CAC, CEAP John Slade, M.D. and Bev Thomas**  
\$59.95 including shipping & handling
- "Helping Your Clients Deal with Tobacco" guide**  
\$5.00 including shipping & handling

FREE FOR THE ASKING

- Information Packet**
- A Show of Hands: Directions for Creating a Banner**
- Article: Smokescreen: Nicotine-Dependent Staff**
- Article: Integrating Nicotine Dependence into Chemical Dependency Treatment**
- Pharmacology Fact Sheet**
- Revised Audio-Visual Resource List**
- Revised Treatment Resources for Nicotine Dependence**
- New Patient Education materials**

Send To: **Addressing Tobacco in the Treatment of Other Addictions**  
78 New Street, 3rd Floor, New Brunswick, NJ 08901-1233  
Phone: (732) 846-4338 Fax: (732) 846-4436 e-mail: [ATProject@aol.com](mailto:ATProject@aol.com)  
Make checks payable to Addressing Tobacco-UMDNJ

NAME

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CITY, STATE, ZIP

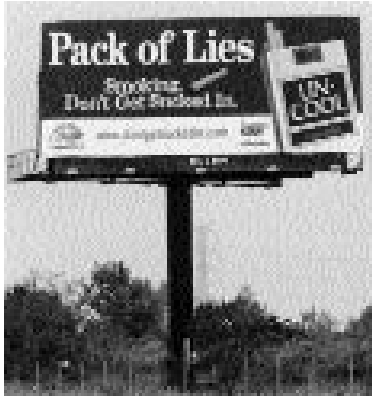
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## Tobacco Billboards Eliminated



In April 1999, all the tobacco billboards came down across the US as part of the Master Settlement Agreement with the tobacco industry.

In New Jersey, prime billboard space, leased by tobacco companies, was turned over to the state — an estimated value of \$5.5 million. The example on the left, on the NJ Turnpike, is part of the *Smoking: Don't Get Sucked In* media campaign.

Look for a new billboard campaign beginning in October 1999.

*Addressing Tobacco in the  
Treatment of Other Addictions  
The Nicotine Challenger*  
School of Public Health of New Jersey  
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78 New Street, 3rd Floor  
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