

The Nicotine Challenger

Spring 2002

This issue: In Memory of John Slade, MD

Volume 10, Number 1

A View From The Director



This issue of the Nicotine Challenger is overshadowed by our sense of loss resulting from the unexpected death of our leader, Professor John Slade. Many people from around the world have expressed their memories and thoughts about John on a memorial page at our website, www.tobaccoprogram.org. I'd encourage you all to read that memorial page in order to remind us what John stood for and what he achieved. The very last time I heard from John was on a message he left on my answering machine that I heard the day before he died. As always he was encouraging and supportive and he said that he wanted us to keep on doing what we were doing. At the time I simply thought that was just John being thoughtful and encouraging as always. I thought it was nice of him to say so, and I hit the delete button on my machine. Now his words seem to have a greater meaning, and are typical of John's ability to inspire others to do the work that he thought was so important.

At John's memorial service I spoke to many other people who had been similarly inspired by John. There seemed to be unanimity that it is now even more important that we carry on the work that he started. So I feel confident that John's spirit will live on in the work of all those people he inspired.

And there is certainly plenty of work to do. While the tobacco industry seems to be becoming even more creative in marketing their deadly addictive products, tobacco control has been threatened by budget deficits resulting from the recession. We are fortunate in New Jersey to have a strong advocacy group led by New Jersey Breathes, the coalition of organizations supporting tobacco control. I would urge you all to support New Jersey Breathes (www.kickbuttnj.com) in advocating for the continued strong funding of tobacco control in New Jersey, and for increases in tobacco excise tax as an effective method of increasing revenue while discouraging smoking.

In early February we completed another treatment group at the Tobacco Dependence Clinic, in which 11 of the 13 participants succeeded in stopping smoking completely. I would normally have passed on the good news to John the following day. He would have had a twinkle in his eyes as he said "terrific". This time he can read about it in the Challenger, and I hope he is pleased that we will all be continuing with the work that he started us on.

Warm regards,
Jonathan Foulds PhD
jonathan.foulds@umdnj.edu

CHAMPION VS. TOBACCO

JOHN D. SLADE, M.D.

by Bernice Order-Cornors



No one wants to write this article, because in doing so, it brings a greater reality to our loss and makes the pain of it all that much more acute. We write this with a heavy heart and in celebration of a man who touched so many lives. We write this as a community of voices, sharing our condolences with the many people who have lost a colleague, mentor and a friend.

We lost Dr. John Slade just a few weeks ago, and yet so many of us are more consciously aware than ever of his presence and impact on our professional and personal lives. Words will fall short in truly paying homage to this man. He has been described as an innovator and a celebrant of innovation in others, selfless, gently ironic, soft-spoken, brilliant, and unswerving. A man of integrity, honesty, caring and compassion. A brilliant strategist and analyst, a wonderful friend, an idealist, and a quiet Southern gentleman with a signature bow tie. We share these words with you, as you have shared your words with us.

On World No Tobacco Day in May 2001, The Tobacco Dependence Program celebrated its 10th Anniversary. We took the occasion to acknowledge John and his contribution not only to tobacco control in New Jersey, but also to his work worldwide. John was seated facing the front of the room while his staff all took places around our crowded conference room behind him. After sharing the story of the first time she met with him, Diane Lindberg, our Project Administrator, went on to say these words about John.

"...David Kessler, Dean of Yale Medical School and former FDA Commissioner under two presidents and for both parties described John Slade as a "modest internist from New Jersey who authored the definitive text on nicotine addiction and who maintained a prodigious file on the activities of the tobacco industry" – a clear tribute to his unassuming manner and contrasting power.

Virtually every major tobacco control effort in New Jersey has been touched by John's expertise and commitment. He is constantly called upon by health departments, politicians, medical reporters, and countless other individuals and groups.

Local health officials and New Jersey politicians think of John as a member of the Public Health Council of the Department of Health and Senior Services, who never fails to advocate for tobacco dependence awareness and action. In this role, John

continued on page 6

Burke, Michael, EdD, MHS, LPC

Staff Psychologist, Quitcenter Liaison
michael.burke@umdnj.edu
732-235-8225

Burriss, Judith

Management Assistant
judith.burriss@umdnj.edu
732-235-8216

Dwyer, Martha, MA, CADC

Addictions Consultant
martha.dwyer@umdnj.edu
732-235-8232

Foulds, Jonathan, MA, MAppSci, PhD

Director
jonathan.foulds@umdnj.edu
732-235-8213

Lange, C. Brooke, CADC, LPC

Mental Health Clinician
brooke.lange@umdnj.edu
732-235-8203

Lindberg, Diane, BA, CADC

Project Administrator
diane.lindberg@umdnj.edu
732-235-8215

Maurer, Joan

Secretary
joan.maurer@umdnj.edu
732-235-8220

Mayers, Irene

Project Secretary
irene.mayers@umdnj.edu
732-235-8212

McCabe, Philip, CSW, CAS,CCGC, CDVC

Mental Health Consultant
philip.mccabe@umdnj.edu
732-235-8229

Order-Connors, Bernice, LCSW, CADC

Special Populations Coordinator
bernice.connors@umdnj.edu
732-235-8228

Richardson, Donna, LCSW, CADC

Clinic Coordinator
donna.richardson@umdnj.edu
732-235-8223

Salvieto, Maria

Accountant
maria.salvieto@umdnj.edu
732-235-8217

Speelman, Nancy, CSW, CADC, CMS

Training and Education Coordinator
nancy.speelman@umdnj.edu
732-235-8218

Steinberg, Michael, MD, MPH

Staff Physician, Primary Care Liaison
michael.steinberg@umdnj.edu
732-235-8219

Underwood, Lisa

Faculty Secretary
underwli@umdnj.edu
732-235-8202

Verderese, Barbara

Budget Analyst
barbara.verderese@umdnj.edu
732-235-9613

Williams, Jill, MD

Staff Psychiatrist
jill.williams@umdnj.edu
732-235-8224

Ziedonis, Douglas, MD, MPH

Medical Director
doug.ziedonis@umdnj.edu
732-235-8214

Zimmermann, Mia H., MPH Candidate

Consultant for Young People's Services
mia.hanos@umdnj.edu
732-235-8230

The *Tobacco Dependence Program* is dedicated to reducing the harm to health caused by tobacco use. We do this through education, treatment, research and advocacy.

The *Tobacco Dependence Program*, UMDNJ-School of Public Health, helps programs, organizations and clinicians deal with tobacco issues and nicotine dependence.

Products and services include:

- ◆ consultation
- ◆ education and training
- ◆ policy & program development
- ◆ treatment planning
- ◆ staff recovery workshops
- ◆ tobacco dependence treatment



The UMDNJ Tobacco Dependence Program is supported by a grant from New Jersey Department of Health and Senior Services with funds from the Master Settlement Agreement.

Communicate with us!

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

Write to us at
The Nicotine Challenger
Tobacco Dependence Program

317 George Street
Suite 210
New Brunswick, NJ
08901-2008

or contact us by
Phone: (732) 235-8212
Fax: (732) 235-8297



Quitcenters Offer Help to Smokers

by Michael Burke

The New Jersey Comprehensive Tobacco Control Program provides methods to help smokers to quit along a continuum from less to more intensive. The NJ Quitnet and the NJ Quitline provide web-based help and telephone counseling. The New Jersey Quitcenters are tobacco dependence treatment centers established to provide high quality professional evidence-based face-to-face treatment for heavily dependent tobacco users who want to become tobacco free. They are a unique and vitally important component of the New Jersey Comprehensive Tobacco Control Program.

Fifteen top-quality health-care organizations with a variety of institutional missions received grants from the Department of Health and Senior Services to establish Quitcenter sites. The sites are both geographically and institutionally diverse. The centers are established in 15 locales to provide wide access to consumers throughout all of New Jersey. The types of institutions housing Quitcenters include hospitals, universities, community health centers, and behavioral health care treatment programs.

The high quality of the grantee organizations and the different types of systems in which Quitcenters are nested serve to promote the integration of tobacco dependence treatment into the established health care system. This integration is expected to have important residual benefits for New Jersey, such as improving public acceptance and utilization of evidence-based tobacco dependence treatment, increasing more rapidly the utilization of tobacco dependence technologies by the public health community, and helping to make employers and health insurers aware of the benefits available to them from effective tobacco dependence treatment—all of which will serve to reduce the overwhelming health

care costs attributed to tobacco dependence. The diversity in type of institutional setting also promotes a fuller outreach to a wider community of consumers.

However, the diversity of Quitcenter sites makes for challenges in assuring the consistency and quality in treatment. In contract with the DHSS, the UMDNJ School of Public Health Tobacco Dependence Program has implemented a

describe the continuum of care for tobacco dependence available in New Jersey, and establish requirements for Quitcenter facilities, in the areas of administration, clinical practice, and provider competencies.

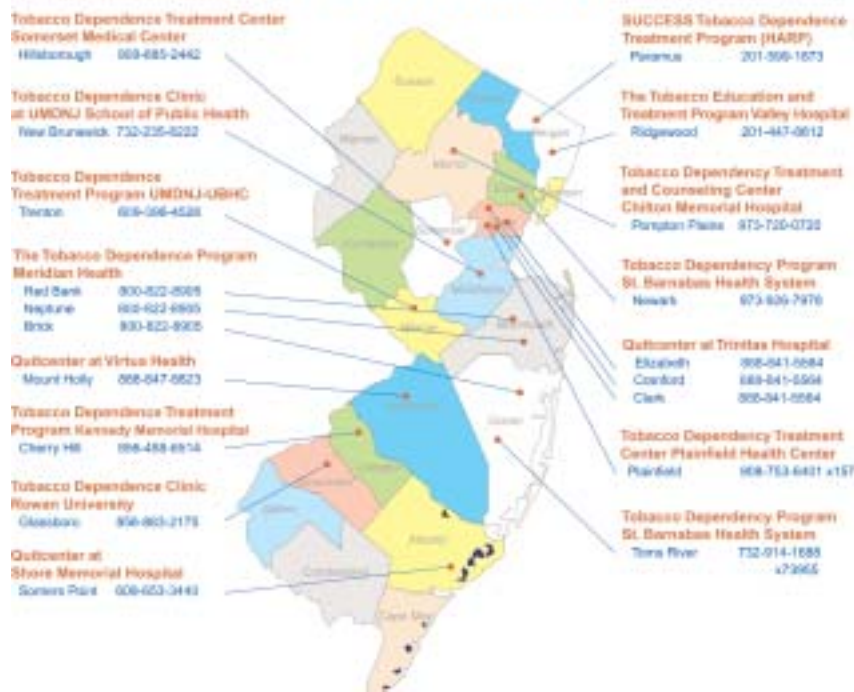
Prior to providing treatment services, Quitcenter staff must complete an 8-day tobacco dependence treatment specialist training program. This comprehensive training is designed to prepare the participant to provide sound, research-based, efficacious treatment for tobacco dependence. The training was developed and is taught by UMDNJ staff and faculty. The 8-day training is the beginning of an ongoing collaboration between the UMDNJ Tobacco Dependence Program staff and faculty and the Quitcenter service providers.

Ongoing consultation and training with Quitcenter staff is accomplished in a number of ways. Monthly meetings are held for representatives from all the N.J. Quitcenters. The meetings provide a forum to discuss administrative and clinical

issues pertinent to Quitcenter operations. All of the Quitcenters are regularly represented at the monthly meetings. Specific training modules, or programs to address particular treatment or administrative issues identified by Quitcenter staff, are provided following the monthly meeting and at other times as needed. In addition, the Tobacco Dependence Program Quitcenter Liaison is available to provide or facilitate case consultation, administrative and procedural problem solving and trouble shooting by phone or during scheduled in-person meetings.

The Tobacco Dependence Program manages an e-mail listserve to facilitate communication among the Quitcenters, the Department of Health and Senior

NJ Quitcenters



number of services and programs to address this challenge including a.) developing guidelines for treatment of tobacco dependence in New Jersey, b.) providing professionals with comprehensive training in the provision of evidence-based treatment, c.) implementing ongoing consultation, training and support services, d.) communicating important developments and facilitating networking among the Quitcenters, and e.) developing consistent data gathering and evaluation methods for the program as a whole.

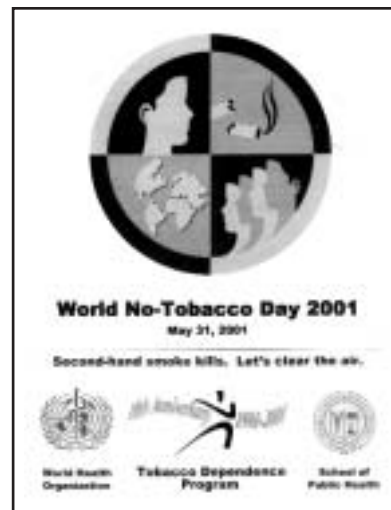
The New Jersey Guidelines for Tobacco Dependence Treatment relate the research findings regarding effective treatment of tobacco dependence as summarized in the US Public Health Services *Treating Tobacco Use and Dependence* Guideline,

continued on page 7

Tobacco Dependence Program Celebrates 10-year Anniversary

The Tobacco Dependence Program was founded in 1991 when the New Jersey Department of Health and Senior Services awarded a grant to Dr. John Slade to develop programming to help alcohol and drug treatment agencies to integrate tobacco policies and tobacco dependence treatment into their programs. Originally named "Addressing Tobacco in the Treatment of Other Addictions", the program provided consultation and training throughout New Jersey and, with additional support from a Robert Wood Johnson Foundation Grant, became known nationwide for its innovative work.

In 2000, the name "Tobacco Dependence Program" was adopted and the program received significant funding from New Jersey's Master Tobacco Settlement. This allowed for expansion into consultation and training for mental health agencies, and programs serving young people modeled on the ongoing services provided to substance abuse treatment agencies. Outreach activities to primary care providers, and extensive training and education activities have also been added, and a tobacco dependence treatment clinic was opened in January of 2001.



In the spring of 2001, the Tobacco Dependence Program celebrated its tenth year of operation with an open house on World No Tobacco Day. Festivities included the awarding of a plaque to Dr. John Slade, founder of the program, for his inspiration and leadership. Dr. Slade's signature bow tie was engraved on the plaque and staff members sported flashing bow ties in his honor.

Reaching the Medical Community

by Michael Steinberg

Coming up on my first full year here at the Tobacco Dependence Program, I look back at a time of new experiences and accomplishments. In my role as *staff physician and primary care liaison*, I have the opportunity to work in clinical tobacco dependence treatment, tobacco related trainings, and to serve as a link to the larger primary care community.

Besides direct patient care activities, I have worked hard to establish a network with key members of the primary care community throughout the state and beyond. During my first few months here, I contacted over 50 key healthcare personnel in New Jersey to try to bring them together around issues of tobacco. It is especially important to involve both leaders and the “front-line” practitioners in health care, as they have access to over 70% of all smokers, and meet with them on an average of 5 times each year. Activities to interface with these providers have included Grand Rounds at local hospitals, various conferences, and specialty trainings around tobacco dependence.

As my role has expanded, it became clear that we needed to serve as a resource not only for primary care physicians, but also for other medical specialists. With the paucity of research available on treatment of young people and pregnant women, I have been serving in consultation for obstetricians, gynecologists, nurse midwives, and pediatricians throughout the state, discussing complex issues of treatment in these populations. Through links with various provider groups, such as the Southern New Jersey Perinatal Cooperative, I am helping to educate neo- and perinatologists in the controversial area of pharmacological treatment during pregnancy. Finally, to produce the greatest impact to those who may be most receptive, I have spent a great deal of time working with residents at Robert Wood Johnson University Hospital in the treatment of tobacco dependence among hospitalized smokers. We have been conducting Grand Rounds, resident conferences, and patient rounds on the hospital wards, all centered about tobacco issues. By impacting young primary care physicians-in-training, we are able to make lasting impressions that will be carried through their careers.

In terms of research, in conjunction with the evaluation team at the UMDNJ-School of Public Health, I am directing a statewide survey of over 2400 primary care physicians and nurse midwives to ascertain their current knowledge, attitudes, and practices regarding tobacco related issues. These data will serve as a baseline for which to plan and evaluate statewide programs for this group. Also, I am working with the Rutgers Center for State Health Policy looking at data from the National Ambulatory Medical Care Survey regarding correlations of providing tobacco dependence treatment activities.

Through all these activities, we hope to change the culture in primary medical care and other health specialties regarding the treatment of tobacco dependency.



Treating Tobacco Dependence in the Mental Health Setting. What Has Been Done and A Vision for the Future.

By Philip T. McCabe

Treating Tobacco Dependence among individuals seeking mental health treatment is of increased interest to mental health consumers, clinicians, and administrators. Individuals with mental illness are three times more likely to be tobacco dependent, have twice the difficulty quitting smoking, and are at two to three times more likely to die from a tobacco-caused medical disease than those that do not have a mental illness. Of note, 44% of all the cigarettes consumed in the United States are smoked by individuals with a mental illness or substance use disorder. In response to this important problem and the perceived growing interest of mental health providers to address tobacco dependence, we have greatly expanded our consultations and trainings to mental health treatment providers. Within our program, Philip T. McCabe serves as our lead mental health consultant. In addition, Dr. Doug Ziedonis (Program Medical Director), Dr. Jill Williams (psychiatrist, NIDA researcher), and Bernice Order-Connors (Special Populations Coordinator) are active in working with Phil in providing consultations and other activities. Consistent with the vision of Dr. Slade, our shared goal is to help provide all mental health agencies in the state with training, resources and continued assistance to address tobacco dependence with the clients they serve.

Survey of Mental Health Agencies: The Tobacco Dependence Program worked with New Jersey Association of

Mental Health Agencies (NJAMHA) to survey their association members as to the type of services they are currently offering, including tobacco dependence treatment services. The survey was developed to assess what is currently offered in the mental health settings, including whether Mentally Ill Chemical Abuser (MICA) and psychiatric services are offered concurrently, the credentials of staff, and the percentage of staff and clients currently smoking. The survey also inquired about current tobacco policy, tobacco use, and the type of treatment options offered, at each facility. The survey supports national data in suggesting that tobacco consumption by psychiatric patients in New Jersey is two to three times higher than in the general population.

Consultation Services: Consultation services are offered free to New Jersey mental health treatment providers. At the initial contact, programs are asked for details about their services and an onsite visit is scheduled. Often programs will then request that we provide an initial training, “Why Address Tobacco in the Mental Health Setting,” to their staff. This training typically is a 2-hour interactive presentation that explains the basics of tobacco dependence treatment and an overview of the latest clinical and research findings that are pertinent to mental health consumers. Staff usually find the training very informative and stimulating of new ideas and strategies to better

continued on page 10

advocated for New Jersey's being designated as one of the CDC-sponsored ASSIST states, thus creating the first data collection and coalition-building efforts which built the foundation for future tobacco control activities.

Ever keeping tobacco at the forefront, John was also responsible for the hearing on Premier cigarettes in the 80's, and, in the early 90's for the inclusion of nicotine as an addiction problem along with alcohol and other drugs. Because of his firm guidance, New Jersey is one of the few states with a clear policy placing tobacco control and treatment in the Division of Addiction Services.

In the mid 1980's, John helped influence the Department of Health to change the name of the Commission on Smoking and Health to the Commission on Smoking OR Health. While this has caused confusion among secretaries and bureaucrats, it has also contributed to a great many teachable moments. When the Robert Wood Johnson Foundation awarded a Smokeless States grant to New Jersey through the Medical Society, John was one of the charter members of the resulting coalition and has provided consistent expert leadership of the group, which was named New Jersey Breathes.

Himself ASAM Board certified, John is the founding chair (1987) of the Nicotine Dependence Committee of the American Society of Addiction Medicine and is responsible for the establishment of a nicotine conference, which has been held annually since 1988.

John's most recent contribution to New Jersey tobacco control has consisted of his work to influence the Master Tobacco Settlement distribution in favor of education, prevention and treatment instead of deficit reduction, roads, and bridges, which have been the choices of many other states.

As chair of the Commissioner's Advisory Committee on Tobacco Dependence Treatment, John played a major role in the establishment of the wide spectrum of services now available for treating tobacco dependence. The Tobacco Dependence Clinic here in New Brunswick is a model program for clinical care, and the staff of the Tobacco Dependence Program is responsible for training personnel at 15 other clinics throughout New Jersey.

And from the Addressing Tobacco's original mission of helping addictions treatment programs integrate tobacco treatment on par with alcohol and other drugs, the current scope of the



The Tobacco Dependence Program staff and friends honored Dr. Slade with a plaque and a twinkling bow-tie tribute at the 10th Anniversary celebration.

Some of you know Regina Carlson, founder of New Jersey GASP. She has influenced many a city council to establish ordinances against vending machines and for smoke-free environments – and John has been a firm supporter of her efforts over the years, serving as a Board member since 1985.

But John's influence extends well beyond New Jersey. Not only did he act as advisor to Dr. Kessler at the FDA, but he has also served in an advisory capacity for the Federal Trade Commission. He is consistently called upon to share his expertise with other states (including Massachusetts, California, North Carolina, and Pennsylvania), at national conferences, and for the Canadian government and the World Health Organization.

John has often made himself available as counsel to national politicians as evidenced when [former New Jersey State] Senator Lautenberg complimented John during the School of Public Health convocation describing how helpful John had been when the Senator moved the legislature incrementally from a two-hour ban to a total smoking ban on domestic and international flights.

Tobacco Dependence Program also includes consultation and training for mental health programs and programs serving young people.

We have grown from a staff of two (John and Abby [Hoffman]) to our current compliment which is approaching 20.

The program's influence is the direct result of the leadership provided by John. But he is truly at his best on Tuesday afternoons, when he meets one-on-one with a man or woman struggling with addiction to tobacco. He is gentle, attentive, and his concern is evident. But he is dogged in his determination to prevail.

It is a privilege for all of us to work with him."

After a few more words were shared with John, we presented him with a plaque engraved with an image of a bowtie and our feelings of gratitude for him. When he looked up and around the room, in every corner was a staff person, each of us donning

continued on next page

a flashing electric bowtie and wiping tears for the joy, inspiration, and opportunity he provided each of us, and in celebration of a man we so admired. He laughed as he recognized the first and then the second staff person sporting his trademark attire, only to realize there were nearly 20 of us, everywhere you looked.

John suffered a stroke in June, about a month later. As a result of the stroke he suffered aphasia, followed by another consequence of the stroke, depression. What never dimmed, what was never diminished, was his ability to clearly envision what needed to be done. Early on following his stroke, John asked that he be kept up-to-date on the goings-on in the office. As he was able, he did some work from his home. Soon after, he came to the office part-time. We were thrilled to have him back.

He was frustrated by the aphasia. He tired easily. He came back part-time and was committed to keeping his part-time status to care for himself. On his reduced schedule, he attended meetings, wrote emails and other correspondence, and continued to guide and prod us on. He had recently begun to give lectures to small groups. He continued to keep us informed on the latest deceptions of the tobacco industry and the newest additions to his Trinkets and Trash collection, which always brought that twinkle to his eye and rapt attention from his audience.

A colleague and friend of John's posted (in part) this note on the memorial section of the Tobacco Dependence Program website: "Even if you were a little off of your prime, you were still better than most of us. Careers have been built with your encouragement and support." Another colleague talked about keeping a folder of "Slade-scapades" filled with ideas he had inspired over the years, some followed up on, and some of which are still like gifts waiting to be opened and explored." Yet another recalled a conversation with John regarding how he "managed the slings and arrows that came his way." John responded to his friend, "When you know you're right, you just take the position and wait for the rest of the folks to join you." And, as was shared at his memorial service on February 9th, when asked by a dear friend and colleague following President Clinton's announcement that he would support FDA regulation of tobacco - something John had fought so long for - to what he attributed his amazing success, he replied, "It is because I can work with anybody." There are so many little lessons that are becoming clearer as we think about our interactions with John.

In the last few years, the phrase that John kept returning to whenever we met up with resistance was, "it's the right thing to do." He had clarity of vision of what needed to be done. And he enjoyed and brought such joy to the process.

When asked where he got his strength, his stamina, to do so much, John acknowledged the strength and support he received from his wife and soul mate, Frances. Family was so important to John and he was devoted.

John was very clear in letting us know how he felt about his colleagues and friends in the tobacco control and public health fields. John had confidence in each of us to do things we never thought we could take on. He knew we each have the character, ability, and opportunity to do what needs to be done and considerably more. He believed in the success we could bring to the cause of public health and ending the tobacco pandemic. He loved and respected each of us, and in his untimely death, challenges each of us to honor his memory by carrying his work forward.

The torch has been passed.

"We are known by the tracks we leave behind." ~ Dakota proverb
May you rest in peace gentle warrior.



Dr. Slade with the staff of the former Addressing Tobacco Project

Services, and UMDNJ faculty and staff. The listserv has been used for facilitating consultations on clinical issues, disseminating new research findings, organizing initiatives for tobacco advocacy, developing and clarifying procedures, and sharing questions and experiences.

Another method by which consistency is being developed among the different Quitcenter sites is a common database for gathering and reporting clinical and patient information. The database can be used to easily generate



monthly reports as required by the Department of Health and Senior Services. It also gathers data such as history of tobacco use, health consequences, demographic information, treatment specifics, and various other useful information. This data is important for evaluating the Quitcenters as a whole and understanding the value of Quitcenters in treating severely dependent tobacco users. The database was developed by the Tobacco Dependence Program which also provides training, installation, and trouble shooting to those using the program.

A brief overview of New Jersey's Tobacco Dependence Treatment Services was recently published in New Jersey Medicine, and can be accessed on-line at: www.msnj.org/pdfs/-NJMMarch02/09-PublicHealth.pdf

Visit our website
www.tobaccoprogram.org
for a listing of our products and services.

Integrating Tobacco into Chemical Dependency Treatment

By Martha Dwyer

The addictions treatment field has come along way over the past ten years in its understanding of tobacco as a substance of dependence and of the consequences for those addicts who continue to use tobacco. Research has shown that addressing tobacco concurrently with other substances of dependence does not undermine and, in some cases, supports recovery. The demand for our services from this special population has grown as the addictions treatment community increasingly recognizes that state-of-the-art treatment requires integration of tobacco on par with alcohol and other drugs.

New Jersey Residential Treatment Programs Go Tobacco-Free: A major focus during the last year and a half centered on the provision of assistance to residential addiction treatment programs in implementing the Residential Licensure Standards adopted November 15, 1999 by the Division of Addiction Service (DAS).

The tobacco provisions of the Standards present a paradigm shift, placing tobacco on par with alcohol and other drugs in residential substance abuse treatment programs. This paradigm shift reflects years of work by DAS with guidance from the Tobacco Dependence Program and its founder, Dr. John Slade. To that end, the Standards require that the smoking of tobacco products and the use of spit tobacco be prohibited within all buildings and on the grounds. The tobacco provisions also require that all clients are screened and assessed for tobacco dependence, and, when identified as a problem, tobacco dependence is placed on the treatment plan and included on the discharge plan if the problem remains unresolved. In addition, the tobacco provisions require that both patients and families are provided with education regarding tobacco dependence and information regarding the desirability of

continued on next page

Young People and Tobacco Dependence

by Mia Hanos Zimmermann

The young people's training and consultation component of the Tobacco Dependence Program has grown considerably since its inception in October of 2000, beginning with a broadened definition of this group to include college-aged young people who have been increasingly targeted with advertising and promotional activities by the tobacco industry since the Tobacco Master Settlement Agreement.

Since most tobacco programs for young people are prevention oriented, there is a need for treatment-focused activities among this group. The young people's component has, therefore, disseminated information about quit programs designed specifically for young people. Trainings have been conducted as part of conferences, continuing education seminars, full day events, staff development days, and staff in-services. Including all levels of staff helps raise awareness and increase knowledge of young people's service providers on issues such as:

- tobacco dependence
- issues specific to young people (i.e. image issues and advertising)
- quit-smoking options
- policy issues regarding tobacco use for staff and students
- treating or assisting young people with mental health problems
- treating or assisting young people with other addictions

Policy development is also an integral part of addressing tobacco with young people in schools and institutions. It is critically important that young people don't get the message that smoking is ok for adults but bad for them because of their age. Tobacco use and dependence is a public health issue that affects both young people and adults. Tobacco use is harmful regardless of age, and policies need to reflect this understanding. In light of former acting Governor DiFrancesco's passing of a law prohibiting tobacco use on school grounds for students, staff & visitors, many facilities have successfully revised their tobacco policies.

The issue of young people and tobacco dependence was showcased in two statewide conferences. The first conference in April 2001, "Tobacco Dependence and Young People" gave participants the most current information about trends in tobacco use among young people in New Jersey and about available treatment options. The conference brought together approximately 75 treatment professionals from the addictions field and mental health agencies, tobacco control workers and student assistance counselors. In addition, REBEL youth presented a plenary session on the impact of youth involvement against Big Tobacco.

The second conference, "The New Jersey College Tobacco Summit- A Call to Action," was the first of its kind in New Jersey and focused on the college-aged population. There were representatives from over 20 private and public colleges and institutions throughout the state. College students and professionals combined to make this conference a tremendous success. The conference focused on implementing a comprehensive approach to tobacco on campus. Issues covered were prevention, treatment, policy, student activism, advertising and treatment. The goal of the conference was to begin the dialogue among people in the state who are invested in the issue of tobacco use and dependence among the college aged population. An email list-serv was developed to maintain contact among the participants and to network around tobacco issues. The Tobacco Dependence Program will host meetings with interested participants to maintain communication and share resources.

The Tobacco Dependence Program offers phone and in-person consultations and trainings free of charge to New Jersey providers of services to Young People through MSA funding. Continuing education credits are offered for staff who attend training, and include Professional Development Hours, CADC credits and Social Work hours. Contact Mia H. Zimmermann, Consultant for Young People's Services at 732-235-8230 or mia.hanos@umdnj.edu for further information.



The Tobacco Dependence Clinic at One Year

By Donna Richardson

The Tobacco Dependence Clinic celebrated its first anniversary of patient care in January 2002. To date over 300 patients have been assessed and treated. We began with a small clinical staff, multi-disciplinary and committed. Our core group was composed of John Slade, MD, Jonathan Foulds, PhD, Michael Steinberg, MD, Michael Burke, EdD, MHS, LPC, Jill Williams, MD, and Donna Richardson, LCSW, CADC. We recently added C. Brooke Lange, LPC, CADC. In addition, Douglas Ziedonis, MD, provides supervision to Fellows in Addiction Psychiatry who are available to see our patients.

Who do we treat?

Women come to quit in higher numbers than men. The average age of our patients is 44 years. Most are referred by their doctors, have smoked for 20 years or more, and are smoking about one pack of cigarettes a day when they come for help. The most common motivation for quitting is concerns about their health, and many patients report they have a smoking-caused health problems. Most are taking at least one medication for physical or mental health symptoms, and more than half have received some treatment for depression, anxiety, or alcohol or other drug problems. Most patients have tried to quit many times before, and have tried the patch or the gum.

But then, of course, there are the notable exceptions. We have seen a cluster of teenage patients. They tend to smoke less than their adult counterparts. They come in with a student assistance counselor or a parent.

We see patients who are addicted to chew, to cigars, and to bidis. We see disabled and elderly patients on fixed incomes, who go into debt or go without food to pay for their cigarettes.

How Do We Treat?

Our callers are usually very keen to get help with their tobacco addiction but have little idea of what happens at a tobacco dependence treatment clinic. Our work begins with engagement in the first conversation. Smokers find that specific information provided at first contact is helpful. They want to know what we may do differently than the things they have already tried. They are sometimes openly skeptical that we can help them since they have failed before and have little hope of success. We schedule an assessment that is, in essence, a one-hour conversation about their relationship with their cigarettes. During the assessment, we engage further. They tell us about their health problems and about their embarrassment regarding

their smoking. We share with them what we have learned from the research about quitting. We give them information about medicines (nicotine patch, nicotine gum, nicotine inhaler, nicotine nasal spray, and Zyban) and our Stop Smoking Groups. We measure blood pressures and carbon monoxide levels.

As the assessment hour draws to a close, we formulate a treatment plan and schedule an appointment with one of our physicians. Since our physician providers are specialists in Internal Medicine and Addiction Psychiatry we provide patients with a medical consultation that meets their special needs.

The typical (though not universal) treatment plan includes medication, attendance at Stop Smoking Group, and individual follow-up. Our Stop Smoking Group meets six evenings for 1 1/2 hours, and is a closed, highly structured group with the following themes:

Session 1: Preparation for Quitting

Session 2: Quit Day: First Full Day Tobacco-Free

Session 3: 8 Days Tobacco-Free

Session 4: You Have Done the Hardest Part

Session 5: It Should Be Getting Easier

Session 6: Celebration Group

The groups are cognitive behavioral in approach with time for member interaction. Before each group, patients check in with a clinician for some individual time and a quick read of carbon monoxide. Nicotine patch and gum are available at half-price.

A less structured, daytime group meets on Thursday mornings. This group is open and is designed for patients unlikely to respond well to fixed, group-imposed Quit Dates. We emphasize achievable weekly goals related to smoking. We pay special attention to relapse prevention issues. We measure carbon monoxide levels. Peer support is particularly important with this group.

Individualized treatment plans have included couples treatment, family treatment, and treatment at school.

Our follow-up services include continuation of medicines as needed, individual sessions for support or in response to relapse, and outcome contacts by phone and in person with rewards for participation. A Patient Advisory Group is just beginning, and has been active in lobbying efforts and in a feedback loop to improve Clinic services.

Addictions

continued from page 8



participating in self-help and support groups such as Nicotine Anonymous. Programs must have written policies and procedures for community education, "making information about alcohol, tobacco and other drug use and abuse available to the public." Finally, recognizing that staff members serve as role models for clients and that staff use of tobacco can undermine the therapeutic relationship between staff and clients, it is required that facilities "establish written policies and procedures addressing the period of time during which former substance abusers (alcohol, nicotine and/or drugs) shall be continuously substance free before being employed in the facility" and that "staff shall not use alcohol, tobacco or illegal drugs during working hours or when representing the treatment facility." Similar provisions address the need for volunteers to be substance free from alcohol, nicotine and/or other drugs.

The Tobacco Dependence Program conducted two 3-day intensive trainings for 35 Executive

continued on page 11

address tobacco dependence. Subsequent trainings can be scheduled to provide more details on improving assessment of tobacco use and dependence, psycho-social/behavioral treatments, medication treatment options, policy development and staff issues.

Trainings: The Tobacco Dependence Program has provided workshops at numerous conferences including the New Jersey Association of Mental Health Agencies (NJAMHA) annual conference, the Bridging the Gap Conference sponsored by the Dual Diagnosis Training Network in January 2002, and the Tobacco Dependence Program's Annual Conference. Additionally, a display booth and related literature was distributed at several events including the NAMI & Family Support Services Statewide Conference and the NJAMHA Clinical Case Management training. The Monmouth County MICA Task Force sponsored a full-day training on Tobacco Dependence for its members and other programs were sponsored by the Morris County MICA Task Force and the Mercer County PAC.

A long-term forensic center in New Jersey became tobacco free on January 2, 2002. To prepare for this, the facility committed to training its entire staff of over 400 employees. The training program included a 6-hour workshop for doctors and other medical staff, three 6-hour trainings for clinical staff and six, one and a half hour trainings for all support staff and medical security officers. In total over 425 employees in the facility were provided with training on tobacco dependence, treatment, policy development and staff issues.

Stigma towards the mentally ill has led some to say "but what else will they do if they don't smoke" or "what other reasons are there to help the mentally ill quit other than increased medical illness and premature death," but we believe that when staff have an increased awareness of the costs of tobacco dependence, attitudes begin to shift. We have found that for mental health programs to address tobacco dependence, it helps to provide opportunities for clinicians to acquire new knowledge on assessment and treatment as well as opportunities for staff to resolve some of their own ambivalence about addressing tobacco with this population.

Programs report that they see a paradigm shift within their treatment setting when staff express a renewed commitment to meet the needs of their clients and acknowledge that the mental health system had been too permissive historically with regards to tobacco use.

Some staff who smoke must resolve their own conflicts about their tobacco use. For some this may include seeking tobacco dependence treatment for themselves.

While the tobacco control community and mental health service providers must recognize this group as a particular target of the tobacco industry and speak out to provide prevention services to adolescents with mental health problems, we also need to provide appropriate tobacco dependence treatment to those with mental illness. We cannot selectively treat psychiatric client's mental health needs, while ignoring the health risks of continued tobacco use. Consumers of mental health services deserve better health, and we must all develop an increased awareness, sensitivity, and advocacy for this vulnerable population.

The Tobacco Dependence Program offers phone and in-person consultations and trainings free of charge to New Jersey providers of Mental Health services through MSA funding. Contact Philip T McCabe, Mental Health Consultant at 732-235-8229 or philip.mccabe@umdnj.edu for further information.

Recent Publications by Tobacco Dependence Program Staff

Baker F, Ainsworth SR, Dye JT, Crammer C, Thun M, Hoffmann D, Repace JL, Henningfield JE, **Slade J**, Pinney J, Shanks T, Burns DM, Connolly GN, Shopland DR. (2000) Health risks associated with cigar smoking. *JAMA*, 284, 735-740.

George TP, **Ziedonis DM**, Feingold A, Pepper WT, Satterburg CA, Winkel J, Rounsaville BJ, Kosten TR. (2000) Nicotine transdermal patch and atypical antipsychotic medications for smoking cessation in schizophrenia. *Am J Psychiatry*, 157, 1835-1842.

McCabe P (2000) Tobacco, the gateway addiction. *Counselor*, June, 14

Order-Connors B (2000) Tobacco treatment in NJ residential substance abuse programs: a model for other states. *Counselor*, June, 27-30.

West R, Hajek P, **Foulds J**, Nilsson F, Burrows S, Meadows A. (2000) A comparison of the abuse liability and dependence potential of nicotine patch, gum, spray and inhaler. *Psychopharmacology*, 149, 198-202.

Ziedonis D, **Williams J**, Corrigan P, Smelson D (2000) Management of substance abuse in schizophrenia. *Psychiatric Annals*, 30, 67-75.

Chang PH, **Steinberg M** (2001) Alcohol withdrawal. *Med Clin North Am*, 85, 1191-1212.

Hajek P, West R, Lee A, **Foulds J**, Eiser JR, Main N. (2001) Randomized controlled trial of a midwife-delivered brief smoking cessation intervention in pregnancy. *Addiction*, 96, 485-494.

Herbert M, **Foulds J**, Fife-Schaw C. (2001) No effect of cigarette smoking on attention or mood in non-deprived smokers. *Addiction*, 96, 1349-1356.

McNeill A, **Foulds J**, Bates C. (2001) Regulation of nicotine replacement therapies (NRT): a critique of current practice. *Addiction*, 96, 1757-1768.

www.ash.org.uk/html/regulation/html/nrtcritique.html

West R, Hajek P, Nilsson F, **Foulds J**, May S, Meadows A. (2001) Individual differences in preferences for and responses to four nicotine replacement products. *Psychopharmacology*, 153, 225-230.

Foulds J. Smoking cessation services show good return on investment. (2002) *BMJ*, 324, 608-609 (let).

www.bmj.com/cgi/content/full/324/7337/608

Foulds J, **Burke M**, **Richardson D** & Kazimir E. (2002) Tobacco dependence treatment services in New Jersey. *New Jersey Medicine*, 99, 23-28

www.msnj.org/pdfs/NJMMarch02/09-PublicHealth.pdf



and Clinical Directors of 29 residential treatment programs. At both trainings two nationally renowned addiction physicians, Dr. Terry Rustin of The University of Texas, Houston, and Dr. Elizabeth Styt of The Circle Program at the Colorado Mental Health Institute at Pueblo, shared their expertise in taking programs tobacco-free and provided guidance on how to develop policies regarding tobacco use and how to integrate tobacco dependence successfully into treatment. In addition to a comprehensive reference manual, participants received a training manual to provide ongoing training of the staff at each facility. Participants also received materials to support their work in addressing tobacco, including: videos, sample patient training materials, a Facilitator's Guide and three workbooks for Dr. Rustin's *Quit and Stay Quit: A Personal Program to Stop Smoking*. Two full-day regional trainings were also held for over 70 clinical staff of residential programs to equip them with the tools to address tobacco dependence in treatment.

Experts Share Their Experience, Strength and Hope: Our annual conference, "Treating Tobacco Dependence in the New Millennium," included a workshop in which three New Jersey programs, representing three different residential treatment modalities (a chemical dependence treatment program, a therapeutic community and a halfway house), presented their experiences becoming tobacco-free, sharing both successes and challenges.

Department of Health Provides Nicotine Replacement Therapy to Residential Programs: The Tobacco Dependence Program was selected by DAS to serve as distributors of nicotine replacement therapy (NRT), both the patch and gum, funded by the state from monies from the Master Settlement Agreement. An up-to-date list of residential programs in the state was created to identify those eligible for NRT. (Programs are eligible for NRT if they are either licensed by DAS or are applying for licensure.) The Tobacco Dependence Program developed distribution procedures for NRT as well as a training manual on the correct use of NRT and protocols for recordkeeping and reporting. The manual was distributed at two trainings conducted for over 60 staff from 31 programs that were eligible for state-funded NRT.

The Tobacco Dependence Program will continue to work with agencies to promote the comprehensive integration of tobacco dependence treatment for those who are also dependent on alcohol and other drugs, and remains committed to its mission of reducing the harm to health caused by tobacco use, through education, treatment, research and advocacy.

The Tobacco Dependence Program offers phone and in-person consultations and trainings free of charge to New Jersey providers of addictions services. Contact Martha Dwyer Addictions Consultant at 732-235-8232 or martha.dwyer@umdnj.edu for further information.

IMPORTANT ANNOUNCEMENT!

Starting next issue, *The Nicotine Challenger* will be available primarily in electronic format. If you would like to continue to receive *The Nicotine Challenger*, you **MUST** return this form and include your email address. The newsletter will also be accessible on our website, www.tobaccoprogram.org.

Keep me on the Tobacco Dependence Program announcement list!

Mail to: **Tobacco Dependence Program**
317 George Street, Suite 210, New Brunswick, NJ 08901-2008
or send an email to: info@tobaccoprogram.org



NAME

ORGANIZATION

ADDRESS

CITY, STATE, ZIP

AREA CODE +PHONE NUMBER

AREA CODE +FAX

E-MAIL ADDRESS

- I do not have email or internet access. Please send a printed copy. Please remove me from the list
I am also interested in information on tobacco dependence treatment and
- addictions mental health young people

Tobacco Dependence Training and Education

By Nancy Speelman

Training and education has become a major focus of the Tobacco Dependence Program over the past year and a half with the establishment of an 8-day Tobacco Treatment Specialist Training, Tobacco Seminars and, more recently, a one-day Basic Tobacco Education event.

The 8-day Tobacco Dependence Treatment Specialist Trainings to professionals throughout the State of New Jersey were held in November 2000, January/February 2001, June 2001, October 2001 and in March/April of 2002. The participants consisted of staff from each of the 15 NJ Quitcenters, along with professionals from other organizations.

Participants gained state-of-the-art treatment techniques from the Tobacco Dependence Program's trainers. Topics included The History of Tobacco and Public Health Issues; Guidelines for Treatment; Medical Complications Caused by Tobacco and ETS; Biology of the Brain; Addiction and Tobacco Dependence; Nicotine Replacement Therapy and Other Pharmacological Treatments; Counseling Theory and Practice; Motivational Interviewing; Treatment Continuum and Key Strategies; Intake, Assessment and Treatment Planning; Group Counseling Skills; Special Populations—Addictions, Mental Health, Young People; Perinatal; and Cultural Competency.

Evaluations have been excellent and the trainings continue to be fine-tuned with the feedback from participants. Priority for registration is given to NJ Quitcenter staff or those who will have a

direct impact on helping people in New Jersey stop using tobacco products.

In addition, Tobacco Seminars are presented from 12:15-1:30 on the third Friday of the month throughout the year at the Tobacco Dependence Program, 317 George Street, New Brunswick. (In the past, these were held at University Behavioral Healthcare in Piscataway.) The seminars allow participants to learn about cutting-edge tobacco research and clinical developments, and to network with other professionals interested in tobacco research and treatment.

SAVE THESE DATES!

June 24-28 and July 9, 16, 23 or October 14-18, 21, 28, 29, 2002

Tobacco Dependence Treatment Specialist Training

A week-long event will present the core curriculum from the 8-day training and will be followed by three additional days of special populations training for tobacco dependence treatment specialists.

August 8 or November 18, 2002

Helping Your Clients Deal with Tobacco

October 9, 2002

Tobacco Dependence Program's Annual Conference

If you would like to register for any of these events or to be included on our seminar or trainings mailing lists, please contact the Tobacco Dependence Program at 732-235-8212 or send an email to info@tobaccoprogram.org

The Nicotine Challenger

***Tobacco Dependence Program
UMDNJ-School of Public Health
317 George Street, Suite 210
New Brunswick, NJ 08901-2008***

Address Correction Requested

Non-Profit Org.
U.S. Postage
P A I D
Piscataway, NJ
Permit No. 196

Starting next issue,
the Challenger will be
available in
electronic format.

To have the
The Nicotine Challenger
delivered to your inbox,
complete and return the
form on page 11.