

Series of Meetings at the Robert Wood Johnson Foundation Help to Address Tobacco Dependence in Smokers with Mental Illness or Addiction.

by Jill Williams, MD

Evidence suggests that individuals with a psychiatric or substance abuse disorder smoke 44% of the cigarettes smoked in the United States (Lasser, 2000). Despite this astounding figure, this specific population has received little attention from tobacco control specialists and behavioral health treatment providers nation-wide.

The Robert Wood Johnson Foundation, a leader in substance abuse and tobacco policy and treatment initiatives, is sponsoring a series of one-day meetings to present an overview of treatment issues in these neglected populations. These meetings (the first of which was held in November 2002) will bring together experts and leaders in the fields of Tobacco Control, Mental Health and Addictions to discuss available knowledge, identify areas for further work and to begin to formulate a strategic plan to address this vast problem.



Drs. Douglas Ziedonis and Jill Williams, both Addictions Psychiatrists from the Robert Wood Johnson Medical School's Department of Psychiatry and UMDNJ School of Public Health-Tobacco Dependence Program, facilitate the meetings. Attendees include researchers, academicians, clinicians, administrators, policy makers and consumer advocates. Attendees work for many different agencies including several federal agencies (NIDA, NIAAA, NIMH, CSAT, CMHS, NCI). Emphasis is placed upon developing links and networking between the behavioral health and tobacco control groups, promoting partnering relationships and sharing potential funding initiatives.

Each meeting will focus on one of three theme areas: Clinical Epidemiology and Neurobiology, Clinical and Program Aspects of Tobacco Dependence Treatment, or System and Policy Change Perspectives. The first area will allow participants to review known research findings in pertinent areas in order to identify gaps in knowledge and create and prioritize a broad research agenda. The second area will serve as a forum for increased communication between experts in areas of tobacco control, tobacco research, mental health and addictions. This has not occurred previously to any great extent. Barriers to addressing tobacco in these populations will be discussed. These barriers include clinical, programmatic and systems/institutional issues, the roles of patients, caregivers and advocacy groups in the creation of policy that results in a change in the culture of behavioral health and addictions treatment systems. Finally, it is hoped that the meetings will bring a national perspective to the problem and increase interest in these large population subgroups of tobacco users among researchers and policy makers in tobacco control.

The third meeting of the series, will focus on tobacco control strategies, including program-targeting prevention and treatment. The potential impact of these strategies on mental health and addictions populations will be specified.

It is hoped that these meetings will increase the discussion on this topic, as well as facilitate the development of a national strategic plan and recommendations for specific changes at the federal, state, and local levels to help this population of individuals dependent on tobacco. This will require consensus building and willingness from many groups to support these changes.

References

Lasser K, Wesley BJ, Woolhandler S et al. Smoking and mental illness: A population-based prevalence study. JAMA 2000; 284:2606-2610.

TASE: Tobacco Age-of-Sale Enforcement

by Bernice Order-Connors, LCSW, CADC

Harry Reyes is responsible for the New Jersey Tobacco Age-of-Sale Enforcement Program (TASE). TASE grew out of the need for the state to comply with the Synar Amendment, which mandates the reduction of tobacco sales from licensed tobacco retailers and it is the program that enforces the State laws that restrict/ban the sale of tobacco to minors. When TASE began in 1996, the sale rate to minors in NJ was over 84%. By 2001, the rate had dropped to 22%, a big improvement, but still not enough to meet the Federal standard. Mr. Reyes explained, "The Federal government tied this compliance to states receiving the Federal Block Grant, which in NJ is approximately \$47 million for addiction treatment". To comply with the Synar Amendment, NJ needed to reach a goal of better than 80% compliance with the tobacco age-of-sale enforcement law. In September 2002, NJ reached a compliance rate of 84.1%, as the rate of tobacco sale to minors further dropped to 15.9%. Mr. Reyes pointed out, "we need to continue to keep the rate of sales to minors under 20%."

The compliance checks are done in partnership with local health departments (of which there are over 110) throughout the state. Local Departments of Health conduct random, unannounced inspections to licensed merchants, using volunteer or hired age-appropriate youth (young people who look their age). These young people go out with health inspectors and try to purchase tobacco products over-the-counter and from vending machines in both youth restricted (i.e., factories, bars, nightclubs) and unrestricted places (i.e., convenience stores). Of the 18,000+ licensed tobacco retailers in New Jersey, 9,500 are selected for inspection and 5-6,000 inspections are completed annually. These inspections occur throughout the year and are conducted both on weekdays and weekends, in the morning and in the evening (until 7 or 8 pm).

One obstacle for the TASE is that less than 75% of the local Departments of Health work with the court system to sanction retailers who violate the age-of-sale law, and some judges reduce the fine