

# The Nicotine Challenger

Spring 2004

Volume 11, Number 2

## A View From The Director

Spring is here (at last!) and as usual that means it is state budget time around the country. It has now become part of this tradition that people with an interest in reducing tobacco-caused death and disease, and particularly those receiving state support, start to make their case for continued existence and to scan the newspapers for clues as to whether they might be out of a job in the next few months. In last year's budget, New Jersey increased its cigarette tax by 55 cents per pack (an excellent move), but like many other states, also slashed the funding for tobacco control by \$20 million (by 67%).

New Jersey's new budget plan for the Fiscal Year 2005 (starting July 2004) proposes to increase the tax per pack of cigarettes by 45 cents (an increase from \$2.05 per pack to \$2.50 per pack, New Jersey State tax). It is estimated that this increase will generate an additional \$135 million in revenue (making the revenue from cigarette taxes for the year July 2004 to June 2005 total over \$900 million). The 2004-5 budget also proposes to increase the funding for New Jersey's Comprehensive Tobacco Control Program (CTCP) for 2004-5 by \$1million (from \$10 to \$11 million).

I would like to take this opportunity to comment on the proposed 2005 budget:

1. Tobacco addiction is by far the biggest cause of premature death and preventable disease in New Jersey (see Figure 1. for comparisons with other causes), but both the current and proposed funding for activities to prevent tobacco-caused harm remain woefully inadequate.
2. Increasing the cigarette tax by 45 cents is an excellent policy. In addition to raising much needed revenue, it will help motivate more of New Jersey's smokers to try to quit. At our clinic we have seen increased numbers wanting help to quit, partly as a result of previous tax increases (see Figure 2). The tax increase will also lower

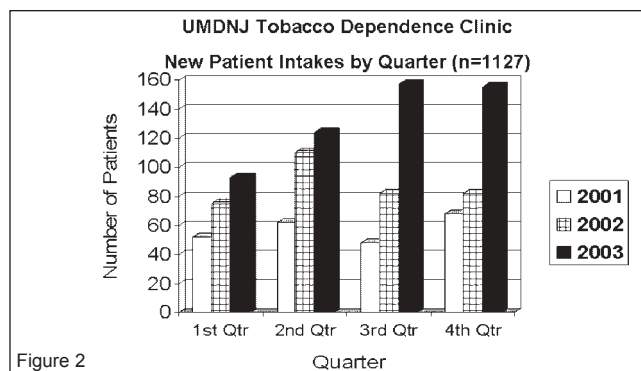


Figure 2

the access, rate of use, and consequent addiction to tobacco by young people. It will result in thousands of people living longer, healthier lives and will result in millions of dollars in healthcare costs being saved.

3. As cigarette taxes increase, some New Jersey citizens are switching to or initiating use of lower taxed but equally harmful products, e.g. cigars (including teenagers, the age-group with the highest cigar use prevalence). The tax rate on non-cigarette tobacco products, such as cigars, should be restored from its current level (30%) to at least its pre-2002 level of 48%.
4. New Jersey's Comprehensive Tobacco Control Program is an effective and successful program. It has succeeded in reducing both youth and adult smoking prevalence by more than 15% over the past few years. The demand for treatment services has grown and can be expected to increase with another tax hike. Therefore, New Jersey's comprehensive program should be funded at the CDC recommended minimum levels, as written in to the legislation of the Fiscal Year 2002-3 budget. Thus, the additional \$1m proposed should be increased to at least an additional \$30 million.

For the future good health of the state of New Jersey, it is critical that we do not throw away the expertise and momentum that has been built up over the past three years. Inadequate funding for the program now would directly result in thousands more New Jersey youth becoming addicted to tobacco, and thousands more New Jersey adults being killed by tobacco each year.

**Jonathan Foulds, Ph.D.**  
**Director, Tobacco Dependence Program**

*The views expressed in this and other articles in the Challenger are the authors' and do not necessarily represent the views of UMDNJ or of the New Jersey Department of Health and Senior Services.*

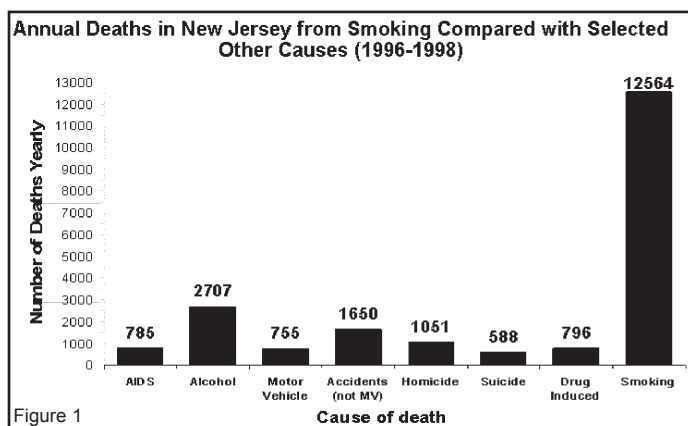


Figure 1

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### **Patricia Walker**

#### **Program Secretary**

Pat joined the Tobacco Dependence Program in August of 2003. Before joining the TDP, she was the Program Secretary for the Developing Leadership and Reducing Substance Program, a fellowship program funded by the Robert Wood Johnson Foundation. She brings to the Tobacco Dependence Program many years of experience and looks forward to working in the Program.



### **Olivia Wackowski, MPH**

#### **Youth and Special Projects Consultant**

Olivia is excited to join the Tobacco Dependence Program. She has a background in Biology and Psychology, and has recently obtained her Master's Degree in Public Health from the UMDNJ School of Public Health. Olivia received the Anna Skiff Award for the best graduate fieldwork research project in her division (a content analysis of the alcohol and tobacco use on a television program popular with young people), and she was also a 2003 recipient of the Special Populations Committee (SPC) Student Travel Award from the Society for Research on Nicotine and Tobacco. Olivia has an interest in working with young people, in health communication, and in public health policy/advocacy. She is largely involved in the Program's services for young people, and also works on editing Program materials, monitoring Program websites, and editing the Program newsletter.

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



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## There are Still Reasons to keep Tobacco in the News!

by Olivia Wackowski, MPH

As professionals in the fields of public health and tobacco control, we may often feel frustrated at the lack of publicity and media coverage that the tobacco epidemic receives. Considering that tobacco is the primary cause of death in the United States, it definitely still does not get its fair share of press. I certainly don't hear about how many people died in New York from tobacco caused diseases on the evening news after I hear about how many people were murdered that day. I mean, how many people in the general public really even know that tobacco is the number one cause of death in the US? I know I didn't know that fact until I started working on my degree in public health. How many people in the general public really know that tobacco kills more people every year than drugs, alcohol, motor vehicle accidents, and HIV *combined*? Doesn't that seem like *news*? We definitely know that thus far tobacco destroys lives far greater than bioterrorism does, another public health issue seemingly covered far more in the press. So, what's the deal?

In January 2004, I attended a one day conference entitled: "Beyond Breakthroughs: the Press and the Public Health Profession." In the afternoon, a panel assembled of both public health professionals (including our very own TDP Director) and journalists that cover health issues. This panel clearly illustrated the different points of views and objectives of these two fields. To put it very simply, public health professionals may feel that their research, findings, etc. should be communicated to the public because they are inherently important and can benefit the public at large, while journalists are primarily concerned with keeping their audience interested in buying newspapers, watching their program, etc., and thus select articles/issues that are not only important, but that will better attract reader/viewer-ship and profits. Thus, it seems that while the field of tobacco control has made great progress in research and treatment, we still struggle with getting our resulting messages out to the public. In order to be heard, we have to not only consider *our* opinions of the importance of our news, but we must also consider whether our message will be thought of as "newsworthy" by those who will be responsible for relaying it to the public, where issues that bare unusualness, timeliness, controversy, questions of blame, etc. are more likely to be covered in the media.

Then there's also the issue of risk perception. The public's perception of risk from a particular hazard can be influenced by the number of "outrage factors" associated with it. For example, a hazard will be considered more risky if it is somehow exotic or unusual, if it is controlled by others, if it is involuntary, if it comes from an untrusted source, if it is of little or no benefit, and if it affects children. On the other hand, a risk may be considered more "acceptable" (and simultaneously less newsworthy) if the hazard is under voluntary control, has benefits, is natural, is from a trusted source, and is familiar. We can see how tobacco loses coverage because it has become a "familiar" risk and because smoking is perceived to be under "voluntary" control. Yet, most of the

previously mentioned "unacceptable" risks that are more likely to cause outrage *are* in fact associated with smoking – it certainly comes from an untrusted source, affects children, and in terms of nicotine dependence, can actually be considered involuntary. It is up to us, then, to remember and continue to highlight the reasons that make smoking an *outrageous* risk to our health, and to work to keep this important public health issue alive and well in the media.

*Source: Information used in this article was referenced from Health/Risk Communication, a course taught by Dr. Jane Lewis at the UMDNJ School of Public Health.*

### CHAMPION VS. TOBACCO

## MATTHEW MYERS

by Patricia Repetto, MEd



As we recognize the accomplishments in tobacco control over the last 40 years, it brings us great pleasure to name Matthew Myers as this edition's Champion. Mr. Myers is the current president and chief legal counsel of the Campaign for Tobacco-Free Kids (the Campaign), and has been a devoted tobacco control advocate for over a

decade. His efforts have focused largely on legislative advocacy against the tobacco industry. Mr. Myers' accomplishments at the Campaign for Tobacco-Free Kids have consisted of overseeing all of its advocacy, outreach, and grassroots development efforts and focusing the nation's attention on reducing tobacco use among children. The Campaign has been a frequent provider of technical assistance to New Jersey tobacco control advocates, and, in 2002, Mr. Myers attended and spoke forcefully at a successful press conference at the New Jersey Statehouse advocating for proper funding for tobacco control in New Jersey. Not long after that press conference, a budget was passed that included stable funding (at \$30 million) for New Jersey's Comprehensive Tobacco Control Program, a 70 cent per pack increase in cigarette tax, and the promise of a progressive increase in CTCF funding to reach \$45 million per year in 2005 (though, unfortunately, Governor McGreevey subsequently cut that funding to \$10 million in 2003).

Mr. Myers has been recognized by some of this country's top leaders in public health for his efforts. These awards include the 1996 Smokefree America Award as the lawyer who had made the greatest contribution to tobacco-control efforts in the United States, as well as the 1989 prestigious Surgeon General's Medallion from Dr. C. Everett Koop for contributions to the public health of the nation. His many efforts are featured in *The Giant Killers*, written by Michael Pertschuk, former chairman of the Federal Trade Commission (FTC). Furthermore, Mr. Myers is published widely in health and medical publications, and appears regularly on national news programs to discuss tobacco issues. Finally, the Tobacco Dependence Program is proud to present Matt Myers as one of our distinguished guest speakers at our Annual Conference in May, as Mr. Myers has proven himself a leader worthy of the title, "Champion Against Tobacco".

Visit our website

[www.tobaccoprogram.org](http://www.tobaccoprogram.org)

for our products & services,  
to find a Quitcenter near you  
and for the latest  
in tobacco control news.



## How Can We Help Addicted Smokers to Quit at School?

by Mia Hanos Zimmermann, MPH

Over the past 40 years, we have certainly realized the importance of preventing young people from smoking, yet we are still working on ways of dealing with tobacco in the place where young people spend a great percentage of their time – school. In order to assess the feasibility of bringing tobacco dependence treatment to students, a needs assessment was conducted in order to identify facilitators and barriers to providing treatment for tobacco dependence for students on school grounds. The study also examined the impact of the 2001 New Jersey state law prohibiting tobacco use on school grounds. The objectives of the assessment were to identify tobacco policies in schools; identify barriers to treatment for adolescents; describe staff knowledge, attitudes and beliefs around tobacco dependence issues; and identify resources available and/or needed to provide tobacco treatment to adolescents. It is hoped that this study will also make the scientific community aware of the types of policies and procedures that need to be in place in order to bring accessible, state of the art tobacco dependence treatment to young people.

Data was collected through structured key informant interviews with administrators, student assistance counselors (SACs), guidance counselors and nurses from eight different schools. Various questions were asked regarding tobacco policies, laws and treatment. In response to questions regarding these issues, all staff were very clear that smoking was not allowed for students on school grounds. Principals also acknowledged that staff were not allowed to smoke on school grounds. SACs tended to point out that they were observing the state law that prohibits tobacco use on school grounds and at school sponsored events.

In addition, schools that had an open campus, where students were able to leave school grounds at lunch time, reported several challenges due to their locations in residential areas. One common challenge was that the neighbors were upset and concerned about students smoking in front of their houses and littering their property with cigarette butts.

Although several principals, SACs, nurses and guidance counselors believed that the state law had lessened smoking in the school, other SACs felt that students found a way around the law and continued to use. Some staff felt that the law had no effect on their school. Principals noted that there had been more disciplinary referrals since the law was passed. SACs, nurses and guidance staff noted that the law had made it more difficult for staff to smoke.

The majority of staff believed that tobacco is an issue that can be addressed at school. However, some nurses and principals noted that more needs to be done to address tobacco, especially with regard to policy development, materials and speakers. Some SACs, nurses and guidance counselors reported that treatment or support was needed for students who want to stop using tobacco.

Responses varied greatly on the issues of testing for nicotine when testing for other substances, and on the resources needed to implement a program for students addicted to tobacco. Half of the staff reported that they would not include a test for tobacco use, while the other half reported that they would. Some of the reasons for not including the test were that, “there is no use for it”; “tobacco is not a priority”; “there is not the same stigma associated with tobacco use”; “it’s not effective”; “it doesn’t alter students’ perceptions”; and “tobacco is different from other drugs.” Another common argument was that tobacco is legal. Staff (predominately

principals and nurses) felt that conducting a chemical test was unnecessary because staff could see students smoking and smell the smoke on their clothing.

Staff in general were supportive of students using nicotine replacement therapy (NRT) at school. Nurses and guidance counselors in particular believed that using nicotine replacement therapy is a “good idea” to help students stop using tobacco.

The consensus among staff was that the NRT would be handled like other medications the students take, whether over the counter or prescription; the nurse would monitor the use of the medication.

Staff expressed varied opinions when asked about the logistics of providing tobacco dependence treatment to young people. Many staff felt that if students wanted to go to a facility for tobacco dependence treatment they would have to “get there themselves.” In addition, a variety of principals, SACs and nurses believed that parents would need to be involved in off-site treatment. Many staff believed that a quit smoking intervention would have to take place after school, if it were off school grounds. Other staff thought that a quit program should take place on school grounds.

Upon completion of the needs assessment, it was obvious that the majority of schools realized that their students were smoking and probably addicted. There appeared to be concern among the staff as to what the role of the school would be in the provision of off-site treatment. Staff seemed concerned about the school being tied to or mandating treatment for tobacco dependence, especially the use of NRT.

Schools are at different levels of preparedness for dealing with the issue of tobacco dependence treatment on site. School tobacco policies need to evolve into more rehabilitation-oriented policies instead of focusing on discipline only for tobacco users. Policies for substance abuse, not including tobacco, were well defined by staff, perhaps because of the illegal nature of substance use.

Regarding tobacco use among young people, there was confusion over the laws in the state of New Jersey. The tobacco industry’s continued portrayal of nicotine addiction as a smoker’s right issue had an impact on staff at the school level. Staff were concerned about a student’s “right to smoke” off of school grounds. The primary method identified by staff to address tobacco was through school health classes. Although health class may be the logical place to address tobacco, it may not be the most effective because the perceived harms of tobacco may be diluted when discussed among the issues of sexually transmitted diseases, drugs, alcohol and pregnancy.

The majority of health consequences associated with tobacco use are delayed. Young people and school staff are more likely to be attentive to problems with immediate consequences. Therefore, the continued inclusion of tobacco as a deadly and addictive drug across the curriculum remains a challenge of utmost importance.

*Note: This needs assessment was conducted to fulfill the field-work requirement of the MPH degree at UMDNJ. The writer was advised by Wendy Ritch, MA, MTS and Dr. Michael Burke. For more information about the needs assessment contact Mia Hanos Zimmermann at [mia.hanos@umdnj.edu](mailto:mia.hanos@umdnj.edu) or 732-235-8230.*



## Helping Young People Win Independence from Nicotine: Project WIN

by Mia Hanos Zimmermann, MPH

Project WIN (Winning Independence from Nicotine) is a program designed for high school students who express a strong desire to stop using tobacco. The program consists of eight sessions and is intended to prepare young people to quit smoking while simultaneously supporting each other through their quit attempts. In 2003, WIN was piloted in several high schools throughout the state of New Jersey. WIN was then re-vamped to incorporate feedback from staff and students who participated in the pilot groups.

The group format of WIN is as follows:

1. Ready—The Intro and Informational Session, 2. Get Set—The Preparation Session, 3. GO! The Target Quit Date, 4. Getting Quit-The First Few Days, 5. Staying the Course, 6. Staying Quit, 7. Almost There, 8. CONGRATULATIONS!

This program is adapted from a successful adult quit smoking group intervention that is used at Quitcenters in New Jersey. However, this youth model has several key differences from the adult groups. The rationale for adapting the group came from existing smoking cessation research, which recommends modifying adult cessation models in order to help young people quit, as well as from incorporated feedback from the students and staff involved in the pilot groups last spring. The main differences in the student group model include:

- Eight group sessions as opposed to six, including an extra group session before and shortly after the target quit date.
- Groups are of shorter duration to accommodate the school class schedule.
- Medication is not an integral part of the group. If students present as clearly addicted to nicotine, they are referred to a local Quitcenter or their family doctor.
- Students can bring a non-smoking support buddy to the group.

A “how-to” manual has been created for professionals interested in implementing Project WIN with young people. This manual provides background information about young people and tobacco, the rationale for treating young people and explains the steps involved in running the program. This manual will be available in the spring of 2004 from the Tobacco Dependence Program’s website. For more information about WIN or to obtain a copy of WIN, please visit our website at [www.tobaccoprogram.org](http://www.tobaccoprogram.org) or contact us at 732-235-8212.

## A Different Kind of Group

by Donna Richardson, LCSW, CADC

*Lakeiska is an outspoken 18-year-old with intense eyes and a smile that could sell expensive tooth polish on television. She came to the Job Corps to finish high school and to learn skills that will help her to get a good job. She hopes to become an Emergency Medical Technician. She talks of how stressful it is to be living in her Edison dorm where she has to stay on top of her course work, her chores, and the rules. She misses home and if she messes up, there won't be weekend visits. She'll have to stay on campus where she tends to smoke more. She started smoking cigarettes soon after she arrived because that's what everyone else was doing between classes. She thinks about quitting smoking because the grandmother who was raising her died from lung cancer, and because she wants to set a good example for her sister.*

*Tommy is 20 and has 20 tattoos. He started smoking when he was eight, the year his mother died of a heroin overdose. He likes to eat but will often smoke instead because it's easier. He makes lots of jokes about drinking and sex. His drug screen was positive on Monday, so he'll be at Job Corps this weekend. He wants to quit smoking because his 18-month-old son has asthma. He came to Job Corps because he loves working on cars which he can do in Edison, and because he needed to make something out of his life.*



These are just two profiles of the many young smokers who attend the Job Corp Academy in Edison, NJ. In the fall of 2003, Dr. Vic Carlson, a clinical psychologist, contacted the Tobacco Dependence Clinic (TDC) to inquire about services available for the large proportion of 530 Job Corp trainees who are smokers. Initially, a small number of trainees were interviewed individually in one hour assessments where the goals of initiating a treatment relationship, increasing patient motivation and establishing a tailored

treatment plan were accomplished. Within weeks, the TDC's six session structured Stop Smoking Group was transported to the Edison Job Corps campus. Michael Steinberg, MD, was present for Sessions 1 and 2 (*Preparation for Quitting* and *Quit Day: First Full Day Tobacco-Free*) to discuss medication options and provide prescriptions or nicotine replacement therapy treatments. Challenges arose when new and unassessed trainees streamed in for the third session of group. Despite the confusion generated by new interest,

admission wasn't denied to the normally closed group structure. A back-up clinician team to divert unassessed trainees was set up in an adjoining room to handle the overflow. By the fifth and final sixth sessions (*It Should be Getting Easier* and *Celebration Group*), we saw significant harm reduction, but quit rates were no cause for celebration. The scattered attendance and the late group start for some attendees likely contributed to the low quit rates. Through this group, we have realized again the difficulty of quitting in an environment where smoking is prevalent among trainees, staff and faculty on the Job Corps campus.

Yet, this group was not considered a failure. To the contrary, the incredible interest in quitting smoking among this underserved and neglected population has been both encouraging and rewarding. In general, our 40 years of fighting tobacco has still left pockets of people smoking at higher proportions than others. We realize the importance of continuing to try to address tobacco in this population of diverse young people who are working hard to turn around the social, economic, and educational deficits they have been handed, and we are currently running our second cessation group on the campus. Although this group has been a particularly challenging one, I love this project and I know that John Slade, the Tobacco Dependence Program's original founder and visionary, would have loved this project too.

# National Conference May 28, 2004

**Dr. Greg Connolly**

*Harvard School of Public Health*

**Why Do We Need Regulation of Tobacco Products?**

**Dr. Michael Cummings**

*Roswell Park Cancer Institute*

**The Failed Promises of the Tobacco Industry**

**Dr. Jonathan Foulds**

*UMDNJ-School of Public Health*

**What is the Role of Treatment in Comprehensive Tobacco Control**

**Dr. Cheryl Heaton**

*American Legacy Foundation*

**From Research to Practice – Using the Media to Help Smokers Quit**

**Matthew Myers**

*Campaign for Tobacco-Free Kids*

**Lessons from the MSA About the Future of Comprehensive Tobacco Prevention and Cessation**

**Dr. Ken Warner**

*University of Michigan*

**Economics and Tobacco: Myths and Realities**

**Dr. Douglas Ziedonis**

*UMDNJ-Robert Wood Johnson Medical School*

**People with Mental Health and Addiction Problems – The Forgotten Smokers?**

## 40 Years of Tobacco or Health

### HOW CAN WE DO BETTER?

This national conference will commemorate the 40-years since the 1964 Surgeon General's Report on smoking and health. It will explore what has changed since then and propose methods of tackling the challenges that remain.

**The Conference will also include afternoon workshops on clean indoor air, tobacco dependence treatment, tobacco's effect on the family, and reducing smoking in young people.**

**Professional Contact Hours Provided for**

Nurses: University Behavioral Healthcare is an approved provider of continuing education by the New Jersey State Nurses Association, Provider Number P204-7/03-06.

Psychologists: University Behavioral HealthCare is approved by the American Psychological Association to offer continuing education for psychologists.

Educators: UMDNJ, School of Public Health, Tobacco Dependence Program is an approved provider for professional development hours, through the New Jersey Department of Education, Provider Number 4001.

Contact hours have been applied for CADC and Social Workers.



### Workshops

<b>A</b>	<b>The Benefits of Smoke Free Legislation</b>
<b>B</b>	<b>Management of Hard to Treat Patients for Tobacco Dependence: Doing Better with Highly Addicted Smokers</b>
<b>C</b>	<b>Tobacco's Cost to the Family</b>
<b>D</b>	<b>What Works in Reducing Tobacco Use in Young People</b>
<b>Interactive Discussion: The Potential Role of Nicotine Maintenance in Reducing Tobacco- Caused Harm</b>	

### Registration Fee - \$95

Refreshments and Lunch included.

**Reserve your Room:**

[www.newbrunswick.hyatt.com/groupbooking/todp](http://www.newbrunswick.hyatt.com/groupbooking/todp)

**Register on line:**

[www.tobaccoprogram.org](http://www.tobaccoprogram.org)

Contact Joan Maurer at 732-235-8220 or [joan.maurer@umdnj.edu](mailto:joan.maurer@umdnj.edu) for registration information.

For exhibits or other conference-related information contact

Patti Repetto at 732-235-8215 or [patricia.repetto@umdnj.edu](mailto:patricia.repetto@umdnj.edu)



# Tobacco Dependence Treatment Medications Only Recently Getting Their Time To Shine

*by Michael B. Steinberg, MD, MPH*

While a great deal has been accomplished over the past 40 years in tobacco control, the field of tobacco dependence pharmacotherapy has only recently come into its own. Until the last 20 years, safe and effective forms of nicotine replacement therapy (NRT) were not available. More recently, there have been novel products hitting the market, including non-nicotine medications (Zyban®) and various alternative forms of nicotine delivery. These have only been available for the past seven years. In addition, even though these medications have been on the market, they remain largely underutilized by healthcare professionals. According to the 2001 NJ Adult Tobacco Survey, only about 25% of NJ smokers reported that their provider either recommended or prescribed pharmacologic adjuncts for smoking cessation. As emerging products such as newer NRT's, other medications, and possibly vaccines, have their day in the sun, we must be vigilant in spreading the word to providers that effective nicotine pharmacotherapies currently exist and are available to be recommended to smokers wishing to quit.

## Brief time-line of major milestones for tobacco treatment medications in the U.S.

1904	The first laboratory synthesis of nicotine is reported. This step opened the door both for industry manipulation of nicotine content and delivery and for the production of medicinal nicotine.
1942	British researcher L.M. Johnston successfully substituted nicotine injections for smoking, and described addiction including tolerance, craving and withdrawal symptoms. "Clearly the essence of tobacco smoking is the tobacco and not the smoking. Satisfaction can be obtained from chewing it, from snuff taking, and from the administration of nicotine" (Lancet). Identification of the addictive nature of nicotine led to the concept of alternative forms of delivery...nicotine replacement therapy (NRT).
February 1984	FDA approves Nicotine Gum (2 mg) as a "new drug" and quit-smoking aid. At first, smokers used this "break-through" cautiously. Use gradually declined over the following eight years. Expectations as a "magic bullet" may have been high.
January 1992	Nicotine Patch is introduced. This product had the benefit of ease of use and continuous delivery. First year use tripled that of gum's introduction. Smokers may have been more comfortable after having tried nicotine replacement therapy (NRT) before. However, there still was a decline in the years following its introduction. Still one of the most popular forms of NRT available, and a good foundation for a treatment plan.
March 1993	Four mg Nicotine Gum is introduced. No significant increase in sales. However, better efficacy as this product could be used with reasonable success even in fairly dependent smokers.
April 1996	Nicotine Gum given over-the-counter approval. This resulted in wider use of the gum (an almost four-fold increase in sales), and for the first time allowed smokers to access NRT treatment on their own. In terms of overall efficacy, not much of a significant benefit, however, smokers are becoming more comfortable with the concept and products.
August 1996	Two brands of nicotine patches given over-the-counter status. Again, a significant increase in use and more familiarity of products. Starting to shift burden of "prescribing" away from health professionals.
August 1996	Nasal Spray introduced. Best tool for rapid delivery of NRT. Good for high dependence and craving situations. Limited by side effects, not widely utilized by prescribers.
May 1997	Zyban (bupropion) introduced as first non-nicotine medication approved for smoking cessation. Quickly became one of the most prescribed medications for tobacco dependence treatment. This was largely due to marketing and detailing by pharmaceutical companies. Offered smokers an alternative to nicotine. Remains a mainstay of treatment.
March 1998	Nicotine Oral Inhaler introduced. Again, a novel product with an added benefit of hand-mouth behavior substitution. However, not strongly marketed and thus not widely utilized by prescribers.
November 2002	Nicotine Lozenges (Commit) available in US. Viable alternative to gum. Over-the-counter status allowed ease of access, and less complicated use than gum. Limited by taste and cost.
2004 and beyond	Several new formulations of nicotine medication (e.g. straw, solution, pulmonary inhaler) and new medications (e.g. varenicline – nicotine receptor modulator; rimonabant – cannabinoid receptor modulator) are in various stages of experimentation. These will continue to provide treatment options for clinicians and smokers for years to come. Genetic-based interventions are even further down the line, but will be up and coming.

\* data from www.tobacco.org and CDC.MMWR 2000;665-668

# Tobacco Or Health: How Far Has the Industry Come?

by Jonathan Foulds, PhD

This year marks the 50<sup>th</sup> anniversary of the tobacco industry's "Frank Statement" on tobacco and health, and the 40<sup>th</sup> anniversary of the landmark 1964 Surgeon General's Report. This article summarizes the context of these major events and asks what they imply about our interpretation of the industry's current behavior.

In the May 27<sup>th</sup>, 1950 edition of the Journal of the American Medical Association, Wynder and Graham published a study which found that almost every patient out of 605 cases of lung cancer was a smoker, whereas lung cancer was an exceptionally rare occurrence in non-smokers. A couple of months later (September, 1950), Doll and Hill reported in the British Medical Journal that they had found a similar pattern in their study of 709 lung cancer patients in the UK. In 1953, Doll reported on further work examining the relationship between smoking and lung cancer. He wrote, "The results amount, I believe, to proof that smoking is a cause of bronchial carcinoma." That same year, Wynder, Graham and Croninger published an important study which showed that when mice were painted with extract of cigarette tars, they grew tumors on that same location.

## Industry Response: The "Frank Statement"

In 1953, just a few years after the first authoritative publications in the scientific literature on the harmfulness of cigarettes, and weeks after the first publication showing that cigarette tar causes cancer, the major U.S. tobacco manufacturers together hired a public relations firm (Hill and Knowlton Inc.) in order to convince the public that the hazards of smoking had not been definitely proven.

On January 4<sup>th</sup>, 1954, the industry released an advertisement titled "A Frank Statement to Cigarette Smokers". This advertisement appeared in 448 newspapers in 258 cities, reaching an estimated circulation of 43,245,000, and laid out the industry's opinion of the recent negative health claims. In summary, the advertisement stated,

*"...there is no proof that cigarette smoking is one of the causes...  
...statistics purporting to link cigarette smoking with the disease could apply with equal force to any one of many other aspects of modern life. Indeed the validity of the statistics themselves is questioned by numerous scientists...  
...We accept an interest in people's health as a basic responsibility, paramount to every other consideration in our business...  
...we are establishing a joint industry group consisting initially of the undersigned. This group will be known as TOBACCO INDUSTRY RESEARCH COMMITTEE..."*

Thus, fifty years ago this year, the tobacco companies started working together as one industry to combat the concerns of the public that tobacco may be harmful to their health.

## Medical And Scientific Consensus:

### The 1964 Surgeon General's Report

Medical and scientific consensus on the causal relationship between cigarette smoking and disease took place in the early 1960's. The U.K. Royal College of Physician's Report on Smoking and Health in 1962 and the U.S. Surgeon General's Report on Smoking and Health in 1964 were landmark publications. Each of these reports carefully weighed up the mass of detailed scientific evidence available to that point on the effects of cigarette smoking on health. In summarizing the results, the

Surgeon General's Report stated that,

*"Expressed in percentage-form, this is equivalent to a statement that for coronary artery disease, the leading cause of death in this country, the death rate is 70% higher for cigarette smokers. For chronic bronchitis and emphysema, which are among the leading causes of severe disability, the death rate for cigarette smokers is 500% higher than for non-smokers. For lung cancer, the most frequent site of cancer in men, the death rate is nearly 1,000 % higher."*

Regarding causation, the 1964 Surgeon General's Report commented,

*"Cigarette smoking is causally related to lung cancer in men; the magnitude of the effect of cigarette smoking far outweighs all other factors...The risk of developing lung cancer increases with duration of smoking and the number of cigarettes smoked per day, and is diminished by discontinuing smoking."*

### The Industry Response to the 1964 Report

Shortly after the 1964 report, and the announcement of proposed legislation to restrict advertising and labeling and to require health warnings on cigarette packs, Bowman Gray, Chairman of the Board of Directors of R.J. Reynolds Tobacco Company, addressed the Committee on Interstate and Foreign Commerce of the U.S. House of Representatives. Speaking on behalf of the tobacco industry, Bowen chose to contest the Commission's findings and flex the industry's massive political and financial muscles as a threat to those who might try to regulate it. His comments included the following:

*"...Many distinguished scientists are of the opinion that it has not been established that smoking causes disease....*

*... it is unnecessary for me to dwell at length before this committee upon the importance of the tobacco industry to the whole nation's economy....*

*...great care should be exercised before any action is taken which could seriously disrupt this important industry..."* - Bowman Gray, Chairman of the Board, R.J. Reynolds Tobacco Company, testifying before the U.S. House of Representatives on behalf of the tobacco industry, 06/25/1964

Until the late 1990's, Philip Morris, R.J. Reynolds and the other major tobacco companies basically stuck to the claim that no evidence existed to prove that smoking causes disease (or that smoking is addictive). By the 1990's, however, the industry had started losing some law-suits, and decided that coming clean on smoking and health might be a more cost-effective strategy. By



From Life Magazine, 11/19/51.  
Source: www.trinketsandtrash.org

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## Website Review: [www.philipmorris.com](http://www.philipmorris.com)

by Nancy Speelman, CSW, CADC

In reviewing the Philip Morris (PM) website, I found it to be quite comprehensive in providing a history of the company's growth (Philip Morris USA celebrated its 100<sup>th</sup> anniversary in 2002) and in the description of the company's "Mission and Values". It seems that since the 1998 Master Settlement Agreement, Philip Morris claims to have changed their business practices to not market their product to youth *directly*, and to instead focus on the adult population. It also appears that the site no longer attempts to hide or deny that tobacco causes serious illness and death. The site is broken down to the following sections:

**About Us:** Mission & Values, Company Information, Careers, Press Room, TV Advertisements

**Product Facts:** Ingredients in Cigarettes, Tar & Nicotine Numbers, Making Our Cigarettes

**Health Issues:** Cigarette Smoking and Disease, Addiction, Quitting Smoking, Low Tar Cigarettes, Smoking and Pregnancy, Secondhand Smoke, Surgeon General Reports

**Responsible Marketing:** Tobacco Settlement Agreement, Marketing Practices

**Policies, Practices & Positions:** Youth Smoking Prevention, Community Involvement, Litter, Environment, Legislation & Regulation, Public Place Smoking, Suppliers

**Customer Service:** Contact Us, Join Mailing List, Legislative Action Center, Frequently Asked Questions

The website does provide information on the efforts PM is making to alert the public about the health hazards of smoking. Their "mission and values" statements appear to reflect the terms of the Master Settlement Agreement. And from an objective point of view, the site's "health issues" section does include accurate information. Philip Morris makes the following statements regarding these "health issue" topics:

**Cigarette Smoking and Disease in Smokers:** *Philip Morris USA agrees with the overwhelming medical and scientific consensus that cigarette smoking causes lung cancer, heart disease, emphysema and other serious diseases in smokers. Smokers are far more likely to develop serious diseases, like lung cancer, than non-smokers. There is no safe cigarette.*

**Addiction:** *Philip Morris USA agrees with the overwhelming medical and scientific consensus that cigarette smoking is addictive. It can be very difficult to quit smoking, but this should not deter smokers who want to quit from trying to do so.*

**Quitting Smoking:** *To reduce the health effects of smoking, the best thing to do is to quit; public health authorities do not endorse either smoking fewer cigarettes or switching to lower-yield brands as a satisfactory way of reducing risk.*

**Secondhand Smoke:** *Public health officials have concluded that secondhand smoke from cigarettes causes disease, including lung cancer and heart disease, in non-smoking adults, as well as causes conditions in children such as asthma, respiratory infections, cough, wheeze, otitis media (middle ear infection) and Sudden Infant Death Syndrome (SIDS).*

While the site claims Philip Morris "agrees" that cigarette smoking causes disease in smokers and that it is addicting, it appears that they have not yet made a clear "agreement" about the effects of secondhand smoke, and rather refer to the conclusions of "public health officials".

In addition, the website offers various suggestions on "How to Quit Smoking", as well as links to various other major health related websites and information, such as the American Cancer Society, CDC and others. With this site, users are also able to find local information and resources, such as the NJ Quitline and a link to the NJ Department of Health and Senior Services website.

So, forty years after the Surgeon General's Report of 1964, the website of Philip Morris finally admits the health consequences of their products. But why the change in heart? Are we to assume that Philip Morris is now genuinely concerned for the health of its customers? Of course not. Having a past background in advertising, I couldn't help but think what an incredible marketing campaign this company has created and achieved in a clear attempt to cover themselves from any future lawsuits for not disclosing information. For if the company was truly concerned about the health of its customers, they would make the ultimate change and stop the production of their nicotine delivery/cancer-causing devices completely. Their website then could simply read, "Sorry, closed for business".



Tobacco or Health continued from page 9

admitting the health consequences of smoking to the public, the companies could then defend themselves from liability in the courts, and could claim that smokers knowingly took the risk of using their products (see Nancy Speelman's review of the Philip Morris web-site).

In a 1972 interview with the Wall Street Journal, Philip Morris vice president James Bowling repeated the company's promise to consumers from two decades earlier that, "...if our product is harmful, we'll stop making it." He repeated the company's position in a 1976 interview when he noted: "from our standpoint, if anyone ever identified any ingredient in tobacco smoke as being hazardous to human health or being something that shouldn't be there, we could eliminate it. But no one ever has."

Mr. Bowling, the Vice President of Philip Morris, was clearly either entirely ignorant of the information being provided by his own scientists some ten years earlier (unlikely), or, he was blatantly lying to the American public (very likely).

It has taken the industry almost 40 years to concede that the conclusions of the 1964 Surgeon General's Report were accurate. I wonder how long it will take them to fulfill their promise of 1954, a promise repeated again in the 1970's, to take seriously the health of their consumers, and to stop selling products that kill people when used as intended. Don't hold your breath.

For a more detailed account of the tobacco industry's record of lying to the public about the effects of tobacco, contact Jonathan Foulds at: [jonathan.foulds@umdnj.edu](mailto:jonathan.foulds@umdnj.edu)

# Be Counted...



# Hands of Hope

## A Nationwide Art Project

Tobacco use is the #1 cause of preventable death in the USA. It contributes to the loss of life through many tobacco-caused diseases, including deaths associated through secondhand smoke. A special nationwide art project is starting and we want to invite **YOU** to participate and "**BE COUNTED, through HANDS OF HOPE**". This project will represent how tobacco use continues to affect your life and those you love or have loved. We are hoping to collect hands from across the nation and make a clear statement as to the continued need for tobacco prevention, education and treatment.

### YOUR ARTWORK WILL MATTER!

It will be joined with others across America in a collage of hands...linking together messages, from youth through adults. Your name will be added to a list of contributors of the project. It will be first exhibited at the National Conference "40 Years of Tobacco or Health - How Can We Do Better?" on May 28, 2004 at the Hyatt Regency in New Brunswick, NJ.

It is our intention to have this project grow and continue to be exhibited throughout the USA at other tobacco/health/art related events. Your hand will become a permanent part of this project! You will be able to check our website at [www.tobaccoprogram.org](http://www.tobaccoprogram.org) to see photos of the exhibit, numbers of hands collected, ages and states.

### WE HOPE YOU WILL JOIN IN!

**Pass this project onto youths and adults!**

*(Artwork by Garrett V., Hillsborough, NJ 08844 USA Age 6, 4/14/04)*

### INSTRUCTIONS:

- 1) Think about how your life has been affected by tobacco...
  - a. Does someone you know continue to be addicted to smoking?
  - b. Are you worried about their health?
  - c. How has information about tobacco affected the choices you've made in your life? Have you quit smoking? Or never started?
  - d. Did someone you know die from a disease caused by tobacco?
- 2) Trace your hand on a piece of plain paper. (Use a heavier weight paper, like index/card stock - it will work best!)
- 3) Cut out the hand that you traced.
- 4) Decorate your hand by drawing, coloring, painting, pasting a photo, writing a poem in honor of a loved one, or writing a statement you feel strongly about.
- 5) Optional\* Include on the back of your hand artwork: First Name, Last Name or Last Initial, City, State, Zip, Country, Your Age, Date artwork was created. \*This information will be used to keep track of contributors of the project and will not be used for any other purpose.
- 6) Mail to (or for more information, contact): Nancy Speelman, Training and Education Coordinator, Tobacco Dependence Program, UMDNJ, School of Public Health, 317 George Street, Suite 210, New Brunswick, NJ 08901  
Phone: 732-235-8218, Email: [nancy.speelman@umdnj.edu](mailto:nancy.speelman@umdnj.edu)

## 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](mailto:info@tobaccoprogram.org)



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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

## Training Opportunities at the Tobacco Dependence Program

May 28	Annual Conference “40 Years of Tobacco or Health, How Can We Do Better?”
June 21-25	5-Day Tobacco Dependence Treatment Specialist Training
June 28, 29, 30	Special Populations: Monday Day 1–Youth, Pregnancy, Disabilities Tuesday Day 2–Mental Health Wednesday Day 3–Addictions
August 24	1-Day Training : “Integrating Tobacco Dependence Treatment Into Your Professional Practice”
October 18-22	5-Day Tobacco Dependence Treatment Specialist Training
November <i>check our website for dates</i>	Special Populations: Monday Day 1–Youth, Pregnancy, Disabilities Tuesday Day 2–Mental Health Wednesday Day 3–Addictions



**The Nicotine Challenger**  
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Tobacco Dependence Program  
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