

The Nicotine Challenger

Summer 2005

This issue: Workforce Development

Volume 12, Number 2

A View From The Director

In our Winter issue of the *Challenger*, I laid out some ambitious goals for tobacco control for 2005. While we have not achieved these yet, some are getting closer (e.g. comprehensive smoke-free workplace legislation for New Jersey) and there is a lot of other good news to report on.

Medicare to Cover Smoking Cessation Counseling

As of March 22nd, 2005, Medicare will reimburse qualified healthcare practitioners for smoking cessation counseling for patients who have an illness recognized by the US Surgeon General as being caused or worsened by tobacco use, or are taking a medication affected by tobacco use. Prescription medications will also be covered by Medicare from January 2006. While one could argue that broader coverage would have been better, this is an important step towards wider availability of treatment for tobacco dependence and this precedent should stimulate other health insurers to cover tobacco treatment as a standard benefit.

Dramatic Reductions in New Jersey Youth Tobacco Use

The report on the 2004 New Jersey Youth Tobacco Survey has just been released and shows that there has been a significant reduction in tobacco use in virtually every group from 7th to 12th grade in New Jersey from 1999 to 2004. These reductions in youth tobacco use since the NJ Comprehensive Tobacco Control Program started (in 2000) are impressively large, even when compared to the national trend. For example, the per capita consumption of cigarettes by New Jersey youth has fallen by over 50% in just five years – a larger reduction than most other states. A large part of the credit for this improvement should go to New Jersey's Comprehensive Tobacco Control Program. New Jersey legislators should also be congratulated for raising the excise tax on cigarettes to the second highest level in the country (\$2.40 per pack). The combination of these two potent factors has prevented many young people from becoming addicted to tobacco. However, there is still plenty of room for further tax increases. In fact, the tax rate on non-cigarette tobacco (e.g. cigars and chewing tobacco) was actually cut from 48% to 30% a few years ago and this probably explains why little cigars (which look just like cigarettes but cost half as much) are now used by almost as many young people in New Jersey as cigarettes. Its time this anomaly was rectified.

High Demand for Tobacco Treatment and Specialist Training

Here at the Tobacco Dependence Program we are pleased by the continuing high demand for treatment at our Tobacco Dependence Clinic, where we recently saw our 2000th patient. We have also noticed an increased demand for our intensive 5-day training for Tobacco Dependence Treatment Specialists. Our June training was so popular we had to move it to a larger venue, which also reached capacity with over 50 trainees, over 20 of whom traveled from outside New Jersey. In addition to continuing to offer this 5-day training over the coming year, we plan to offer two-day trainings focusing on training school professionals to run our school-based youth cessation program "Youth Quit2Win". For further information on these trainings please visit our website at www.tobaccoprogram.org.

Finally, our next annual conference (September 29th at the Hyatt, New Brunswick) will focus on "Tobacco Comorbidity and Stigma." The aim of this conference is to identify groups whose tobacco dependence has not been properly addressed because of the stigma associated with their illness, be that a smoking-caused illness (e.g. lung cancer), an illness that frequently co-occurs with tobacco use (e.g. another addiction or mental health problem), or simply the stigma associated with being a tobacco user (e.g. smoking while pregnant). I hope to see you there.

Jonathan Foulds, Director, Tobacco Dependence Program

CHAMPION VS. TOBACCO

DENISE JOLICOEUR

**President of the Association for
the Treatment of Tobacco Use and
Dependence (ATTUD)**

by Jonathan Foulds PhD

Denise Jolicoeur MPH CHES, is the first elected President of ATTUD, a new international organization of providers dedicated to the



promotion of and increased access to evidence-based tobacco treatment. Denise, who is based at University of Massachusetts Medical School, became involved in tobacco treatment and training after having watched her grandfather suffer from and eventually succumb to emphysema as a result of a lifetime of smoking.

Denise said "My dedication to ATTUD has come in part from my years of frustration in trying to find resources to learn about tobacco treatment. When I began my involvement, there were relatively few sources of training and information." Denise can be contacted at: denise.jolicoeur@umassmed.edu or via the ATTUD website at www.attud.org

Denise has been vital in the creation of ATTUD which has now grown to over 100 members since the Inaugural meeting in December 2003. While her reign as President of ATTUD is coming to an end in December 2005, we thank her for all of her hard work and dedication towards workforce development of health professionals who want to make a difference in the lives of their clients who are dependent upon tobacco.

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**New Staff at the Tobacco
Dependence Program**

The Tobacco Dependence Program would like to recognize our research assistants who work in the background assisting the program with many tasks.

Jyoti Dasika has worked with the program since February of this year and assists with the Youth Quit 2 WIN program. Jyoti's role is helping to monitor the progress of the high schools that are implementing the youth cessation program. Jyoti holds a B.S. degree from Rutgers University (2001) where she dual-majored in Public Health and Political Science, and is close to finishing her MPH at UMDNJ SPH in Health Systems and Policy.

Eugene Han has been with the program since May, and assists the Tobacco Dependence Clinic in monitoring the progress of smokers treated in our clinic for tobacco dependence. Eugene is currently pursuing a n MPH, Health Policy at UMDNJ SPH and is due to graduate in May 2006. He has a BA in Biology from Johns Hopkins University (2002).

Thank you Jyoti and Eugene – we wouldn't be able to be as productive if it weren't for your contributions at the TDP!

**Website Review:
Association for Treatment
of Tobacco Use and
Dependence (ATTUD)**

by Patricia Repetto, M.Ed.



This edition of the Nicotine Challenger would like to review the website of a new organization, ATTUD, created to advance the promotion of and increased access to evidence-based treatment for tobacco dependence. The website is www.attud.org.

This website is an essential resource for any health professional who currently treats clients for tobacco dependence (or trains clinicians on how to do so) and wants to stay abreast of this emerging field. The website provides information on developments related to training and education opportunities, certification of tobacco treatment specialists and reimbursement for treatment services. Visitors to the website can download quarterly newsletters dedicated to the issue of tobacco dependence or view PowerPoint presentations given by ATTUD members at the annual tobacco conferences. A new service, expected to be available later this summer, will be the addition of tobacco dependence treatment case studies. Of great interest to viewers is the availability of the Training Standards for Tobacco Dependence Treatment Providers. This set of core competencies defines the minimum knowledge and skills required of specialists who conduct brief, moderate or intensive treatment with smokers. The Center for Medicare/Medicaid Services (CMS) is currently reviewing this set of standards as they look to define the training prerequisites of professionals to be reimbursed for cessation counseling under the new Medicare ruling.

For those who are interested in joining ATTUD, an application is available on the website which can be sent electronically to the membership contact. Membership costs \$75 per year and benefits include access to a members-only listserv of tobacco treatment specialists internationally. This should definitely be a bookmark on your browser toolbar!

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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CHOICES: An Innovative Program for Addressing Tobacco Use in Mental Health Consumers

by Jill M. Williams, M.D.

Tobacco dependence is a tremendous health care problem and studies indicate that 50 – 90% of individuals with mental illness are tobacco dependent, rates that are 2-4 times greater than the general population. Smokers with psychiatric disorders have an increased risk for tobacco-caused medical illnesses and yet most mental health centers do not provide tobacco treatment and most treatment programs for tobacco do not target the mentally ill. A unique consumer-driven initiative can help to facilitate a different perspective for tobacco control within mental health systems that has not been previously tested. Outreach to professionals has had limited success in addressing tobacco in mental health settings as evidenced by the continued low rates of nicotine dependence diagnosis and treatment planning. Consumers who support tobacco treatment often lack the knowledge and skills needed to advocate for changes within the mental health system. Efforts toward increasing advocacy and awareness for tobacco dependence treatment among mental health consumers and creating a network for peer referrals for treatment may ultimately drive greater systems change.

Dr. Jill Williams, Associate Professor of Psychiatry at UMDNJ, has been working with the Mental Health Association of New Jersey (MHANJ), and the State of New Jersey, Division of Mental Health Services (DMHS) to increase the demand for tobacco services among mental health consumers. This partnership brings the expertise in tobacco dependence and mental health from a university setting directly to a consumer-run organization and also facilitates direct communication with state leadership. These partners have begun other collaborations as well in the area of tobacco and mental health. Dr Williams has consulted with the MHANJ Public Policy Committee in initiatives to develop statewide tobacco policies. Together they have begun to give presentations on addressing tobacco at statewide and national consumer conference events, which have been well received by consumer audiences.

This work has led directly to the founding of a new organization called CHOICES, which stands for “Consumers Helping Others Improve their Condition by Ending Smoking.” CHOICES is an important name, which symbolizes hope for mental health consumers and empowers them with the belief that they have a choice to not smoke or use tobacco products. This innovative project, funded by a grant from the American Legacy Foundation, will employ mental health peer counselors, called Consumer Tobacco Advocates, to communicate the message to smokers with mental illness that addressing tobacco is important. Their goal is to educate and motivate other consumers with mental illness to seek tobacco dependence treatment. Consumer



Tobacco Advocates will serve as consultants to other consumers and agencies to assist them with linkages to treatment, referrals, advocacy, support and the provision of educational materials. Other goals of this project are to create and distribute resource materials targeting an audience of smokers with mental illness in New Jersey. This includes a quarterly CHOICES informational newsletter on tobacco, and a directory of tobacco treatment providers, which can be used to link consumers to treatment. It is hoped that CHOICES could develop, in the future, into a larger organization and resource for mental health consumers, their family members, and mental health professionals.

Important Information for Medicare Providers!

Effective July 5, 2005, the following codes should be used when providing intermediate or intensive cessation counseling.

G0375 – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. Short Descriptor: Smoke/Tobacco Counseling 3-10

G0376 – Smoking and tobacco-use cessation visit; intensive, greater than 10 minutes. Short Descriptor: Smoke/Tobacco Counseling greater than 10.

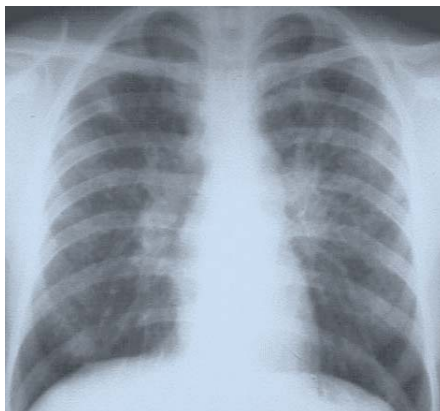
The coverage is limited to beneficiaries who use tobacco and have a disease or adverse health effect found by the US Surgeon General to be linked to tobacco use or who are taking certain therapeutic agents whose metabolism or dosage is affected by tobacco use as based on Food and Drug Administration approved information. Patients must be competent and alert at the time that services are provided. Two attempts are covered each year and each attempt may include a maximum of four intermediate or intensive sessions. A maximum of 8 sessions in a 12-month period are covered. The qualified practitioner and the patient have flexibility to choose between intermediate or intensive cessation strategies for each session.

Providers are reminded that they should keep appropriate documentation in the patient's medical records to adequately demonstrate that Medicare coverage conditions were met for any services provided and billed to Medicare for smoking and tobacco use cessation counseling.

Advances in the Early Detection of Lung Cancer: Impact on Tobacco Dependence Treatment

by Michael B. Steinberg, MD, MPH, Medical Director
UMDNJ-Tobacco Dependence Clinic

Lung cancer remains the most common cause of cancer death in the United States, even higher than breast cancer among women. Despite advances in treatment protocols, the overall 5-year survival has not increased much in the past few decades, going from 12% in 1974 to 15% in 1997 (1). Despite poor survival in general, five-year survival for resected Stage I lung cancers can be as high as 40-70%. The major problem in the treatment of lung cancer is that only 15% of lung cancers are localized at the time of diagnosis. The majority of these go undetected for many years, and only present with symptoms or are detected on a routine chest x-ray after they have already spread. Up until now, there have been no screening tests to detect lung cancer at an early stage.



The principle of screening relies on several factors related to the disease in question and the testing method. First, the disease must be common, and there must be a clear benefit of early detection. In other words, finding the disease early can lead to improved outcome through earlier treatment. For a disease with no good treatment, there is no benefit to screening. Second, there must be a period of having the disease without manifesting symptoms (asymptomatic phase). It is during this time that a screening test would be used. If a person is already experiencing symptoms, then you are actually *diagnosing* not screening. Third, the screening test should be cost-effective, relatively safe, sensitive and specific (low numbers of false positive and negative results), and able to be

applied to a large population. Finally, the screening test must have a way for confirming the diagnosis. This is often done with a biopsy.

Previous studies, such as the Cooperative Early Lung Cancer Detection Program, and the Mayo Lung Project, looked at methods of screening for lung cancer including the study of sputum (mucus from the lungs) for abnormal cells and the use of periodic chest x-rays. Unfortunately, these testing strategies have not been shown to decrease mortality as screening tools.

More recently, low-dose computerized-topography (CT) scans have been studied as screening tools for early detection of lung cancer. The cost is slightly higher than that for chest x-rays, and the radiation exposure is roughly equal. Trials as part of the Early Lung Cancer Action Project (ELCAP) in Japan and the U.S. have compared low-dose CT scans to chest x-rays. They found that CT was able to detect early stage tumors 6 times more often (2). These promising results have prompted the National Cancer Institute to conduct a 5-year, large-scale randomized clinical trial comparing CT to chest x-ray for lung cancer screening; the Lung Screening Study. Within the next few years we will see if these results show benefit.

An important issue from the tobacco dependence treatment standpoint is how a new screening test for lung cancer will impact on quit motivation. Several studies have been conducted and are underway to look at this issue. On the one hand, a smoker who undergoes screening and is found to have lung nodule may decide to continue smoking, believing there is “no point in quitting now.” On the other hand, such a finding may prompt another smoker to attempt to quit immediately, fearing for his/her health. Conversely, a negative screening test may relieve a smoker’s worries, falsely reassuring him/her that they are healthy and can continue to smoke without consequences. Again, another smoker may take a negative result as a thankful “dodging of a bullet”, and may be motivated to quit while things are good.

This is clearly a complex psychological and behavioral experience. Should lung cancer screening prove beneficial, it may be an opportunity to link this service directly to tobacco dependence treatment. It will be important for clinicians and researchers in tobacco control to examine the findings of these screening studies carefully as they develop. One thing is for certain; the best way to prevent lung cancer is to stop smoking.

References:

1. Jemal A, Thomas A, Murray T, Thun M; Cancer Statistics, 2002; *Ca: A Cancer Journal for Clinicians*; 2002; 52(1); 23-47.
2. Henschke CI, McCauley DI, Yankelevitz DF, et. al.; Early Lung Cancer Action Project: Overall design and findings from baseline screening; *Lancet*; 1999; 354; 99-105.

Upcoming Training Opportunities

September 19-23, 2005: Ohio State Tobacco Treatment Specialist Training.

September 29, 2005: NATIONAL CONFERENCE: Tobacco, Comorbidity and Stigma, Hyatt, New Brunswick. For more information or to register, please visit www.tobaccoprogram.org

October 6-7, and November 17, 2005: Youth Quit2WIN Training: For more information, please visit www.tobaccoprogram.org

October 17-21, 2005: 5-Day Certified Tobacco Dependence Treatment Specialist Training. For more information, please visit www.tobaccoprogram.org

December 6 and 7, 2005: Youth Quit2WIN Training: For more information, please visit www.tobaccoprogram.org

NJ Addiction Treatment Providers Committed to Providing Tobacco Treatment

by Bernice Order-Connors, LCSW, CADC

In New Jersey, the Addiction Treatment Community continues its commitment to providing tobacco treatment to clients in their care. This commitment is evident in the calls for trainings from treatment providers, calls for clinical consultation and the groundswell of support from the addiction treatment community through the Addiction Treatment Providers (ATP) to see a restoration of funding for nicotine replacement therapy (NRT) for clients in treatment programs.

In 2004-05 more than 15 full-day trainings were provided to both inpatient and outpatient treatment programs. Additionally, there were several half day trainings provided. The ongoing demand for training and consultancy services demonstrates the commitment and vision of NJ's addiction treatment community to providing state-of-the-art addiction treatment, which includes the provision of tobacco treatment services for their clients. And while NJ historically has been a national leader in this area, there has never been as great a demand for tobacco training and consultancy as there has been this past year. We believe this to be in large part due to the funding of the Tobacco Consultancy coming through ATP. There is a feeling for the first time that tobacco treatment is coming from within the addictions treatment community itself, rather than being imposed from the outside. The support of ATP and New Jersey Division of Addiction Services (DAS) has been crucial to the success of the tobacco training and consultancy this past year, and we applaud this!

Restoration of Funding for NRT has been Key

In June 2004, NJ lost its funding for NRT (patches and gum) for its residential treatment programs. This was due in part to the cuts to the NJ Comprehensive Tobacco Control Program (NJCTCP) which lost nearly \$19 million of funding. In addition, structural changes occurred in Trenton when the NJCTCP stayed with the Department of Health and Senior Services, but the Division of Addiction Services moved to their new home in the Division of Human Services. The loss of this resource was a tremendous blow to the addiction treatment community. The Tobacco Dependence Program, which distributed the NRT for the State, received calls from several agencies indicating they were down to their last nicotine patches and had anywhere from 5-40 clients who needed medication.

The Addiction Treatment Providers advocated for restoration of funding for the NRT. The NJCTCP was unable to fund the program, and so, DAS committed to \$65,000 in NRT initially for one year, making the NRT available not only to the inpatient programs,

but to outpatient programs as well. The restoration of the funding for NRT for the residential programs as well as the expansion of the NRT to the outpatient programs and the making the NRT available to the staff at both the residential and outpatient programs has been crucial to the continued success of New Jersey programs in successfully addressing tobacco in addictions treatment and continues to be a cornerstone in making New Jersey the national leader in this area.

New Jersey continues to be the National Leader

The training and consultancy services of the Tobacco Dependence Program have been highly regarded. We have been invited to present as part of statewide conferences and meetings for addiction professionals, as keynote presenters and as providers of entire 3-day training events (as part of statewide events or events for individual systems that were making the move to become tobacco-free). At the National Conference on Tobacco OR Health in Chicago in May, 2005, the work of the Tobacco Dependence Program was consistently cited by other national leaders who have integrated tobacco treatment into both addiction and mental health services as the model for integrating tobacco treatment services into the treatment milieu. Most recently, we've been consulting with the New York State Partnership for the Treatment and Prevention of Tobacco Dependence.

This past year, we've also made strides to share some of the experiences we've had in NJ through publishing articles.

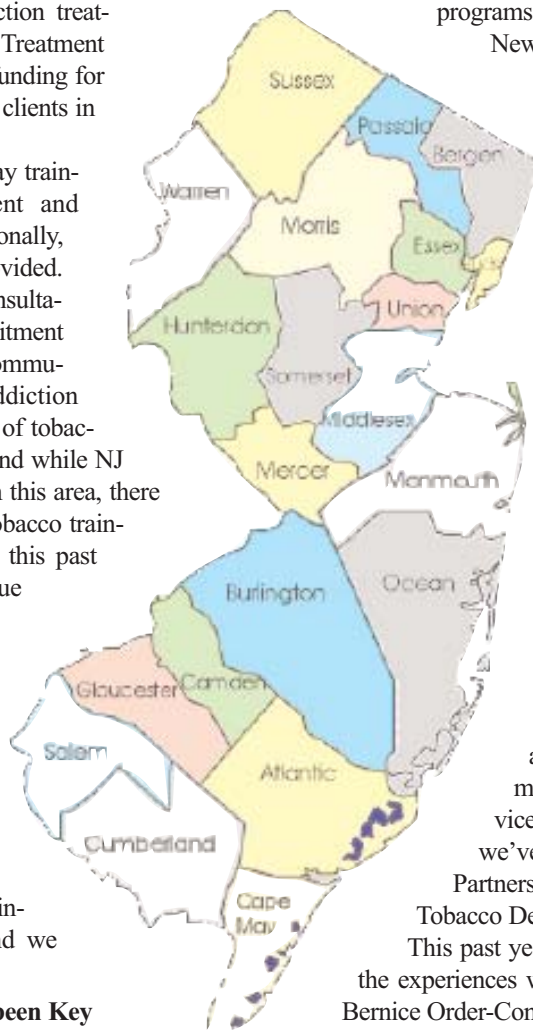
Bernice Order-Connors co-authored a chapter on treating tobacco use in the text, *Addiction Counseling Review*. TDP staff also recently published a paper on the "Integration of Tobacco Dependence Treatment into Residential Addictions Treatment in New Jersey" in the *Journal of Substance Abuse Treatment*.

Our hope is that in the coming year, partnerships will be formed between ATP, the TDP and individual addiction treatment providers to publish their experiences and share them with the addiction treatment community nationally as well.

References:

Sussman, S., Patten, C.A., & Order-Connors, B. (2005) Tobacco use. In: *Addiction counseling review*. Robert Coombs (Ed.), York, PA: TechBooks.

Williams JM, Foulds J, Dwyer M, Order-Connors B, Springer M, Gadde P, Ziedonis DM. The Integration of Tobacco Dependence Treatment into Residential Addictions Treatment in New Jersey. *Journal of Substance Abuse Treatment*. 28 (2005), 331-340.



Certified Tobacco Dependence Treatment Specialist (CTTS) Training

The Tobacco Dependence Program at UMDNJ School of Public Health, in collaboration with **The Certification Board, Inc.**, offers a 5-day Tobacco Dependence Treatment Specialist training which is held periodically throughout the year. This training is designed to assist health professionals in their attempts to address their client's tobacco dependence and help them quit successfully. *Those who have completed the UMDNJ training prior to July 1, 2004 automatically qualify to apply for this certification.*

Certification Process

The following steps are required for Certification as a Tobacco Dependence Treatment Specialist through the partnership of UMDNJ School of Public Health and the Certification Board, Inc:

1. Attendance of 36 classroom hours on Tobacco Dependence Treatment delivered by the Tobacco Dependence Program, UMDNJ School of Public Health.
2. Satisfactory completion of 6 credit hours of course-related work. Participants have an option to complete this work (4 assignments) during non-classroom hours over the course of the 5-day, 36-hour class OR at the completion of the course. Completion of these 6-hours is essential to receiving a "Certificate of Completion" for the course.
3. Proof of Meeting Educational Prerequisites as outlined below
4. \$150 non-refundable initial application review fee
5. Job Description signed by supervisor and program director
6. Program Description signed by program director
7. Applicant Resume.
 - a. References: 1 Supervisor from within your facility
 - b. Signed and witnessed authorization and release form
 - c. Signed Statement of Understanding
 - d. Signed Ethical Standard

Prerequisites

Participants must have a Masters or above in the Human Services field with one year of full-time counseling or health care experience, OR, a Bachelors in Human Services with two years of full-time counseling or health care experience, OR a CADC/LCADC/ nursing OR other recognized health related qualification, with four years of full time counseling or health care experience. The CTTS is not an independent clinical practice credential and should only be used for work within health care or counseling settings. Private practice counselors should have a license approved by the appropriate Division of Consumer Affairs to provide independent counseling.

Cost

\$750 for professionals/ \$375 Students (\$395/\$195 for NJ residents). This training cost does not include the initial certification application fee of \$150.

Recertification Requirements

- Eighteen (18) hours of continuing education on tobacco dependence treatment every two (2) years
- \$150 non-refundable recertification fee
- Submission of recertification application

For More Information

For upcoming training dates, more information regarding the training or to register for the training, please visit our website at: www.tobaccoprogram.org.

To find out more about the certification process, please visit <http://www.certbd.com>., or download the application form: <http://www.certbd.com/1L%20-%20Tobacca%20Treatment%20Application.doc>

Please note that the CERTIFIED TOBACCO TREATMENT SPECIALIST is not an independent clinical practice credential and should only be used for work within health care or counseling settings. Private practice counselors must have a license approved by the Division of Consumer Affairs to provide independent counseling.

What Participants Are Saying About the TDP 5-day CTTS Training....

"The training has given me ideas that I will use in my practice here forever! You couldn't have asked for a better, more outgoing group of trainers. I was expecting a long drawn out 5 days of classes, but actually every bit of it was knowledgeable and entertaining. The two mixed together is very hard to come by."

Karlene Borja, class of June 2005

"I thank you for a most enjoyable and comprehensive course."

Christine Conner, class of June 2005

"Thank you again for a terrific training! I'm so glad to have attended. And, although I'm quite familiar with tobacco prevention programs, this was my first exposure to tobacco treatment! In the past, I sent quite a few ACS staff through your training - but I never had the opportunity to go through it myself. It was truly excellent all around!"

Evelyn Scholl, class of June 2005

"The binder and handouts are an excellent resource. The teaching staff - very professional & excellently prepared.

I have been to thousands of hours of training, but yours was the best ever. The organization of the program, the professionalism and knowledge of the staff are tops!"

Bruce Ehmer, class of February 2005

"It was a great training and I learned a lot even with my past experience through Mayo and NAADAC."

Aimee Maychack, class of February 2005

New Youth Cessation Program Shows Promise!

by Nancy Speelman, CSW, CADC, CMS

The Youth Quit2Win Program (YQ2W) is New Jersey's *NEW Youth Tobacco Cessation Program*, which was developed by the Tobacco Dependence Program through a grant by the New Jersey Department of Health and Senior Services, Office of the State Epidemiologist, through funds from the New Jersey Comprehensive Tobacco Control Program. The Tobacco Dependence Program developed the YQ2W program via the involvement of health professionals and educators from various disciplines including psychologists, social workers, addiction psychiatrists and counselors.

Evaluations of most youth cessation programs have shown limited success in achieving and maintaining abstinence from tobacco.

Understanding the unique needs of this population is crucial to the success of the program. In developing YQ2W, we took into account key elements in working with young people. Whereas health concerns rank high with adults, adolescents are at a point in their life when they feel invincible. Youth are more sensitive to messages that portray the costs of smoking, effects on looks/breath or that illustrate the tobacco industry's reliance on addicting teen smokers. It is important for young people to feel they were making their own decisions. It can also be difficult for teens to make a total commitment to quitting.

The tobacco industry's goal is to get people addicted to their products as young as possible! Studies show that ninety percent of cigarette smokers start smoking before reaching 18 years of age. Surveys show that teens that begin smoking in high school continue to smoke into adulthood even though they say they want to quit. Nationally, 4000 adolescents experiment with tobacco every day, while 2000 other adolescents under the age of 18 become new, regular smokers.

TDP Provides YQ2W Training

The Tobacco Dependence Program recently provided two 3-day trainings to New Jersey school professionals. The first training took place October 5, 6 and November 19, 2004. The second training took place January 25, 26 and March 11, 2005. The trainings were designed to familiarize schools with the YQ2W Youth Cessation Program. During Day 1 & 2 of the trainings, all participants were given a brief overview of the public health perspective of tobacco use among young people. Learning modules on medical complications, tobacco addiction, and treatment followed. Participants were taught specific assessment skills to properly determine if students were appropriate for group. Participants were also familiarized with each of the 10 group sessions.

In addition, each school was provided with posters and tips to successfully market the YQ2W Program in their schools to recruit students. Participants were instructed on New Jersey's law on tobacco use in schools as well as the components of a good school tobacco policy. To aid in this discussion, participants were asked to bring in copies of their own school policies.

The third day of the training was held about one month after the initial training days to give the schools a chance to begin to implement the program and return with questions, brainstorm challenges and highlight successes.

A total of 37 school staff members were trained over the course of two training sessions. Participants included substance awareness counselors, student assistance counselors, school social workers, nurses, school psychologists, teachers and guidance counselors. Of those 37 participants, 34 New Jersey schools were represented, most of which are high schools. Two of the training participants worked in middle schools, with grades 1-8.

Training feedback from both training sessions indicates that participants felt that the trainings significantly increased their knowledge of tobacco use, and prepared them to implement the program in their school district. Participants also indicated that the YQ2W manual was extremely helpful and easy to use. At the end of the training, the majority of participants surveyed felt that they would use the information to provide a program in their school to help students end their tobacco use. In addition, they felt they would be able to increase the amount of information provided to students on the

effects of tobacco and the benefits of quitting smoking. Participants became aware of the importance of a comprehensive school policy, implementation, enforcement issues, as well as addressing quitting resources for students.

Pilot Schools Implementation and Session Feedback

New Jersey Schools who were implementing the YQ2W program were asked to complete session feedback forms after each group session. The form asked the facilitator to rate the students' interest, ability, and perception of the material covered in that particular session. Based on the feedback forms received thus far, the average rating across the board has been "very good", bordering on "excellent". The pilot schools provided the Tobacco Dependence Program with ongoing feedback and suggestions as to changes they thought would further improve the program. One suggestion stressed the importance of administration buy-in. A common concern amongst the group facilitators was how to educate other school staff and administration that this was a group to



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National Conference



Tobacco, Comorbidity and Stigma
September 29, 2005
Hyatt Regency, New Brunswick NJ

Thursday, September 29, 2005

Hyatt Regency

New Brunswick, NJ



Register on line at www.tobaccoprogram.org

Quit2Win

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support students who were motivated to quit and not to be used as punishment for students who were caught smoking.

Challenges in successfully implementing the program have included scheduling conflicts, snow days and a general shortage of time on the part of the facilitators (specifically Student Assistance Counselors). The marketing tools and tips provided in the YQ2W Program have proven to be effective in a large majority of the schools. Data collected from the schools indicate that students are receptive to the program. While final results on smoking reduction and cessation rates are not yet available, the feedback thus far indicates the YQ2W program, in general, has been a valuable learning experience for the students with most students significantly reducing their tobacco consumption.

Future Trainings

To date, there are approximately 15 schools on the waiting list for future trainings. This suggests that the program has received reasonably positive “word-of-mouth” endorsement from school professionals and that there is an interest from more schools to implement this program. For more information, check our website at www.tobaccoprogram.org or contact nancy.speelman@umdnj.edu.

