

The Nicotine Challenger

Summer 2007

This issue: **New Impressions**

Volume 07, Number 01

A View From The Director

by *Jonathan Foulds, PhD*

The first year anniversary of implementation of New Jersey's historic smoke-free air legislation passed recently and New Jersey's legislators deserve further congratulations for passing another piece of legislation that will limit the harm from cigarettes. On May 4th, legislation requiring all cigarettes sold in New Jersey to have a reduced ignition propensity was signed into law. The law will come into force on June 1, 2008. So what are "reduced ignition propensity" (RIP) cigarettes, you might ask? These are cigarettes that have a reduced propensity to burn when left unattended. The most common technology used by cigarette manufacturers is to wrap cigarettes with two or three thin bands of less-porous paper that act as "speed bumps" to slow down a burning cigarette. If one of these cigarettes is left unattended, the burning tobacco will reach one of these speed bumps and self-extinguish. Although any lit material can cause a fire, these cigarettes are significantly less likely to cause a fire if less unattended, and cigarettes are the single biggest cause of deaths in house-fires (around 800 people per year, with more than double that figure being injured).

So having raised cigarette taxes to be among the highest in the nation, passed smoke-free air legislation, raised the age-of-sale for tobacco to 19, and now required that all cigarettes sold in New Jersey be RIP, what should be the next priority? In my view, the most pressing need is for legislation requiring all health insurance policies active in New Jersey to adequately cover evidence-based tobacco dependence treatment. If you have high cholesterol, your doctor can treat it and your insurance will probably cover it. If you are at risk of breast cancer, then your health insurance will probably cover screening, and if you have hypertension your insurance will likely cover the treatment. But if you are an addicted smoker in New Jersey and you want to get the help you need to quit, you are probably out of luck in terms of getting it covered by your insurance. We even have the strange situation whereby the smoking cessation medicine called bupropion will likely be covered as "Welbutrin," which is the brand name for the drug to treat depression, but not as "Zyban," the name for the same drug marketed for smoking cessation. And if you want your counseling or group therapy to be covered, you are even more likely to be disappointed. Now you might ask whether legislation is really necessary... can't we just rely on employers to ask for such coverage and insurers to offer it because it's the most cost-effective healthcare intervention after childhood immunizations? I'm afraid not. Here in New Jersey smokers now have every reason to want to quit and thousands are trying every year. But many are finding that this addiction is a tough nut to crack and would benefit from treatment from their healthcare provider. Proven treatments are available, but underutilized because they are not covered by many insurance policies. Many other states (from Minnesota to New Mexico) have good insurance coverage for tobacco treatment. It's time to do the right thing and mandate health insurance coverage for tobacco treatment services.

For more information on this topic visit:

<http://www.tobaccoprogram.org/cftfkinsurance.htm>

Jonathan Foulds PhD, Director

UMDNJ-SPH-Tobacco Dependence Program expands to Newark

by *Heather Jordan, MPH, CHES*

On January 2, 2007, the Tobacco Dependence Program, at the UMDNJ-School of Public Health (SPH) expanded its services to Newark, NJ. On that day, the Tobacco Dependence Clinic-Newark (Newark Clinic) opened its doors to provide smoking cessation services to individuals living, working, worshipping, and seeking healthcare in the Newark area. Dr. Jonathan Foulds, director of the Tobacco Dependence Program at the SPH states, "This new service for smokers will build upon the success of our UMDNJ-SPH-Tobacco Dependence Clinic at New Brunswick, which has now treated almost 3,000 smokers and is one of the leading tobacco treatment centers in the country."

The Newark Clinic is located on the 7th floor in the Stanley S. Bergen Building at 65 Bergen Street in Newark, NJ. Neal Richard (Rick) Boyd, EdD, MSPH, professor and associate dean of the SPH-Newark Campus, is the director of the Newark Clinic. Heather Jordan, MPH, CHES, was hired in October, 2006 as a

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KUDOS!

Both Rick Boyd and Heather Jordan would like to thank Daniela G. Accurso, MPH for her dedication to the Tobacco Dependence Clinic-Newark during her internship period (January-May, 2007). Ms. Accurso's internship experience was a required component of her NYU MPH program. During Ms. Accurso's time with the Newark Clinic, she developed a packet of materials designed to assist pregnant smokers move through the Stages of Change to the point of setting a quit date and maintaining abstinence during their pregnancy and in the postpartum period; assisted with community outreach activities, including attending the New Jersey Dental School's Annual Oral Cancer Screening Day; and conducted client follow-up activities; among many other vital tasks.

We wish Daniela great success in her future public health endeavors!

**CONGRATUALIONS AND GOOD LUCK,
DANIELA!**

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A Nationwide
Collaborative Art Project

Be Counted...



Hands of Hope

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

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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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program development specialist and charged with the development and implementation of the Newark Clinic. In January 2007, she was named clinic coordinator.

The mission of the Newark Clinic is to provide comprehensive, science-based smoking cessation services through a commitment to research, practice, education, collaboration, and innovation to individuals seeking help to kick their tobacco habit. Dr. Rick Boyd comments, "Many people who try to quit smoking fail to do so because they believe the myth that going 'cold turkey' is the only way to succeed. In reality, the best way to quit smoking is a combination of counseling, nicotine replacement and some of the new medications for smoking cessation. Studies have shown that this combination can actually quadruple a smoker's chances of quitting for good."

Clinic staff work with clients to develop tailored quit plans to fit their personal needs. Currently, clients are offered the opportunity to attend free new patient assessments, free one-to-one follow-up appointments, and to join a smoking cessation group which is also free. The Newark Clinic offers expertise on available medication therapies to help manage nicotine withdrawal symptoms during the quit process. The Newark Clinic offers boxes of nicotine patches and nicotine gum at a reduced rate and a clinician is available to write prescriptions for medicines that are not available over-the-counter.

Currently, the Newark Clinic continues to reach out to healthcare organizations and providers, community organization, churches, and academic institutions, among others, to promote the above-mentioned services. Most notably, many individuals are both eager to hear about how the Newark Clinic can help with quit attempts and are surprised when they are told that the services are indeed free. The author notes, "Promoting our free services is of paramount importance because many of the clients the Newark Clinic serves do not have private health insurance, thus they are not in a position to pay for treatment out of pocket. By removing this barrier to treatment, we hope to reach the members of the community that most need our help."

Individuals who would like help to kick their tobacco use should call 973-972-041 or email TobaccoClinicNewark@umdnj.edu to set-up a free new patient assessment. Healthcare providers are also welcomed to refer consenting patients via a fax referral form that can be obtained by calling or emailing the Newark Clinic.

New Staff at the Tobacco Dependence Program



Claribel Beltrez

Administrative Assistant

Claribel is the Administrative Assistant for the Tobacco Dependence Clinic/Program. She is a Certified Software Application Specialist, bringing many advanced computer related skills to the program. Claribel's ability to speak fluent Spanish provides bilingual services to patients, as well as enables the department to easily translate materials for this special population.

Jose A. Cruz, BA

Clinician & Community Outreach Coordinator

Jose A. Cruz received his BA from Cornell University in 1999 and is an MSW, LSW candidate for Fall 2007 from Rutgers University School of Social Work. He is working with the Proyecto Vida: Latino Deje de Fumar initiative which is funded by the Robert Wood Johnson Foundation to provide culturally competent tobacco cessation services to the Latino community in New Jersey. Coming from a family where going to college is considered a luxury, he found working extensively in Residence Life at Cornell University and Rutgers University to be a privilege. In that capacity, he was able to share with students from various cultures and countries how wonderful and life-changing the college experience can be. After college, Jose continued to help others through his work as a Health Educator/Outreach Worker in Manhattan, NY where he focused on culturally diverse populations dealing with issues such as HIV/AIDS, domestic violence and immigration issues.



Heather M. Jordan, MPH, CHES

Program Development Specialist & Clinic Coordinator

The Tobacco Dependence Program welcomes new staff member, Heather Jordan, into the roles of Program Development Specialist and Clinic Coordinator of the newly created Newark Tobacco Dependence Clinic.

Heather came to UMDNJ-SPH from George Washington University in Washington, DC where she was a Department Finance Manager and Administrator in the School of Public Health and Health Services. Prior to her job at GWU, Ms. Jordan worked as a Project Coordinator for the Parkinson Foundation of the National Capital Area. She obtained a BS with honors, in her fields of specialization (Marketing/Health Planning and Management) from Alfred University in 2000. In 2004, Heather obtained an MPH with a concentration in Maternal and Child Health from GWU, was inducted into Delta Omega, the Public Health Honor Society, and became a Certified Health Education Specialist (CHES). She completed the Tobacco Dependence Treatment Specialist training in 2006. Heather is currently a doctoral student in the Health Education and Behavioral Science Program at UMDNJ-SPH.

A Student's Perspective

by Tyree Oredein, MPH

I am a second year doctoral student at UMDNJ pursuing my DrPH in Health Education and Behavioral Sciences. My passion is adolescent health and my long-term goals include designing, implementing and evaluating culturally sensitive programs that will reduce high-risk behavior, including tobacco use, in at-risk youth. I am interested in effective peer support group strategies to help youth who want to stop using tobacco. To that end, in April 2006 I began an internship at UMDNJ's Tobacco Dependence Clinic as a Research Assistant for the Youth Quit2Win Program, a smoking cessation program for high school students.

Youth Quit2Win is a peer support group with ten facilitated sessions whose topics cover health information, smoking cessation techniques, and media literacy. In the initial pilot study 129 young people participated in the treatment. Currently, I am analyzing this data. I would like to identify demographic, social or clinical trends between youth who are successful in quitting or significantly reducing their tobacco consumption, and those who failed to make significant progress. In the interest of effective groups and participant retention, it is also beneficial to identify any attributes consistent with youth who regularly attend the support groups and those who drop out prior to the designated "quit day".

In future research, I plan to work with urban, minority youth populaces. I would like to implement and evaluate peer support tobacco cessation groups held in urban areas where I would like to determine potential patterns among urban minority youth who succeed in reducing their tobacco use, and those who do not. In addition, I would like to further explore the potential role menthol plays in making cigarettes more appealing and addictive. Further, most smokers initiate tobacco use in early or pre-adolescent years. While the Youth Quit2Win program does not address the issue of prevention, I am interested in the use of media, and media literacy as strategies to prevent youth from smoking. I would also like to develop media-related prevention programs in urban schools and community based settings as resources in these locales are often sparse and insufficient.

Interning at the TDP is a wonderful learning experience. It has increased my interest in tobacco-related issues, and allows me to experience the practical side of research. I am able to apply concepts I've learned in the classroom, and see them play out. With respect to the faculty, they are very obliging and helpful. I am fortunate to be able to sit side by side with researchers and clinicians, ask questions, receive feedback and give input. As a doctoral student, this is invaluable as some things simply cannot be learned in the classroom, or from a textbook.

Our Work is Personal

Focus on Lisa Underwood

Our team is made up of dedicated professionals who are passionate about their work - so much so that they often take our message "home" with them. Our staff can often be found sharing information on the harms of tobacco in all aspects of their life – whether it be at their children's schools, town hall meetings or their places of worship. In this issue, we get to know Lisa Underwood, Faculty Secretary, a little better and find out how she makes her work "personal."

Q: What brought you to work at the Tobacco Dependence Program?

A: I wanted to work closer to home for a non-profit community organization. Once I started here at the Program, I noticed the Show of Hands display on the wall. (This display depicts hands painted by individuals who have lost a loved one to tobacco use.) Right away, I realized that the harmful effects of tobacco had impacted my life as well.

Q: Has tobacco use affected you personally or your family?

A. It has affected my family in the worst way, both my mother and father started smoking as teenagers. My mother stopped smoking in her late twenties. Unfortunately, both of them died from tobacco-related illnesses and they didn't get the chance to meet or share the joys of their grandchildren and now great-grandsons.

Q: How have you incorporated the work of the Program into your life?

A: It's very easy to incorporate the mission of this program in my life because it lines up with my personal values and beliefs, which are to help those in need. I am part of a community that has an underserved population and people struggle with finding resources to help them achieve goals. My motto is to reach people where they are and that's in the community in which I live. I participate in events after work and on weekends. The first health fair I participated in on my own was at a church and about seven people came to the clinic for help. I've also worked extensively with the New Brunswick School district doing Health Fairs. I've been a member of the New Brunswick Alternate High School's Leadership Committee for four years. I regularly participate in Church events, which include health fairs, drug & Alcohol self help group & the Women's Conference.

One activity that I'm particularly proud to be a part of is the March of Dimes Walk America. I've been participating in this Walk America for 2 years and I am currently the unofficial team leader for my family. It came to my attention through March of Dimes and TDP that the African American community has a large number of premature births and infant mortality and smoking cause's problems during pregnancy and babies born to a smoker may be very sickly. As a family, we

decided to wear TDP T-shirts to advertise the clinic. Essentially, idea of saving babies by treating their mothers - and my own grandchildren! - were my inspiration to advertise a great program to help mothers quit smoking.

Q. Outside of your position, you are not required to represent the TDP. So what makes you do this on your own?

A. I am inspired on a daily basis by the work our clinicians do and the benefit of quitting smoking. It troubles me to see people suffering from a lack of information that would otherwise afford them an opportunity to make healthy or better choices in life.

Q. As a result of your "extra" efforts, have you been able to help anyone else quit smoking or do you know of someone who has quit by attending our program?

A. I can't take credit for someone quitting smoking; however, I am very happy to see people from my community come in for help. One of the other benefits of my job is developing relationships with young people who come through summer internship programs. I'm able to educate young people in the community and offer them an avenue for community service as well. Attending community events has also facilitated collaborations and partnerships with organizations in the community and increased participation in our clinic as well as our

5-day & Youth Quit2Win trainings.



The Underwood Family (Lisa is holding a white tote) at the March of Dimes Walkathon, April, 2007.

Some Key Facts from the March of Dimes:

- **NJ's preterm birth is 17.4 % and infant mortality rate is 13:1per 1000 births.**
- **A developing baby receives the nutrients it needs through the mother through the placenta, and any harmful substance such as tobacco, alcohol and other drugs pass in this way from the mother's bloodstream in to the baby's bloodstream.**
- **Smoking this includes second hand smoke, reduces the oxygen and nutrients that reach the fetus**
- **Smoking mothers are more likely to have miscarriages and still births, as well as a variety of pregnancy complications.**
- **Babies of smokers are more likely to be smaller than normal, and SIDS is more common in the homes of smokers.**

Counseling from the Heart

by Jose A. Cruz, BA, MSW candidate

Counseling clients can be a challenging yet rewarding endeavor. You have the ability to collaborate with, and create an effective therapeutic intervention which assists clients to realize their goals. That is practically common knowledge for those who are blessed with the ability to work with individuals in this way. What I get from working with clients is meeting their sons, daughters, mothers, significant others, etc. They too become our allies in the struggle against tobacco addiction. I consider myself incredibly lucky to be invited into a world where the client and I celebrate successes and see failures as an opportunity to develop and grow.

Being from a Latin family, I am familiar with the struggles we face as a people and the strength which bonds us together. In order to effectively serve Latino clients, you must immerse yourself into savoring all the nuances, idiomatic quality of the language, and way of life from this culture as a whole as well as from each Latin American country. From personal experience, my family adhere to the precise amount of medicine that would end an ailment as quickly as possible. Follow up and scheduled check-ups are not usual. By anticipating my clients' belief that they could be "cured" from smoking within a prescribed amount of time using just the patch, I made sure to emphasize the need for follow-up with my clients. During our sessions, we focus on how dealing with this addiction takes time, how it affects each person differently, and the importance

of using other short-term Nicotine Replacement Products. In addition to this, the necessary bond formed between client and clinician is also highlighted to produce a trusting relationship which may be difficult to create due to immigration, acculturation, etc. Therefore, it is necessary to be familiar with the qualities Latinos share and also with the distinct qualities that make each client from a specific country unique. The commitment of entering into a lifelong process where I am willing to learn about each client and understand their experience in the United States is essential in creating a valuable treatment plan.

There is a Spanish-speaking population which continues to grow within New Brunswick, shaping its style and spirit. The Tobacco Dependence Clinic has noticed the immediate and crucial need to provide culturally appropriate essentials against a savvy tobacco industry focused on a Latino consumer base.

Having worked with various cultures throughout my life, I have been able to appreciate the complexities and fascinating qualities of all types of clients. While working with Proyecto Vida, I have been able to target a population close to my heart. It is one which reminds me of my family and how they are linked through language, culture, and struggles with Latinos in other Latin countries as well as those who have made the United States their home.

Middlesex Partnership Against Tobacco (MPAT) Activities



On April 26th, UMDNJ sponsored a Take Your Kids to Work Day. Dr. Michael Steinberg explains the benefits of helping people quit smoking!



At UMDNJ-Dental School's Event at the Turtleback Zoo

