TOBACCO DEPENDENCE PROGRAM
UMDNJ SCHOOL OF PUBLIC HEALTH
University of Medicine & Dentistry of New Jersey

The Nicotine Challenger

Summer 2009 Volume 08, Number 01

A View From The Director

by Jonathan Foulds, PhD

Expect more quitting for financial reasons

No-one reading this will be unaware of the economic crisis currently affecting the United States and the world. Very few people are fortunate enough to escape its effects via loss of earnings, loss of a job, or just reduced job security. As a result, most families are tightening their purse strings and looking to cut out unnecessary spending. We are already seeing signs that many are looking to cut out tobacco. Our tobacco dependence clinic has already noticed a marked increase in patient volume, particularly from people on low incomes. We have also noticed that a high proportion of our patients have been trying to save money by "butting out," meaning that they extinguish a cigarette after a few puffs and put it back in their pack for later smoking.

On February 4th, 2009, President Obama signed legislation designed to provide health insurance to uninsured children in low-income families, which will be funded by a 62 cent increase in the federal cigarette tax per pack. This will increase the federal cigarette tax from 39 cents to just over a dollar per pack. The federal tax per packet of "little cigars" is also increasing to the same level ($1.01 per pack). In fact, the federal tax on all types of tobacco is increasing, with some (e.g. roll-your-own tobacco) increasing by a factor of 20! This is the first time there has been a national increase in cigarette or other tobacco taxes for over a decade. Although the tobacco companies typically try to reduce the initial impact of such increases by offering temporary discounts, it will inevitably lead to an overall increase in the cost to the smoker per pack of cigarettes. This increase in federal cigarette taxes is in addition to increases in state and city cigarette taxes that are also sweeping the country. Here in New Jersey, Governor Corzine has recently proposed an increase in state cigarette taxes in addition to the approved federal increase. This means that the cost per pack in New Jersey and New York will soon be well over $7 and more likely in the $8-$10 range, and the cheaper products that many poor smokers had previously switched to (e.g. little cigars or roll-your-own) will also now be more expensive.

Whichever way you look at it, its going to become much more expensive to be a tobacco user. Think it can't possibly become more expensive? Spare a thought for smokers in Ireland, where a pack of cigarettes costs the equivalent of $10. We've clearly got some catching up to do here in the United States; but the good news is that the combination of a very weak economy plus more expensive tobacco will be the tipping point resulting in many smokers trying to quit. As we know that many are highly addicted, we expect many more to seek treatment from smoking cessation services.

Butting Out: The Latest Unhealthy Alternative to Quitting

by Michelle T. Bover, MPH

As cigarette prices rise in a struggling economy, many smokers are looking for ways to cut costs. At our Quitcenter, we have experienced a surge in patient volume over the past several months, as many smokers are motivated to quit by thes rising costs of tobacco. Of course, by smoking fewer cigarettes per day, one spends fewer dollars on cigarettes. In fact, most of our newer patients have arrived at the Clinic having already cut down the number of cigarettes they smoke each day in effort to save money on cigarettes. Normally, smoking 10 cigarettes per day instead of 20 might imply a lower addiction to nicotine; however, we are quickly seeing that this is not the case for many of our new patients.

To save money on cigarettes, many smokers have adopted a behavior known locally as "butting out." Rather than smoking fewer times per day, many smokers are smoking half of a cigarette, extinguishing it, then re-lighting it later. By 'butting out', a pack-a-day smoker can still light up 20 times a day while cutting his or her cigarette expenses in half.

Along with money saved, however, there is the misconception that 'butting out' is healthier because one is smoking fewer cigarettes overall. In fact, there are a variety of "cigarette savers" on the market that promote 'butting out' as a healthy alternative to smoking full cigarettes and a way to decrease addiction to nicotine. In reality, smokers who butt out also smoke soon after waking each morning and many wake at night to smoke, indicating a high level of addiction. They also have high expired carbon monoxide (CO) readings, which undermines the supposed health benefits of 'butting out'.

What does this mean for us? As health educators, we need to raise awareness that 'butting out' is NOT a safe way to cut costs. As tobacco treatment specialists and healthcare professionals, we must be aware that cigarettes per day alone cannot effectively gauge a smoker's level of addiction. A 10-per-day smoker lighting up 20 or more times each day is likely to be just as addicted as the traditional pack-a-day smoker. Knowing this, we should follow every question about cigarettes per day with one about 'butting out', and must consider both responses - along with other indicators of dependence, for that matter - when deciding on a treatment plan.

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Claribel Beltrez
Administrative Assistant
Latino Outreach Coordinator
beltrecl@umdnj.edu
732-235-8222

Michelle T. Bover, MPH
Research Teaching Specialist|
Follow-Up Coordinator
bovermi@umdnj.edu
732-235-8215

Nancy Speelman Edwards, CSW, LCADC, CMS
Training & Education Coordinator
REBEL Coordinator
nancy.speelman@umdnj.edu
732-235-8218

Jonathan Foulds, PhD, MA, MAppSci
Professor & Director
jonathan.foulds@umdnj.edu
732-235-8213

Adejoke Ojo, MSW, LSW,
Mental Health Clinician
ojoaa@umdnj.edu
732-235-8222

Lisa C. Giacomiazzio, MSW
Follow-Up Research Assistant
giacomlc@umdnj.edu
732-235-9541

Donna L. Richardson, MSW, LCSW, CADC, CTTS
Clinic Coordinator
donna.richardson@umdnj.edu
732-235-8223

Amy C. Schmelzer, MS
Research Teaching Specialist
MPAT Coordinator
schmelam@umdnj.edu
732-235-8220

Steinberg, Michael, MD, MPH
Clinic Medical Director
michael.steinberg@umdnj.edu
732-235-8219

Lisa Underwood,
Administrative Coordinator
African American Outreach Coordinator
lisa.underwood@umdnj.edu
732-235-8202

Jill Williams, MD
Addiction Psychiatrist
jill.williams@umdnj.edu
732-235-9464

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

See page 8 for more information.

Sponsored by New Jersey Department of Health and Senior Services through the Comprehensive Tobacco Control Program.

The Nicotine Challenger is a publication of the *Tobacco Dependence Program, coordinated & edited by Michelle Bover in cooperation with Program staff.*
Newsletter design & production by Pressing Issues, Inc. (732) 549-9054

R U Ready to Quit?

by Amanda Rozycki, BA

Funding for Tobacco Programs at Rutgers University, through REBEL, was cut this year. As a Residence Life staff member at Rutgers University and an MSW intern at the Tobacco Dependence Program, I saw a need to combine these two positions and educate college students at Rutgers University about the dangers of tobacco. Together with Amy Schmelzer, MPAT Coordinator at the Tobacco Dependence Program, I have organized educational programs on tobacco targeting the Rutgers dormitories. So far, I have completed more than 10 programs shave reached about 400 students. As part of the programs, I sit at "desk duty" in the dorm lobbies with the resident assistants with posters, a carbon monoxide monitor, flyers, and water bottle give-aways. Since I am near the entrance of the building, smokers who live in the building notice me on their way out for a cigarette and often have many questions upon their return. Some smokers who are trying to quit won't even go outside, they will stop and ask for help. The resident assistants have often gone to their individual floors and asked their residents who smoke to come down and talk with me. At the Tobacco Dependence Clinic, we have seen an increasing number of Rutgers University students, perhaps due to outreach at the residence halls. I would like these programs to continue next year and have created a protocol document for future interns or volunteers to follow.

I was sad to leave at the end of the semester, as I have had such an amazing experience at the Tobacco Dependence Program, working with amazing people, getting experience with two stop-smoking groups, and doing outreach at Rutgers University.

A Perspective of Relative Risk

By Michael Steinberg, MD, MPH

During medical school, one of my mentors said, "If you can only do one thing as a physician to improve the health of your patients, get them to stop smoking…that will have the largest impact." These words have stayed with me throughout my career.

Recent events in tobacco dependence treatment have me thinking about how we as health professionals and as a society view risk. As a practicing primary care physician who also cares for people in the hospital, I see a great deal of serious illness and disease. I commonly utilize treatments and medications that carry with them some potential risk of side effects or adverse events, and have seen some of these effects firsthand. Treatment is always accompanied by a possible price – hopefully small – and we are in the constant position of determining whether the benefits outweigh the potential risks.

The irony I have seen over the years in terms of tobacco dependence treatment is that, in dealing with the leading cause of preventable death in our society, we are often more fearful of the consequences of our treatments. Don't get me wrong… I know that a) we need to understand the potential risks of any treatment, b) treating smokers needs to be done with appropriate medical supervision, and c) certain groups are at higher risk of adverse events. However, we need to always keep in mind that the "risk" of not treating is continued smoking—and we know the consequences of that option.

There are certain groups of smokers in which this comes up quite often, and I see a hesitation in treating these smokers with appropriate intensity:

Smokers with Medical Illness

In my mind, a smoker who has suffered a heart attack or stroke in the past or who has lung disease is precisely the person who we need to treat as aggressively as possible. Continuing to smoke is a matter of life or death for this individual. However, despite evidence to the contrary, we still hear the old misperceptions from physicians and other colleagues of "you can't use the patch in someone with heart disease." How is nicotine alone more dangerous than continued smoking?

Pregnant Women

As per the PHS Guidelines, the optimal way for a pregnant woman to quit smoking is non-pharmacologically. However, the clients we all see are those who may be more dependent, have unsuccessfully tried on their own, already used behavioral and motivational therapies, and are still smoking into their 2nd or 3rd trimester. The likelihood of these women spontaneously quitting are exceedingly low. In this setting, the use of appropriate pharmacotherapy as an adjunct as part of comprehensive treatment may be the difference between continued smoking throughout pregnancy and successful quitting. Which is more dangerous to fetal development and term delivery – high dose nicotine plus 4000 toxins or lower dose medicinal nicotine as needed? The true choice we are making is not between tobacco dependence treatment medications or nothing; it is medication or smoking.

Smokers with Mental Illness

Smoking rates among people with mental illness are much higher than those in the general population, and there are data suggesting that some of these smokers are more highly dependent on nicotine and suffer disproportionately higher rates of tobacco-caused disease. However, our willingness to treat these smokers aggressively is not at the level one would expect. There exist concerns about destabilizing mood and causing psychosis if we help these people stop smoking that are largely unfounded. We continue to hear that these smokers "can't quit" or "don't want to quit"; statements that are not grounded in data. We fear significant side effects will occur if these people stop using the single worst contributor to overall health and start using medicines to help them quit. With this fear, we need to remember again that using NRT usually equates to lower overall dose of nicotine and elimination of 4000 toxins. We do need to be aware of the metabolic effects of stopping smoking on other medications (namely antipsychotics) that might necessitate a reduced dose, but isn't being able to use less medication a good thing? We need to involve and collaborate with behavioral health professionals in treating not only their patients' mental well-being, but also in keeping their bodies intact.

These points above are only a few examples where we need to remember just how deadly smoking is and how truly safe our treatments have become. I realize that in an era of media-publicized medication adverse events, there is the potential to shift away from therapies that have a proven track-record in clinical trials and in the general public. It is very important that we keep a close eye on potential problems with any new or even established medication in our communities, and this can be best accomplished by maintaining close follow-up with our patients. I simply encourage you to keep the risk/benefit balance in mind when deciding how to approach the treatment of smokers.

Lessons in Outreach: Reaching Out to the New Brunswick African American Community

by Lisa Underwood

The African American community can be a difficult but critical group to reach and educate about the harmfulness of tobacco and local smoking cessation services. There are multiple reasons, including trust issues, economic status challenges, beliefs, health disparities, and strong addiction (particularly to menthol cigarettes). For these same reasons the tobacco industry targets this population, which can make it even more difficult to quit.

Each year, more than 45,000 Black people in the United States die from smoking-related diseases.[i] In fact, tobacco-caused diseases kill more Black Americans each year than car crashes, AIDS, murders, and drug and alcohol abuse put together.[ii]

As fate would have, for the past 10 months I have had the opportunity to coordinate outreach to the local African American community. One of my goals is to raise awareness of the resources that are available to help them quit smoking. Initially, I thought this would be somewhat of an easy task — just expanding on what I've done in the past by being visible in the community, canvassing neighborhoods, attending health fairs, and distributing brochures. What I found, however, was that reaching this population is not so simple. One of my first attempts at reaching the African American community involved staffing a health fair at a local elementary school. As it turned out, nearly 100% of the people attending the event were Hispanic, and most did not speak English. I was quite surprised that no African Americans attended the health fair, because that was not the case two years ago. After the disappointing experience, I reevaluated where to focus my outreach efforts and passed this venue on to our Latino Outreach Coordinator.

Most Black smokers want to quit smoking, but they don't necessarily seek assistance. The avenue to reaching these smokers, directly or indirectly, is education using culturally competent materials about cessation services that work. If the smoker is not initially interested in using quit services, having someone they trust or a close associate (e.g., loved ones, co-workers, community leaders, ministers) on board as a support is essential.

Focusing on community organizations and its leaders has been beneficial in many ways and very affective in reaching African American smokers in New Brunswick. I shared facts about the history of tobacco and Blacks which I found on the National African American Tobacco Prevention Network (NAATPN) website (http://naatpn.org). Also, the CDC booklet — *Pathways to Freedom - Winning The Fight Against Tobacco* — is a good step-by-step guide for the smoker and a great educational tool for families and community organizations. Having an understanding of the effects of tobacco and the ability to share this knowledge reinforces the TDP mission in the community and my confidence with the outreach. This information helps to show leaders, or those in a position to pass on resources, the valuable role they play in reducing the harms caused by tobacco. Furthermore, it provides smokers attempting to quit with needed support that dramatically improves outcome and helps prevent relapse.

It truly takes a village. In my recent outreach efforts, I had the opportunity to meet with Angela Peters, better known as Pastor Angel, a Youth Pastor at Abundant Life Family Worship Church who often counsels youth and adult church members.[iii] After sharing CDC *Pathways to Freedom* information and other facts about the harms of tobacco in the AA community, Pastor Angel was quick to show her support in spreading the word about the Tobacco Dependence Clinic. Here's a snippet of how our conversation went

Q. How have you helped people addicted to nicotine?

A. "Addiction is real and people need real help"

Pastor Angel went on to say that she refers members to the Drug & Alcohol ministry "Stepping out of Darkness". She also informs about over-the-counter medications to help smokers cope with withdrawal.

Q. **In ministry, are you in a position to pass on information or help people quit smoking?**

A. "Yes. Members who smoke are typically embarrassed about their smoking and feel they're letting down ministry. I try to strongly encourage them seek help."

Q. Does knowing about the Clinic help with ministry?

A. "Yes. Members don't want the pastor or other members to know that they are smoking. This provides a confidential and private intervention for them."

Q. How can we work together to help your members?

A. "I would like to have educational seminars to inform our youth and parents about the harms of tobacco. I am confident the members can get education and treatment from the Tobacco Dependence Clinic just a couple of blocks away. For those who don't live in the area I will inform them of other quit services available in NJ with out embarrassing them."

Pastor Angel was excited about the information she received and intends on using it to assist members who want to quit smoking and provide prevention education to the youth. She will also share information about the clinic and NJ quit

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[i] USDHHS, Tobacco Use Among US Racial/Ethnic Minority Groups – African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General, 1998. http://www.cdc.gov/tobacco/sgr/sgr_1998/index.htm

[ii] American Heart Association (AHA), African Americans and Cardiovascular Diseases Biostatistical Fact Sheet, 1998, www.americanheart.org/statistics/biostats/bioafr.htm.

[iii] Angel Peters, Youth Pastor. Abundant Life Family Worship Center. 259 George Street, New Brunswick, NJ, 08901. 732-545-3897, APeters@alfwc.org

Partnerships Against Tobacco

by Amy C. Schmelzer, MS

Middlesex County's Partnerships for a Tobacco-Free New Jersey has been busy working with a number of organizations throughout Middlesex County in effort to expand outreach efforts throughout the surrounding communities. Community partners met on April 7th for a tobacco-steering committee meeting to discuss the development and improvement of existing linkages with surrounding organizations in Middlesex County. Recent research from the Tobacco Dependence Program about mentholated cigarettes, newer tobacco products, and REBEL school policy also appeared on the meeting's agenda. Here are some recent events, updates, and collaborations going on throughout Middlesex County:

Tobacco-Free Hospital Campuses

Implementing more stringent tobacco policies has been part of Middlesex County's primary focus. As of January 1, over 50% of all NJ hospitals have implemented a campus-wide tobacco-free policy change. The Tobacco-Free Hospital Campus Collaborative, headed by the American Cancer Society, is applauded by Partnerships for a Tobacco-Free NJ for their efforts in promoting a tobacco-free environment on hospital grounds. Raritan Bay Medical Center, a hospital system with two locations in Middlesex County, has recently implemented a tobacco-free hospital campus policy effective February 1 and has collaborated with the Tobacco Dependence Program as treatment providers for smoking staff and patients. Amy Schmelzer, Coordinator of Partnerships for a Tobacco-Free NJ in Middlesex County, will be training staff and treatment providers at Raritan Bay Medical Center in effort to promote cessation support and resources for inpatient smokers. She will continue to work with the remaining hospital systems that have not yet passed a more stringent tobacco policy and offer resources to facilitate the process.

Collaboration and Education of Treatment Providers

The New Jersey Family Medicine Research Network (NJFMRN) is a collaborative effort among a number of medical organizations, including: the Department of Family Medicine at Robert Wood Johnson Medical School, the School of Osteopathic Medicine, New Jersey Medical School, the Cancer Institute of NJ, and the NJ Academy of Family Physicians. There are over 200 family physicians that are members of the NJFMRN. One of the goals of the research network is to encourage collaboration between members and improve the quality of evidence-based medical care provided to patients. Middlesex County's Partnerships for a Tobacco-Free NJ welcomes NJFMRN as one of its newest community partners and is providing resources to ensure that NJFMRN members are aware of the newest evidence-based treatments available to assist smoking patients in their attempt to quit. The Tobacco Dependence Clinic, QuitLine, and QuitNet will serve as a primary referral services to patients in Middlesex County. For more information on the NJFMRN, please visit: http://www2.umdnj.edu/fmrchweb/index.htm.

Outreach to Rutgers Students

Middlesex County's Partnerships for a Tobacco-Free NJ has been collaborating with Rutgers University to implement cessation information sessions at Rutgers University dormitories. Amanda Rozycki, an Ambassador of Middlesex County and social work graduate student intern at the Tobacco Dependence Program, has arranged over twenty programs serving Rutgers University students. Information about the dangers of tobacco use, Big Tobacco's marketing strategies, benefits of quitting, and resources within the community to help quit are among the bi-weekly residence program lecture series. Campus programs will be held on both New Brunswick and Piscataway campuses.

In addition, Amy Schmelzer has collaborated with Rutgers Ernest Mario College of Pharmacy. She was featured as a guest speaker during the 6th-year student "Reflection Week." Students were presented with information on the efforts of Big Tobacco to initiate and maintain addiction; importance of tobacco treatment and education; information regarding the pharmacotherapy available to smokers attempting to quit; and the role of the pharmacist in linking patients to evidence-based treatments including QuitLine, QuitNet, and QuitCenters as standard practice. The Pharmacy College has expressed interest in maintaining linkages with the Tobacco Dependence Program and will consider adding more components of tobacco education throughout the pharmacy curriculum.

Top Ten things An Intern Learns at the Tobacco Dependence Program-Clinic:

by Mala D. Deodhari, BA

10. There is no "Magic Pill"
9. Motivation is an important part of the Therapeutic Process... and even more important is knowing that this motivation comes from within the client.
8. Tobacco is the hardest addiction to overcome, because it's legal!
7. It is hard to accept that cigarettes are an addiction, especially for the person who is smoking.
6. Even when faced with the truth, a renal transplant patient may still smoke regardless of surgical complication – a testament to the power tobacco has over people.
5. Always explain in detail how to use an NRT... Claims that "the medicine didn't work" can often be attributed to improper use.
4. When it comes to choosing cigarettes or food, the food usually loses.
3. Smokers may be ambivalent about their addiction... the "trick" is to make them question and think through, "why they want to quit".
2. Empowerment, self awareness, and small goals make cessation tangible.
1. Normalize relapse!!!

The Importance of a Comprehensive Tobacco-Free School Policy

by Nancy Speelman Edwards, C.S.W., L.C.A.D.C., CTTS

The Center for Disease Control and Prevention states, **"Developing and enforcing a tobacco-free policy in schools is the number one strategy in reducing teen smoking…** There is a strong link between teen tobacco use and other risky behaviors, lower academic performance, and poor school attendance."[i]

The Campaign for Tobacco-Free Kids in 2006 reported **90% of adult smokers began in their teens** and nearly 2/3 became daily smokers before age 19.[ii]

The American Journal of Public Health reports, **"Students who attend schools with tobacco-free policies that are enforced are less likely to use tobacco."**[iii]

For several years, the Tobacco Dependence Program has been involved in reviewing school policies throughout New Jersey through their work with Youth Quit2Win and the REBEL programs. Often we have found tobacco policies to be vague and unenforced. Instead of providing very clear guidelines to students, staff and visitors regarding possession and use on school property, tobacco is either clumped in with all other drugs of abuse, or there is one or two sentences stating, "No smoking allowed on school property. A fine of $200 will be given to violators".

The fact is, tobacco is a drug, and policies on possession and use of it on school property should be developed and enforced just as those for other substances. Unfortunately, this is not always the case. If a student were to be caught using or possessing other substances, such as marijuana or alcohol, a trained counselor is immediately alerted to perform a formal assessment and provide the student with appropriate education and treatment options. However, with tobacco, students are often treated in a very punitive manner with fines, detention and suspension and are provided little or no education or cessation services. Policy awareness is also an issue – we have found that many students and staff do not even know what the policy is, because it is buried somewhere in a 100-page handbook or policy manual.

States across the US that have implemented Comprehensive Tobacco-Free School Policies (CTFSP or TFS) have shown positive results. North Carolina is one of these model states, where the percentage of school districts in North Carolina adopting 100% TFS policies increased from 5% in 2000 to 75% in 2007. Building on that momentum, in 2007 the state legislature further bolstered the campaign by passing a law mandating statewide TFS compliance. By July 2008, all 115 of North Carolina's school districts were 100% tobacco-free. How did these policy changes affect students? When comparing schools with CTFSP for 4 years to those without:

1. Students at CTFSP schools had a 40% lower smoking rate
2. Students at CTFSP schools had a 32% lower use rate for all kinds of tobacco
3. Schools who only had a policy in place for 1-2 years still had 5-10% lower smoking/tobacco use rates than schools with no CTFSP
4. Schools without a CTFSP had the highest smoking and tobacco use rates among students in the state

It is clear that the adoption of a CTFSP helps improve the health and wellbeing of a school's students.

The New Jersey Department of Health and Senior Services, with recommendations from the Center for Disease Control and Prevention, developed a tool kit to assess current NJ school tobacco policies. Part of the tool kit provides a sample Comprehensive Tobacco-Free School Policy (CTFSP) which could be implemented in all New Jersey school districts. REBEL (Reaching Everyone by Exposing Lies, a statewide, youth-led anti tobacco movement) students are utilizing this tool kit to assess policies in their schools and suggest changes to their school administration. REBEL teens continually educate their peers and community members on the dangers of tobacco use. The program runs throughout New Jersey middle and high schools and has over 10,000 participating teens. Each year students advocate for a cause. Previously, REBEL teens helped

Highlights of a Good Comprehensive Tobacco-Free School Policy:

PURPOSE OF POLICY

- It protects the health of students, faculty, staff, and visitors by creating a tobacco free, healthy learning environment.
- It recognizes tobacco is a gateway drug and highly addictive.
- It sends a clear, consistent message to all that tobacco use is not acceptable in educational settings and ensures that all youth have positive, tobacco-free role models at school.
- It presents all the federal and state laws which back the policy.

DEFINES FOR WHOM, WHEN AND WHERE THE POLICY APPLIES

- It clearly defines for all students, faculty, staff and visitors
- It clearly defines on all school property, at all school events and in school vehicles
- It clearly defines 24 hours a day, 7 days a week

CLEARLY DESCRIBES WHAT IS MEANT BY *TOBACCO PRODUCTS*

- It clearly defines ALL tobacco products are prohibited.
- This includes cigarettes, cigars, blunts, bidis, kreteks, hookah, pipes, chewing tobacco and all other forms of smokeless tobacco, rolling papers and any other items containing or reasonably resembling tobacco or tobacco products.

COMPLIANCE ISSUES

It clearly defines compliance issues for students, faculty, staff and visitors and states consequences for violating the policy.

RECOGNIZES TOBACCO USE AS NICOTINE ADDICTION

It recognizes that people who are addicted to nicotine need help and support rather then punishment and offers opportunities for education and support to quit.

implement NJ's smoke-free legislation. Today, their main goal is to urge schools to adopt 100% Comprehensive Tobacco-Free School Policies.

So why are REBEL students fighting for CTFSP when schools already have tobacco policies? Because current policies are not working! Students continue to use tobacco and its use is often overlooked by administration, teachers and parents. Tobacco is considered a "gateway drug," which means tobacco use can lead to other drugs of abuse. As tobacco companies bombard our nation's teens with new trendy products, tobacco use in schools must be taken seriously and properly controlled.

As smoking prevalence is dropping across the country, the tobacco industry is designing clever colorful marketing campaigns to entice youth to start smoking or use other forms of tobacco. Smokeless products are popping up all over, including: SNUS (tobacco in a tiny tea-bag), tobacco sticks (similar to a toothpick which dissolves in your mouth), tobacco orbs (mint or candy-like) and tobacco strips (similar to a breath strip which dissolves in your mouth). All of these products contain nicotine and encourage dependency. What's more, many are marketed as a way to use tobacco when smoking is prohibited – a way for smokers to maintain their nicotine addiction in the spite of clean air regulations.

A Comprehensive Tobacco-Free School Policy would help by clearly defining ALL tobacco products, as well as clearly stating that it applies to ALL, EVERYWHERE, 24/7 on school grounds, at school sponsored activities and in school vehicles. In addition to enforcing consequences for tobacco use, it would implement tobacco-related education and cessation opportunities for those abusing the policy in a manner similar to policies for other drugs of abuse.

REBEL students in Middlesex County are encouraging their peers, faculty, parents and community members to get involved in supporting policy change by participating in the "Count Me In" campaign. If you'd like to learn more about the "Count Me In" campaign and REBEL'S efforts for CTFSP please contact the Middlesex County REBEL Coordinator, Nancy Speelman Edwards, at 732-235-8218 or by email at nancy.speelman@umdnj.edu

i U.S. Department of Health and Human Services (HHS). Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta, Georgia: HHS, PHS, CDC, NCCD-PHP, OSH, 1994. In: What is the Tobacco Free Schools Initiative? http://www.tobaccofreecny.org/pages/schoolpolicy.htm.

ii SAMHSA, HHS, Calculated based on data in 2006 National Household Survey on Drug Use and Health, http://www.oas.samhsa.gov/nsduh.htm. In: Campaign for Tobacco Free Kids. Smoking and Kids Fact Sheet. Updated 2008. Available at http://tobaccofreekids.org/research/factsheets. In: What is the Tobacco Free Schools Initiative? http://www.tobaccofreecny.org/pages/schoolpolicy.htm.

iii Pentz, M.A., Brannon, B.R., Charlin, V.L., Barrett, E.J., MacKinnon, D.P. & Flay, B.R. (1989). The power of policy: The relationship of smoking policy to adolescent smoking. American Journal of Public Health, 79,(7); 857-862. In: What is the Tobacco Free Schools Initiative? http://www.tobaccofreecny.org/pages/schoolpolicy.htm.

Latino Outreach At A Glance

by Claribel A. Beltrez

In 2008, the Tobacco Dependence Program was awarded a grant through The Rutgers Community Health Foundation with a main objective reducing the current rate of tobacco dependence and future tobacco caused disease in the people of color in New Brunswick. Specifically, we are targeting the local African American and Latino populations, and I have been given the opportunity to coordinate outreach to Hispanic people in the New Brunswick area. As a Hispanic person, I feel that I have a personal investment in this project and find it exciting to work with this population.

Coordinating with colleagues and trying to find new and effective ways to reach the local minority populations has been challenging but very rewarding. I have been developing culturally competent marketing materials as well as meeting with local Hispanic organizations to increase awareness of the smoking cessation services that are available to them. Additionally, I have attended various community events, such as health fairs, in order to reach the local Spanish-speaking populations. Although planning and executing these outreach efforts requires a lot of work, the outcome makes it all worth while. There is nothing more rewarding than seeing the people I spoke with at an outreach event arrive at the Clinic and succeed in quitting smoking.

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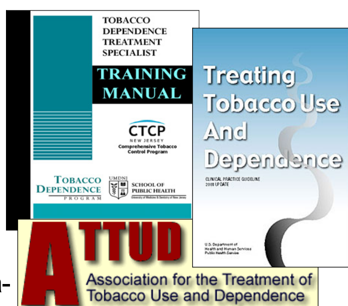
TOBACCO DEPENDENCE PROGRAM

CERTIFIED TOBACCO TREATMENT SPECIALIST

The Tobacco Dependence Program (TDP) has been training Tobacco Dependence Treatment Specialists since 2000. Our Certified Tobacco Treatment Specialist (CTTS) training is based on the US Public Health Service guidelines for treating tobacco use and dependence and meets the Association for the Treatment of Tobacco Use and Dependence (ATTUD) proposed CTTS training standards. CTTS certification is available through The Certification Board, Inc.



The TDP's internationally-recognized faculty brings with them a wealth of expertise and provides an interactive and comprehensive educational experience. Participants can expect to leave the training competent to effectively treat patients for tobacco dependence and to provide other services that will help organizations to address tobacco use. This training is attended by professionals from all over the United States and abroad.

Schedule & Locations

The TDP regularly offers 5-Day CTTS training

- At the Tobacco Dependence Program
- On-location nation-wide and abroad

www.tobaccoprogram.org

Visit our website for more information about:

- **Training schedules and registration**
- **On-location training options**
- **Consultation services**
- **Tobacco dependence treatment services**
- **Research projects and publications**
- **And more!**

SERVICES INCLUDE

Education & Consultation to health professionals with the latest information on research-based treatments and the latest thinking on clinical techniques.

- 5-Day Certified Tobacco Treatment Specialist Training
- 2-Day Youth Quit2Win Training
- 1 & 2-Day Introductory and Special Populations Trainings
- Advanced CTTS Continuing Education Trainings

Specialized Manuals have been developed for working with special populations

Beyond New Jersey... We have brought our 5-Day Tobacco Dependence Treatment Specialist and other trainings to various states and assisted in the implementation of certification for their health professionals.

Other Services

- Research and Publications
- Treatment Clinic
- Community Outreach & Advocacy
- Consultation for tobacco policy development and implementation

TRAINING & CONSULTATION FOR TREATMENT OF SPECIAL POPULATIONS

Youth
Addictions
Mental Health
Hospital Based
Pregnant Women
Disabilities

The Tobacco Dependence Program (TDP) is also dedicated to helping special populations—groups known to have high rates of tobacco use and low treatment access. Our Program staff are accomplished tobacco-control experts and recognize the challenges of addressing tobacco in these populations. Our focus is on integrating tobacco dependence treatment into existing program services, and we educate on the latest research and evidence-based practices through consultation and 1 to 2-day training programs.

The TDP trains participants who work with special populations to

- Provide tobacco dependence treatment services
- Help prepare organizations to go tobacco-free
- Motivate staff to address their own tobacco use

317 George Street, Suite 210
New Brunswick, NJ 08901

Training 732-235-8212 ◆ **Clinic** 732-235-8222