

# The Nicotine Challenger

Spring 1999

This issue: Treatment

Volume 7, Number 1

## Something Old, Something New

As of October 1998, the *Addressing Tobacco...* project grant began operating under the auspices of UMDNJ-School of Public Health. This change was brought about when the project director, Dr. John Slade, resigned from his position at St. Peter's Medical Center to become director of The Addictions Program at the newly organized School of Public Health of New Jersey. The NJ Department of Health grant which supports the *Addressing Tobacco...* project was, at that time, transferred to this new program and is now administered by UMDNJ. Staying the same, however, was the location of the project at New Street in New Brunswick, and the spectrum of services provided by the agency. Phone and fax numbers also remained the same, although checks for trainings and products are now made out to *Addressing Tobacco-UMDNJ*. The transition has brought many positive changes, and we're proud to be associated with the new School of Public Health, Addictions Program.

## Consultants Join Addressing Tobacco... project Training Roster

We are happy to announce the addition of three new trainers at the *Addressing Tobacco...* project. James and Karen Mell, and Abby Hoffman have been leading full-day workshops since December in various counties throughout the state, and have assisted project staff with in-services and continuing education events.

Abby Hoffman, as many of our readers know, was the first coordinator at *Addressing Tobacco* when the project began in 1991. Since leaving the project in 1995, Abby has pursued a variety of activities outside the addictions field, but agreed to return as a trainer for several of the events scheduled for this winter and spring.

James and Karen Mell are the founders of Step Ahead, Inc. which provides counseling for the chemically addicted and their families, and educational presentations for the community. Jim and Karen provide help for nicotine dependence at their agency, and have had experience working in a tobacco-free addictions treatment setting.

## Champion vs. Tobacco

# Richard D. Hurt, M.D.

Dr. Richard Hurt is the Director of the Nicotine Dependence Center at the Mayo Clinic and Professor of Medicine at the Mayo Medical School in Rochester, MN. Dr. Hurt and his colleagues developed a treatment program for nicotine dependence based on behavioral, addictions, and pharmacologic treatments and relapse prevention. Dr. Hurt shared his personal battle with nicotine addiction.

"I started smoking in college, after I stopped playing basketball. I was a heavy smoker almost from the very beginning. I smoked right through the rest of college, medical school, internship, and my two years in the Army."

In 1973, Dr. Hurt came to the Mayo Clinic as a Fellow in internal medicine. When his wife enrolled them both in a smokers' clinic, he was doubtful. "I had tried to stop smoking dozens of times before but had been variably successful, sometimes as long as thirty minutes, sometimes for half a day or so, but never for very long," he remembers. But he was able to stop smoking. "I quit on Saturday, November 22, 1975 at 3:30 in the afternoon. It was the hardest thing I ever did," he recalls.

As part of his duties as a staff member at Mayo, Dr. Hurt was responsible for the smoker's clinic. "We began to incorporate into the smoker's clinic the philosophy of addiction, of nicotine dependence, which was not really done very much at that time," Dr. Hurt said. "The first Surgeon General's report about nicotine addiction wasn't published until 1988, so we were about ten years ahead of the field."

The frustrating experience of working with patients in life-threatening circum-

stances due to their smoking and who could not stop, led Dr. Hurt to organize a committee to develop a program to address nicotine addiction at the Mayo Clinic.

Since the Mayo Nicotine Dependence Center opened its doors in April, 1988, more than 17,000 patients have been treated—the largest clinical experience in the world. Within a few months of opening, the Center began its first research project—a nicotine patch project. Since that time, the Center has "probably done thirty-five or more clinical trials, averaged four or five thousand research subjects over the ensuing years and has developed a very active, very large research program," Dr. Hurt said.

In addition, an educational program was developed. Among other issues, the program focuses on the how to create a nicotine treatment program in an existing alcohol and drug treatment program. There are also training programs for medical residents, fellows in addictive disorders, and post-doctoral fellows.

Dr. Hurt is widely published on tobacco issues including the treatment of nicotine dependence in the context of other addictions.

"It's wrong to blame the user. Smokers aren't bad people. They're good people who are dependent on a bad substance," he says. "Smokers need support and effective tools to break that dependence. Recovery is a life-long process."



Brochures for **A Clinical Program for Treating Nicotine Dependence**, a full day *Addressing Tobacco...* project presentation by Dr. Hurt on April 21, were mailed to NJ, NY and PA individuals and programs in March.

### RJR Discloses Cigarette Constituents To Minnesota

Minnesota state health officials made public data from RJ Reynolds showing that their cigarettes contain arsenic, cadmium, ammonia, lead or formaldehyde. A 1997 law required cigarette manufacturers to disclose the presence of these materials in their products to the state health department. Only RJR met the deadline for disclosing the information. The information revealed that RJR's Camel and Winston brands contained all five substances. Although Winstons are advertised as "no-additive" cigarettes, Nat Walker, a spokesperson for RJR said this is not contradictory. "These compounds are naturally occurring in tobacco as well as in tobacco smoke. These compounds are in many things that grow."

State health officials now must decide what to do with the information. Judy Knapp, executive director of the Coalition for a Smoke Free 2000, believes the information must be given to the public. "The public has to understand that when they're smoking a cigarette...they're not just smoking nicotine."

Source: Rochelle Olson, "Cigarette Ingredients: Manufacturers Acknowledge Use of Poisons," (Minneapolis) Star Tribune (on-line) February 17, 1999.

### New Study Shows Smoking Prevalent in Cartoon Films

A study released March 19th shows that over two-thirds of G-rated cartoon films over the past 60 years show characters smoking or drinking. University of North Carolina professor Adam Goldstein viewed 50 films from 1937-1997 and found that heroes smoked and drank just as

much as the villains did and there were no anti-smoking or drinking verbal messages. "There was not a change over time, and substance use continued at this high rate even though concern about tobacco use is at a feverish pace," Goldstein said. Disney spokesperson Claudia Peters responded, "The suggestion that we support alcohol and tobacco use is absurd." She added that substance use is discouraged by Disney, with a rare exception where it is relevant to the character or plot point."

Source: Karen Thomas, "Cartoons Haven't Kicked Bad Habits," USA Today, March 19, 1999, p.E2.

### Many Smokers Deny Health Risks Of Smoking, Study Shows

Despite decades of education about the health risks of smoking, a new study by researchers at the Brigham and Women's Hospital and Harvard Medical School shows that many smokers don't believe they are at an increased risk for cancer or heart attacks. The study published in today's Journal of The American Medical Association (JAMA), found that only 29 percent of current smokers believe they have a higher-than-average risk of heart attack, and only 40 percent believe they have a higher-than-average risk of cancer. Of smokers who consume at least two packs a day, 39 percent believe they have an increased risk of heart attack, and 49 percent believe they have increased risk for cancer. The study surveyed 3,031 adults, including 737 smokers.

Sources: "Many Smokers Ignore High Risks, Survey Finds," New York Times, March 17 1999 p.A18, "Most Smokers Don't Think Their Health Risk Higher, Study Says," Bloomberg News (on-line) March 17 1999. ■

## We Welcome Your Comments and Suggestions

Please let us know what you think about **The Nicotine Challenger**.

Write to us at  
**The Nicotine Challenger**  
Addressing Tobacco...  
78 New Street  
3rd Floor  
New Brunswick, NJ  
08901-1233



Or contact us by  
Phone: (732) 846-4338  
Fax: (732) 846-4436  
e-mail: [ATProject@aol.com](mailto:ATProject@aol.com)

## The Nicotine Challenger

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**The Nicotine Challenger** is a publication of *Addressing Tobacco in the Treatment of Other Addictions*. We welcome your letters, comments and suggestions. Please address all correspondence to:

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**Addressing Tobacco in the Treatment of Other Addictions** is a statewide project of the UMDNJ School of Public Health which helps substance abuse treatment programs with tobacco issues and nicotine dependence. The project is funded by a grant from the New Jersey Department of Health and Senior Services, Division of Addiction Services.

Products and services include:

- ♦consultation
- ♦education
- ♦training
- ♦policy & program development
- ♦treatment planning
- ♦recovery workshops

# Nicotine Anonymous Meeting Schedule

## New Jersey

Please call the Addressing Tobacco... office at (732) 846-4338 with additions, deletions or corrections to this list.  
Call the contact person to confirm current information about meeting times and locations.

### BERGEN COUNTY

**Wednesday, 7:00 PM, Westwood**  
Pascack Valley Hosp, 250 Old Hook Rd.  
1st Floor Conference Room  
(201) 666-2523: Nancy W.  
**Saturday, 7:00 PM, Teaneck**  
St. Marks Episcopal Church  
Grange & Chadwick Roads  
(201) 947-3305: Bill C.

### CAMDEN COUNTY

**Monday, 7:00 PM, Cherry Hill**  
Kennedy Hospital - 5th floor  
Chapel Avenue/Cooper Landing Road  
(609) 786-9101: Lee Ann D.

### CAPE MAY COUNTY

**Tuesday, 7:00 PM, Cape May Court House**  
Burdette Tomlin Memorial Hospital  
2 Stone Harbor Boulevard  
Ground Floor - Conference Room 3  
(609) 886-8153: Laura M.

### ESSEX COUNTY

**Sunday, 2:00 PM, West Orange**  
(973) 731-1073: Kathy

### HUDSON COUNTY

**Monday, 7:30PM, Jersey City**  
St. Francis Hospital  
25 McWilliams Place, 1st Floor  
(201) 798-8453: Rich M.

### MERCER COUNTY

**Friday, 7:00 PM, Hamilton**  
Hamilton Hospital  
Cafeteria Doctor's Dining Room  
(609) 587-4244: Bob M.

### MIDDLESEX COUNTY

**Monday, 7:30PM Metuchen**  
Centenary United Methodist Church  
200 Hillside Avenue, Room 20  
(732) 549-5955: Jane G.  
**Tuesday, 7:30 PM, Edison**  
Mortgage Money Mart  
1199 Amboy Avenue - Tano Mall  
1st building, in front, 1st floor  
(732) 548-9423: Frank N.

### MONMOUTH COUNTY

**Wednesday, 7:00 PM, Manasquan**  
First Presbyterian Church  
16 Virginia Avenue at South Street  
(732) 449-0007: Larry U.  
**Thursday, 8:00 PM, Ocean**  
Ocean Fitness Center - Lower Level  
1602 Highway 35 South  
(732) 531-1179: Alfia D.

### MORRIS COUNTY

**Thursday, 6:30 PM, Boonton**  
**Saturday, Noon, Boonton**  
All Boonton Meetings at  
Northwest Covenant Medical Group  
Community Conference Room  
Powerville Road  
(973) 984-7711: Bill A.

### OCEAN COUNTY

**Sunday, 1:00 PM, Manahawkin**  
Southern Ocean County Hospital  
Route 72 West, Conference Room  
(609) 361-8229: Mary S.  
**Saturday, 4:00 PM, Brick**  
Visitation Old Church  
Mantaloking Road  
(732) 477-2582: Bill N.

### PASSAIC COUNTY

**Tuesday, 7:00 PM, Clifton**  
Athenia Reformed Church  
770 Clifton Avenue  
(973) 470-5765: Mike A.

### SUSSEX COUNTY

**Monday, 7:30 PM, Port Jervis, NY**  
Mercy Community Hospital Atrium  
160 East Main Street  
(914) 858-5386

### UNION COUNTY

**Friday, 7:30 PM, Plainfield**  
Cross of Life Lutheran Church  
1240 East 7th Street  
(732) 388-1271: Judy M.



## Addressing Tobacco... project At Work

For the past eight years, the *Addressing Tobacco...* project has worked with addictions treatment programs throughout New Jersey on issues related to tobacco and nicotine. Funded by the Department of Health and Senior Services, Division of Addiction Services, the project provides consultation and training to help programs implement tobacco-free policies and nicotine dependence treatment services for clients. Each year the project surveys New Jersey addictions treatment programs to ascertain what is being done with tobacco and nicotine issues throughout the state, and what activities the project should focus on when setting its grant objectives. The project also receives calls for assistance, information and resources from addictions programs throughout the country.

Following is a brief description of the grant objectives for the *Addressing Tobacco...* project for the period October 1, 1998 through June 30, 1999:

- Conduct an annual survey of NJ addiction treatment programs
- Distribute materials, including educational materials, videos, and treatment resources
- Publish a newsletter for distribution to addictions treatment programs and individuals on our mailing list
- Provide in-person and phone consultation to addictions treatment programs
- Conduct educational sessions of 3 hours or less in duration
- Conduct training sessions of 5-6 hours in duration
- Provide enhanced services to programs participating in the Focus Group Program including:
  - staff in-services
  - staff "For Smoker's Only" workshops
  - intensive in-person and phone consultations
  - educational and other resource materials
  - additional services as needed
- Develop and disseminate targeted mailings to selected addictions treatment programs
- Organize and convene three regional meetings with addictions treatment programs
  - If your program is interested in any of the services we provide, please call us at (732) 846-4338. Services to NJ addictions treatment programs are either offered at no cost or at a nominal fee. ■

## The Attorneys General Settle with the Tobacco Industry

by John Slade, M.D.

The settlement of the lawsuits that 46 state attorneys general brought against the tobacco industry is going to affect how tobacco control unfolds for decades to come. The suits were brought by the states beginning in 1994 largely on the theory that tobacco companies, through the offering of a dangerous product combined with fraud and deceit, had caused illness and death among recipients of Medicaid benefits. The cost of treating these illnesses was borne by state programs, and the states sued to recover costs and to reduce future damage.

The feature of the settlement that has garnered the most attention is the money that will pour into state coffers as a result. This money will come entirely from the customers of the tobacco companies through price hikes. While the money can be spent on anything the legislatures decide it should go for, it is, in fact, money being raised from future customers of the industry because of injury to former customers. Since we know how to prevent injury and death from tobacco use, and we can do this on a broad level through public health programs, a substantial portion of these funds should be invested in reducing tobacco use. To do otherwise ignores a major opportunity to save lives. Moreover, if the tobacco companies are not challenged by major public health initiatives growing from the use of settlement dollars, they will continue their fraud and deceit, recruiting new customers and selling products that inexorably kill half of their best customers.

The Master Settlement Agreement (MSA) curbs some of the most flagrant abuses the industry has engaged in. No longer will there be a Camel Cash or a Marlboro Miles program with logo-encrusted promotional items. No longer

will there be large billboards promoting cigarettes in minority neighborhoods. Unfortunately, though, the MSA does nothing to curb other pervasive practices, including misleading magazine advertising, the use of direct mail, the sponsorship of major televised sporting events such as Winston Cup auto racing, and the continuation of the fraudulent labeling of many cigarette brands as "LIGHT" or "MILD" or "LOW TAR." Cigar promotions continue to glamorize smoking and tobacco smoke, and popular entertainment continues to be permeated with a blue haze.

While the MSA has closed the doors of the Tobacco Institute and the Council for Tobacco Research, these industry shills had largely lost their clout anyway. Lobbying by the companies has moved in house, into superficially grassroots groups such as the National Smokers Alliance, and into ad hoc front groups. Philip Morris continues to be a most generous contributor of soft and hard money in the political arena both nationally and in state houses.

The MSA does nothing to advance tobacco product regulation through the Food and Drug Administration. It does not require the industry to be as forthright with its customers as the makers of other drugs have to be. It may even require states to implement unwise strategies in the name of tobacco prevention.

At the same time, the MSA closes the door to a number of public health-oriented legal remedies, although it does not foreclose suits by injured individuals.

In sum, the tobacco industry has done very well by the MSA. Whether or not the public will be as well served depends on how the states spend their money. ■

### Addressing Tobacco in the Treatment of Other Addictions

## Steps for Becoming a Tobacco-Free Treatment Facility

1. Acknowledge the profound challenges tobacco creates for the addictions treatment community.
2. Establish a leadership group or committee and secure the commitment of the organization.
3. Develop a tobacco-free policy.
4. Establish a policy implementation timeline with measurable goals and objectives.
5. Conduct staff training.
6. Provide treatment for nicotine-dependent staff.
7. Assess and diagnose nicotine dependence in patients and use this in treatment planning.
8. Incorporate tobacco & nicotine into patient education curriculum.
9. Establish on-going communication with 12-step recovery groups, professional colleagues and referral sources about policy changes.
10. Require that no staff member be identifiable as a tobacco user.
11. Establish tobacco-free facility and grounds.
12. Implement comprehensive nicotine dependence treatment throughout the program.

## It's a Girl!

Bernice Order-Connors and her husband, Kevin Connors, are the proud parents of **Sarah Nicole**

born on December 21, 1998.

Bernice has been with the *Addressing Tobacco...* project since August 1994 as Clinical Consultant.



## The Addressing Tobacco... project Steps for Becoming a Tobacco-Free Treatment Facility

# The Evolution of Step 10

When the *Addressing Tobacco...* project began in 1991, the Steps for Becoming a Tobacco-Free Treatment Facility were developed as a way to provide a framework for the process of comprehensively addressing tobacco use and nicotine dependence during treatment for other addictions. The steps recognize tobacco policy, staff training and recovery, and patient education and treatment as important components of this process.

From the beginning, the issue of staff use of tobacco has presented the greatest challenge, and understandably so. Many addictions treatment professionals still use tobacco, and since, until recently, tobacco was not placed in the same category as alcohol and other drugs, there had been no reason to question its use by staff. But as treatment programs become more conscious of nicotine as a drug of addiction and move forward in their efforts to integrate nicotine dependence treatment, the "staff issue" continues to surface.

The original Step 10 stated: "Require staff to be nicotine-free." The rationale behind this statement was that staff members needed to be positive role models and this could only occur once they had addressed their own use of tobacco.

Several years later, however, the step was modified to read "Require staff to show no evidence of tobacco use during work hours." This new wording allowed for consistency with many facilities' policy with regard to alcohol (both legal substances). That is, that staff (who had not identified as recovering alcoholics) was required to be abstinent from alcohol during working hours, including lunch and breaks. The revised step 10,

therefore, required no use of tobacco during work hours - and no evidence that the individual had been using tobacco (not smelling of smoke, for example).

In an effort to somehow manage the situation of staff smoking, however, some programs made compromises with this revised step. They allowed staff to smoke as long as they were not in direct view of clients, and "work hours" was interpreted to mean only direct client contact hours which excluded breaks and lunch or dinner hours. While the awareness that "something" had to be done about staff smoking remained, the intent of the step was lost in these compromises which accommodated the problem rather than addressed it. Staff members were not "buying-in" to role modeling a lifestyle that included recovery from nicotine dependence, but were instead finding ways around the issue.

Recently, *Addressing Tobacco...* project staff discussed this step once again, and decided to revise the step to read, "Require that no staff member be identifiable as a tobacco user." This new revision, we hope, suggests two important issues, 1) that it is the responsibility of the facility to set policy and direct treatment of patients, and 2) that staff cannot compromise treatment or policy by being identifiable as tobacco users.

The 'letter of the law (policy)' according to this latest wording continues to recognize that any evidence of tobacco use (smelling of smoke, being seen smoking even if off grounds, visible tobacco products including tobacco paraphernalia-lighters, caps, promotional items, etc.) is indicative of non-compliance with the policy. Supervisors can address incidents of evidence of tobacco use as policy infractions and respond accordingly.

The 'spirit of the policy,' in this new iteration, however, recognizes that staff are clearly role models, and that education and treatment for nicotine dependence needs to be offered without staff use getting in the way of, or affecting, client's participation.

The basis for this policy requirement, as with an alcohol policy, is that if a staff person is not dependent on nicotine or alcohol, then there is no need to be smoking (or drinking) first thing in the morning or during lunch hour. What the staff person does at home, as long as it doesn't interfere with work performance or adherence to work policy, is their own business. If, however, a staff member finds him or herself unable to comply with the policy, the issue of dependence can be dealt with in much the same way as with any other addiction - with an offer of help and with support for recovery.

It is our hope that the wording in this latest revision of Step 10 clearly articulates the simplicity of the goal it is meant to achieve. If treatment for alcohol and other drugs of dependence is going to include nicotine, then staff need to be able to support the policy and treatment protocol of the facility. Staff cannot give the mixed message by smelling of smoke, or possessing or carrying tobacco products or paraphernalia. Treatment centers, according to Step 10, require that staff members support the mission of assisting clients in becoming clean, sober, and free of nicotine by clearly and consistently role modeling that recovery is attainable. ■

**We found an error in our Manual, *Drug-Free is Nicotine-Free*.**

Everyone who purchased the Manual should have received replacement pages 93 and 94 from us.

If you did not, please contact the *Addressing Tobacco...* office at (732) 846-4338 and we will send the new page to you.

*Thanks for your understanding.*



## A TOBACCO AND NICOTINE TUTORIAL By John Slade, M.D.

*A different subject is featured in this column in each issue of The Nicotine Challenger. Please send questions or suggestions for topics to Dr. Slade at Addressing Tobacco...*

### **FAQs: Medications for Nicotine Dependence**

#### ***How effective are the different medications for treating nicotine dependence?***

It depends. First, not all products that look like treatments actually work. CigArrest, for example, has a tiny amount of a drug that has been shown to not be helpful at all in larger doses. Similarly, no vitamin preparation or other nutritional supplement has been proven effective for helping people stop smoking.

The Food and Drug Administration has approved the following products as safe and effective for treating nicotine dependence: nicotine replacement products (patch, gum, inhaler and nasal spray) and bupropion (sold as Zyban for this problem, sold as Wellbutrin for depression). Used singly, each of these products about doubles the success rate in stopping smoking. This means that the effectiveness heavily depends on what the person is doing to address the addiction. If the person is getting support, success is more likely. However, even without support, success is greater with a medicine than without.

The medicines may work better if they are used in combination. The formal research on this is still emerging, but it seems helpful for many people to use, for instance, a patch as baseline treatment of nicotine withdrawal and another nicotine product as a supplement, to help cope with urges and difficult situations during the day. There are also encouraging indications that combining Zyban with a nicotine product can lead to better results.

#### ***How does nicotine replacement work?***

Nicotine replacement lets a person be comfortable while he or she learns how to not smoke. Withdrawal is suppressed with nicotine in a slower-release form than that from a tobacco product. In addition, some forms of nicotine replacement (gum, inhaler, nasal spray) can be used to suppress urges "on the spot" as one of the tools a person uses to

cope moment to moment with cues and triggers for smoking. Nicotine replacement immediately eliminates the huge surges in blood nicotine level induced by smoking and lets the body adjust gradually to the removal of nicotine.

#### ***I've tried everything, but nothing works. I just go back to smoking.***

Medications are not magic bullets. Valuable as they are, they work best when used as adjunctive supports to a program, or when used with counseling. If quitting is still elusive despite good treatment and support, perhaps another problem is getting in the way. This can take many forms. Some people are immersed in such a smoke-laden environment that it is impossible to get started. Remember, it is very difficult to stop drinking if you live in a tavern. It also may be that there are overwhelming stresses or other problems, such as depression, which need to be managed (not necessarily solved) before quitting smoking can be successful.

#### ***Is there a risk of becoming dependent on a nicotine replacement product (NRT)?***

Because they can be used intermittently and in connection with internal and external cues, the nicotine gum, nasal spray and inhaler are potentially reinforcing. The patch, because it is used continually, is not. The gum, nasal spray and inhaler are, however, substantially less reinforcing than tobacco products, especially the cigarette. (Even though the inhaler is called "inhaler", its nicotine is not taken into the lungs. Nicotine from the inhaler is absorbed in the back of the mouth and in the throat.)

The mild reinforcing potential of these NRT products is a therapeutic advantage. People can use them instead of a cigarette in many situations.

Some people find that they are still using an NRT product months after stopping smoking. This is usually not a problem. Indeed, some have continued to use a small amount of nicotine gum for years without ill effect.

If the alternative is using a tobacco product, NRT is always preferable.

Sometimes, and this is unusual in actual practice, a person feels unable to stop NRT despite wanting to. In this situation, it can be helpful for the person to seek professional advice about whether and how NRT use should be reduced or stopped.

#### ***Why is it advised that a person take Zyban for a week before trying to stop smoking?***

Antidepressants (Zyban belongs to this class of drug) don't begin to work right away. It takes a while before any beneficial effect happens.

#### ***I work in an inpatient treatment setting where tobacco use is prohibited. We give patients patches while they are here, but most smoke as soon as they leave. Why are we doing this?***

Treating nicotine withdrawal is humane. If a person is not uncomfortable from nicotine withdrawal, he or she can get more out of the treatment being offered for other problems. Tobacco-free policies protect others from pollution, help other patients not smoke or not start smoking, and provide an environment in which the patient can better sort out how he or she wants to deal with tobacco use.

#### ***Why use a drug to stop smoking?***

Tobacco products cause addiction because they deliver a very powerful drug in a form which produces dependence. The Food and Drug Administration has concluded that cigarettes and smokeless tobacco products are, in fact, drugs—drugs containing nicotine.

Many people try to stop by cutting down on their smoking. This usually does not work for them because it is so easy to just go back to their original number of cigarettes. Moreover, so-called "LIGHT" cigarettes, which would seem to be a reasonable way to smoke less, contain just as much nicotine as so-called "regular" or "full-flavor" brands.

It has been proven in years and years of research that NRT and Zyban help in the quitting process.

The reason to use a drug to stop smoking is that, used correctly, it helps.

*Ed. note: We welcome any other questions about these medicines. Send them to Dr. Slade in care of The Nicotine Challenger.*

# Tobacco/Nicotine Dependence Training Opportunities

**April 21, 1999**

## **A Clinical Program for Treating Nicotine Dependence**

The *Addressing Tobacco... project*

Trainer: Richard D. Hurt, M.D., Director: Mayo Nicotine Dependence Center, Rochester, MN

New Jersey Hospital Association, Princeton, NJ

Fee: \$65.00 (\$55 for add'l registrations from the same agency)

Information: *Addressing Tobacco... project* (732) 846-4338

**May 11, 1999**

## **A Blueprint for Action: Meeting the Nicotine Challenge**

The *Addressing Tobacco... project* in cooperation with the Monmouth County Div. of Alcohol and Drug Abuse Services

Centra State Medical Center, Freehold, NJ

Contact: Barry W. Johnson (732) 431-6451

**May 11-13, 1999**

## **Mayo Clinic Nicotine Dependence Seminar: Counselor Training & Program Development**

Mayo Nicotine Dependence Center

Siebens Medical Education Building, Rochester, Minnesota

Fee: \$385 plus lodging

Contact: Mayo School of Continuing Medical Ed. (507) 284-2509

**June 14-18, 1999 (8:00 am - 10:00 am)**

## **Addressing Tobacco in the Treatment of Other Addictions**

Rutgers Summer School of Alcohol and Drug Studies

Rutgers College, New Brunswick, NJ

Fee: \$520 Tuition for all classes and special seminars (plus room and meals)

Contact: Center of Alcohol Studies (732) 445-4317

**June 16, 1999 (4:00 - 5:00 pm)**

## **Special Interest Seminar: The Nicotine Challenge**

At the Rutgers Summer School of Alcohol and Drug Studies

Rutgers College, New Brunswick, NJ

Contact: Center of Alcohol Studies (732) 445-4317

## **Save These Dates:**

**October 15-17, 1999**

**American Society of Addiction Medicine (ASAM) Annual Nicotine Dependence Conference, Cleveland, Ohio**

**November 12-14, 1999**

**From Stigmatized & Stereotyped to Vocal & Valiant: The Journey of Recovering Women**

The New Jersey Task Force on Women and Addiction, Ocean City, NJ

Available from *Addressing Tobacco...*  
Please check **3** the item(s) you would like to receive

- Drug-Free is Nicotine Free: A Manual for Chemical Dependency Treatment Programs**  
\$35 (in NJ), \$50 (outside NJ) plus \$7.50 per manual for shipping & handling

- "Kicking Out Mr. Butts" — A slide presentation kit for professionals**  
\$100 plus \$10 for shipping & handling (*free loan to NJ programs*)

- 1995 Beyond Contemplation: Conference Video 2-tape set**  
with presentations by Terry Rustin, M.D., Abby Hoffman, M.A., CAC, CEAP  
John Slade, M.D. and Bev Thomas  
\$49.95 plus \$10 for shipping & handling

### **NEW**

- "Helping Your Clients Deal with Tobacco" guide**  
\$3.50 including shipping & handling

### **FREE FOR THE ASKING**

Information Packet

*A Show of Hands: Directions for Creating a Banner*

Article: Smokescreen: Nicotine-Dependent Staff

Article: Integrating Nicotine Dependence into Chemical Dependency Treatment

Pharmacology Fact Sheet

Audio-Visual List

Treatment Resources for Nicotine Dependence

Send To: *Addressing Tobacco in the Treatment of Other Addictions*  
78 New Street, 3rd Floor, New Brunswick, NJ 08901-1233  
Phone: (732) 846-4338 Fax: (732) 846-4436 e-mail: ATProject@aol.com  
*Make checks payable to Addressing Tobacco-UMDNJ*

NAME

ORGANIZATION

ADDRESS

CITY, STATE, ZIP

AREA CODE +PHONE NUMBER

AREA CODE +FAX

AMOUNT ENCLOSED \$

E-MAIL ADDRESS



## A Show of Hands Update



*On Thursday, November 19, 1998, Freehold (NJ) Township's Clifton T. Barkalow School student members of the New Jersey Middle School Peer Leaders Initiative participated in "Tobacco Free—You and Me," a Youth Anti-Tobacco Rally, in support of the American Cancer Society's Great American Smoke-Out. Students and mentors marched from Trenton's Waterfront Park to the Trenton State House proudly holding their 7-yard wide "A Show of Hands" banner and wearing baseball hats displaying the American Cancer Society logo.*

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