Addressing Tobacco Project

The Nicotine Challenger

Winter 2000 | This issue: Licensure | Volume 8, Number 2

"Addressing Tobacco Project" Becomes Official

It's been over eight years since Addressing Tobacco... began providing consultation and training to substance abuse treatment and prevention programs in New Jersey. During that time, the agency bore the rather cumbersome title Addressing Tobacco in the Treatment and Prevention of Other Addictions. While this lengthy name clearly described the original focus of our work, we found we often referred to the program (verbally and in writing) simply as the Addressing Tobacco Project. And since the scope of our services has also expanded, the broader image generated by the shorter name seemed more appropriate. So we have formally adopted this "streamlined" agency title and welcome its simplicity.

Substance Abuse Treatment Providers
Please join
the *Addressing Tobacco Project* staff
for a meeting to discuss
the Tobacco and Nicotine Issues
in the New Licensure Standards
9:30 am - 12:30 pm
at one of several locations throughout NJ

The agenda will include a detailed review of the tobacco and nicotine requirements in the standards, as well as specific suggestions and a timeline to assist treatment programs with the implementation of these provisions. Although the current standards are applicable to residential programs, outpatient service providers may also want to attend to begin preparing for the future. Choose the time and location most convenient for you and call the Addressing Tobacco Project at (732) 846-4338 to confirm your attendance and get directions.

February 23rd—Newark
at Integrity House
March 8th—Red Bank
at Riverview Medical Center, Behavioral Health Building
March 15th—Cherry Hill
at Kennedy Memorial Hospital
March 22nd—Liberty Corner
at Bonnie Brae
April 5th—Vineland
at Hendricks House

CHAMPION VS. TOBACCO

DOUG ZIEDONIS, M.D., M.P.H.

For the past ten years, Doug Ziedonis, M.D., M.P.H. has treated and conducted research with psychiatric patients and those who are dually-diagnosed with mental health and addiction problems. During this time, he became focused on how behavioral health programs can better address tobacco use among these patients. Currently, Dr. Ziedonis is the Director of the Division of Addiction Psychiatry at the Robert Wood Johnson Medical School, Director of Addiction Services at University Behavioral Health Care and serves as Chair of the American Psychiatric Association Task Force on Nicotine.

During his time as a medical resident, he was influenced by Murray Jarvis and John Hughes, both strong advocates of addressing tobacco in treatment. This early influence led to a strong interest in studying smoking among psychiatric patients, an unusual direction for a psychiatrist in the 1980's. Since then, in several settings, he has chosen bold roles regarding tobacco and treatment. He has influenced policy decisions, presented training programs and conducted research concerning smoking and its connection to psychiatric disorders.

Commenting on the AHCPR guidelines, Ziedonis remarked, "Many people can quit on their own, or with a physician's brief intervention, but those with psychiatric illnesses and addiction problems need intensive integrated treatment "

Currently, Ziedonis is working on a pilot program to help the mental health system consistently provide smoking patients information about nicotine dependence and to encourage staff members to address their own tobacco use. "With the many problems staff face dealing with psychiatric and dually-diagnosed patients, there has often been the fiction that tobacco is the lesser problem. This culture needs to change," he said.

Dr. Ziedonis has in particular explored the relationship between smoking and schizophrenia and the interaction between psychiatric medications and nicotine. This often neglected population smokes at a very high rate. In addition, when these patients don't work, don't have a lot of other activities, and feel isolated, their day can become occupied with smoking.

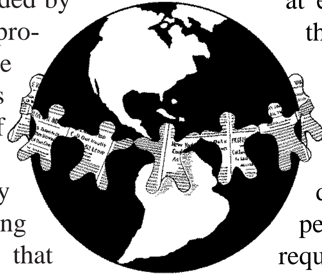
In addition, many of the symptoms that cause individuals with schizophrenia the most discomfort are associated with the stigma of mental illness: asocial behavior, difficulty paying attention, poverty of speech, flat affect. This causes them to have more difficulty in society. Nicotine, a low-level stimulant, reduces some of these symptoms. Since nicotine allows the patient to feel more comfortable, smoking is reinforced.

"There is a great stigma against mental illness," Ziedonis said, "and people are less focused on reducing smoking in this population. It's a public health problem that deserves attention."

News & Notes

Women Have More Difficulty Quitting, Study Shows

Women tend to become more psychologically dependent on smoking than men, which may explain why they have a harder time quitting, according to a study by the Virginia Commonwealth University's Institute for Drug and Alcohol Studies. "The data suggest that the relief from withdrawal symptoms provided by cigarettes may be more profound for women who smoke than men," said Thomas Eissenberg, lead author of the study.



One reason women may have more difficulty quitting smoking than men may be that current treatments have not emphasized the importance of the withdrawal relief that a cigarette provides to the smoker. If women are less dependent on nicotine, effective treatment for women smokers may need to focus on other factors in addition to nicotine dependence.

The researchers studied 38 men and 30 women and rated their desire to smoke, their cravings for a cigarette and their relief from withdrawal symptoms, such as restlessness and difficulty concentrating. The study is published in the journal Nicotine and Tobacco Research.

Sources: Philadelphia Daily News (12/20/99) Medical Tribune, (12/20/99) Rebecca Jerman© 1999 Medical PressCorps News Service

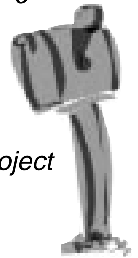
Medical Schools Fail to Train Students in Cessation

US medical school graduates are unprepared to help patients quit smoking, according to a study in today's Journal of the American Medical Association (JAMA). Even though the National Cancer Institute recommended mandatory cessation training at every US school in 1992, the study found that 32 out of 102 schools dedicated an average of less than one hour of classroom time per year to tobacco dependence. Almost 70 percent of the schools do not require any tobacco treatment training in the third and fourth year of school, the time when students learn to apply their medical knowledge to patients. Only three schools reported having a required course on tobacco education in the third and fourth years. "The public health community is active and aggressive in anti-smoking efforts, but there's nothing innovative going on at medical schools," said Dr. Linda Ferry, Director of Preventive Medicine at Lorna Linda University of Medicine. "It starts right at the ground level in medical school."

Sources: Andrew Buchanan, "Study: MDs Should Help Smokers Quit," Associated Press, August 31, 1999; "Training Doctors On Smoking Cessation," Washington Post, September 1, 1999, pA4

We Welcome Your Comments and Suggestions

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



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The Nicotine Challenger

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

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Newsletter design & production by Pressing Issues, (732) 549-9054

The ***Addressing Tobacco Project,*** a statewide project of UMDNJ-School of Public Health, helps substance abuse treatment programs deal 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
- staff education
- staff training
- policy & program development
- treatment planning
- staff recovery workshops

Nicotine Anonymous Meeting Schedule

New Jersey

Please call the Addressing Tobacco Project *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.

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
Northwest Convenant Medical Group
Community Conference Room
Powerville Road
(973) 586-3359:Goran P.

Passaic County

Tuesday, 7:00 PM, Clifton
Athenia Reformed Church
770 Clifton Avenue
(973) 478-0871: Clara S.

Sussex County

Monday, 7:30 PM, Port Jervis, NY
Mercy Community Hospital Atrium
160 East Main Street
(914)478-0871 Clara S.

Union County

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

For NY, NJ, PA Nicotine Anonymous meeting information, call 516-665-0527

The Addressing Tobacco Project is pleased to welcome Ken Kirkland

The Addressing Tobacco Project is pleased to welcome Ken Kirkland to the staff as a Clinical/ Program Consultant. Ken has over fifteen years experience in behavioral health and addiction treatment as trainer, clinical director, and counselor. He began his career in 1981 at West Bergen MHC in Ridgewood, NJ conducting groups for MICA clients. In 1984, after completing his undergraduate degree and attaining his CAC, he began working with adolescents with addiction problems. Ken worked in various inpatient programs in NJ as an addiction counselor, including three years as Senior Counselor at Fair Oaks Hospital Accept Unit. In 1987, he become program director for the adolescent dual diagnosis unit at Stony Lodge Hospital in Briarcliff Manor, NY. In 1989 Ken left the NJ/NY area to develop and manage adolescent MICA programs in Florida, and also began to present trainings on adolescent treatment and program development. Ken returned to NJ in 1991 and was the program director for Runnells Hospital ARU in Union County from 1991 until it closed in 1993. In 1993 Ken began to develop and conduct trainings on cultural diversity for several behavioral health organizations and, in 1996, began teaching courses on cultural diversity and addiction treatment for the Rutgers Summer School and Center for Alcohol Studies. After leaving Runnells, Ken returned to adolescent treatment in Philadelphia, and served as a consultant for the Bucks County Department of Corrections and the Chester County Intermediate Unit in Pennsylvania. Ken is a member of Pro-Act and RCRC in Bucks County, PA. Both organizations advocate for the rights of recovering people and work to end the stigma of addiction. Prior to starting at the Addressing Tobacco Project, Ken was the Adolescent Clinical Coordinator for Rehab After Work in Philadelphia, PA.

New Residential Licensure Standards Establish Parity for Tobacco

On November 15, 1999, the substance abuse treatment field witnessed the adoption of New Jersey Department of Health and Senior Services' Residential Substance Abuse Treatment Facilities: Licensure Standards. The new rule applies to all residential health care facilities which provide substance abuse treatment including, but not limited to, halfway houses, extended care facilities, therapeutic communities, short term residential treatment programs, and other non-hospital based (medical) detoxification programs. All aspects of providing treatment for chemical dependency in a residential setting are included, thus establishing a level of care that will insure quality programming for the provision of these services.

Of particular significance are the provisions that give tobacco parity with alcohol and other drugs of abuse. This paradigm shift is the culmination of years of work by the NJ Department of Health and Senior Services, Division of Addiction Services, and provides for comprehensive alcohol, tobacco, and other drug treatment for patients through screening, assessment, diagnosis, education, treatment planning, and continuing care. Specifically, the new mandate integrates tobacco in the definition of chemical dependency, personnel and volunteer requirements, information dissemination, patient assessment and treatment planning, patient education, family counseling, and discharge planning. In addition, tobacco-free buildings and vehicles and, within two years, tobacco-free grounds establish clear standards in support of this new understanding.

Definitions

Beginning with the definitions section of the standards, tobacco is included in the list of substances which, when used chronically and habitually, constitute "chemical dependency." In addition, the understanding of "substance abuse" includes substance related disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), which lists three nicotine specific disorders in this category. Inclusion of tobacco and nicotine in these definitions reflects a genuine understanding of the need for treatment parity for tobacco dependence.

Community Education

The standards require that, in the facility's policies and procedures manual, provisions are made for "making information about alcohol, tobacco and other drug use and abuse available to the public." The paradigm shift for the treatment community is, again, the inclusion of tobacco as a drug of dependence on par with alcohol and other drugs. As in the not too distant past, the addictions field taught the general public about the disease of alcoholism, the opportunity now exists to teach others about the often forgotten or minimized addiction to tobacco.

Assessment

New Jersey residential programs will now be including the patient's tobacco use history as an integral part of the bio-psychosocial assessment. This has important implications for the clinician as well as the client. For the clinician performing the assessment, there will be a growing awareness of tobacco use as part of the client's chemical use history. For the client, asking about tobacco use history - age of onset, first brand used, current brand, period of heaviest use, quit attempts or attempts to cut down, health or other consequences of use, etc. - teaches that tobacco is indeed relevant to present dependency issues. Similar to the way in which a client who presents with a DWI is asked about other drug use, or a heroin addict is asked about alcohol use, asking about tobacco use helps the client understand the role that all chemicals play in his or her life. Clients recognize that 'it must be important if I'm being asked about it.' By including a tobacco use history in the bio-psychosocial assessment, the importance of tobacco as a substance causing dependence, as well as its place in the client's chemical use history, is legitimized.

Treatment Planning

As stated in the standards, each problem identified in the assessment becomes part of the patient treatment plan. In addition to a standard set of approaches to treating problems, tobacco dependence treatment will also include defining the client's stage of readiness for change, listing the client's personal goals, setting measurable objectives and time frames for accomplishing goals, and exploring methods for achieving both short-term and long-term goals. The use of adjunctive medications (nicotine replacement and/or Zyban) will also be a consideration in the treatment plan. Unresolved tobacco issues will be included on the client's discharge plan.

Patient Education

The new standards also include a mandate for didactic sessions each week with respect to at least drug, alcohol, and tobacco education, AIDS education and health education. Programs can respond to this provision in one of two ways. One option would be to simply add a tobacco lecture or video to the patient schedule. On the other hand, programs may choose to rethink their overall educational program and more fully integrate tobacco dependence information in essentially every activity. For example, when explaining how addicts use chemicals to modify and control feelings, the staff member might use 'alcohol, cocaine, nicotine and heroin' as examples. When describing the consequences of chemical use, a staff member might describe liver disease from alcohol, seizures from cocaine, and emphysema from smoking. Workbook activities and written assignments can also include tobacco use as a focus.

Family Education

There is continued opportunity to further integrate tobacco into the treatment milieu by providing education to family members as well. This is implied in the standards which require the provision of family counseling to "patient's family members who exhibit co-dependent behavior." With appropriate information, family members are in a better position to support and encourage recovery from tobacco dependence for the patient, and perhaps to examine their own experience with tobacco. This educational opportunity may encourage those who use tobacco to seek assistance in quitting, and those who do not use tobacco to be validated and supported in setting healthy and appropriate limits regarding exposure to environmental tobacco smoke.

Self-Help Groups

In addition, the standards require that facilities provide patients and their family members information regarding the desirability of participating in self-help and support groups, including making literature and representatives of such groups available to patients and their families and enabling patients and their families to attend some meetings of support groups. This is another opportunity to fully integrate tobacco dependence treatment into

continued next page

the milieu. Patients and family members can be encouraged to attend Nicotine Anonymous meetings and speakers from Nicotine Anonymous can be invited to speak at the treatment facility. Nicotine Anonymous literature can be integrated with material that is made available from other 12-step groups.

Facilities and Grounds

The treatment of tobacco typically raises concerns regarding the inconsistencies of tobacco use on the grounds while patients are attempting to deal with their own dependence, and the use of tobacco by staff and volunteers. The standards address these concerns directly. The smoking of tobacco products and the use of spit tobacco is prohibited within all buildings, and the use of tobacco products and spit tobacco on the grounds of free standing treatment facilities will be phased out by November 15, 2001. This regulation demonstrates a genuine understanding of the need for treatment programs to eliminate tobacco use along with all alcohol and other drug use in buildings and on grounds in order to facilitate a truly drug-free environment. It demonstrates an understanding of the difficulty patients have quitting tobacco while still being exposed to triggers and cues of active tobacco use in the environment. The two-year time frame acknowledges the complexity of making this policy change and allows programs time to prepare patients, staff members, and the broader treatment community (family members, visitors, alumni, referral sources, etc.) for this change.

Staff Issues

The standards also address the conflict of tobacco use by staff in the personnel requirements. First, there is a requirement that facilities "establish written policies and procedures addressing the period of time during which former substance abusers (alcohol, nicotine and/or drugs) shall be continuously substance free before being employed in the facility." This is consistent with policies that many facilities already have regarding the employment of staff who are in recovery from alcohol and other drugs.

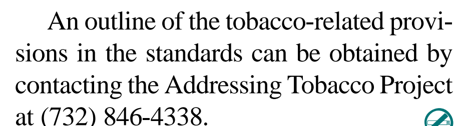
The second standard addressing personnel requires that "staff shall not use alcohol, tobacco or illegal drugs during working hours or when representing the treatment facility." This rule is also consistent with many programs' existing policies regarding the use of alcohol or non-prescription drugs by staff during work hours. It validates the need for staff to model drug-free living. The spirit of the regulation is that staff not be identifiable as tobacco users. Just as it is a professional standard that a staff member's alcohol use not become an issue in the workplace, the use of tobacco by staff should not create a conflict in the treatment setting. When a staff member's use of the very substances for which patients are being treated enters into the clinical picture, it undermines the work being done with patients as well as the integrity and credibility of the clinician. Patients focus on tobacco use by staff as a means of deflecting from their own tobacco issues, much as they would deny or minimize their own use of alcohol if staff returned from breaks or lunch, or came into work smelling of alcohol. The standards address tobacco use by all staff, not just clinical staff or those staff members who have direct contact with clients. The ruling aims to create a therapeutic environment where tobacco and nicotine dependence is treated on par with alcohol and other drugs of abuse.

Volunteers

Other role models for clients are the volunteers who work in the treatment setting. The standard's subchapter on volunteer services requires that programs develop policies and procedures for volunteer recruitment addressing "the minimum period of time during which those persons who had a prior history of substance abuse (alcohol and/or drugs, nicotine) shall be continuously substance free before being accepted as volunteers." This creates a standard of practice in the recruitment of volunteers which is consistent with recognizing tobacco as a drug of dependency.

While it is clear that the standards require a major shift in perspective regarding tobacco, the time has come for the substance abuse field to accept the challenge of helping individuals recover from all life-threatening addictions. Tobacco use is currently responsible for more deaths among recovering alcoholics and drug addicts than the addictions that brought them to treatment in the first place. The licensure standards support our making sure that this will not be the case in the future.

An outline of the tobacco-related provisions in the standards can be obtained by contacting the Addressing Tobacco Project at (732) 846-4338.



Addressing Tobacco Project

Steps for Becoming a Tobacco-FreeTreatment 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.

TOBACCO 101

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 the **Addressing Tobacco Project**

Saying what we mean

Every specialized field has its own jargon. Jargon provides shortcuts and clarity for practitioners. Jargon, though, can become outdated, and it can raise barriers to understanding for those outside the field. This essay is devoted to three examples of jargon in the tobacco field that we need to change.

Smoking cessation. The term "smoking cessation" has come to have two distinct meanings. Its fundamental meaning relates to a person stopping all personal use of cigarettes. In this sense, one can talk about cessation as a result of a price increase or some other stimulus that has nothing to do with a clinical activity. The other meaning is, in a word, treatment. It is a term that describes the clinical activity of helping someone stop smoking.

These two meanings have become intertwined and overlapping. For those outside the specialty of tobacco control, the term is usually thought of in its clinical sense. When the Commissioner of Health and Senior Services asks about smoking cessation, she is asking about clinical services, not about the overall patterns of quitting in the population.

We don't talk about alcohol cessation or heroin cessation. We talk about treating alcohol dependence and about treating opioid dependence. Moreover, the processes involved are quite similar across addicting drugs. The term "cessation" is a throwback to an era when smoking was thought of as a habit and not an addiction.

Health insurers pay for treatment. They are reluctant to pay for prevention. The term "smoking cessation" obscures the fact that helping people stop smoking is a treatment for tobacco dependence. It makes the process seem more like prevention and therefore less likely to be covered.

It is time we dropped the term "smoking cessation" altogether. When we mean treatment, we should say "treatment." Retaining "cessation" to mean, simply, quitting, promotes confusion. The term in this sense should be dropped in favor of "quitting," "stopping," or "achieving abstinence."

Smoking-related. The way this term is usually used, it refers to the proportion of illness, deaths, lung cancer cases, etc. that have been caused by smoking. Its use is a throwback to the caution epidemiologists have long had in being careful to not overstate the evidence about whether causality has been proven. However, for most of the smoking-related illnesses, and certainly for all of the commonly considered ones, causation has long been agreed upon. Even Philip Morris now says that the scientific evidence of causation is overwhelming and that its customers should rely on it when thinking about smoking. (Of course, Philip Morris itself ignores its own advice on this point.)

When you encounter the term "smoking-related" in reading or conversation, ask yourself, is "smoking-caused" what is really meant? If it is, and if you are doing the writing or the speaking, say what you mean.

Nicotine dependence. I am coming to use this term less and less in favor of the term "tobacco dependence." The issue here is that tobacco, more than nicotine, is the reason this condition is a problem of clinical interest. In addition, medicines containing nicotine itself are mainstays of treatment, so it can be confusing for patients.

A surprisingly large number of people have come to think that nicotine is the main poison in tobacco. In fact, while nicotine is the main psychoactive agent in tobacco, its direct contribution to illness is quite small. Nicotine is not a carcinogen, for instance. Tobacco smoke contains dozens of other chemicals that do act as carcinogens, however.

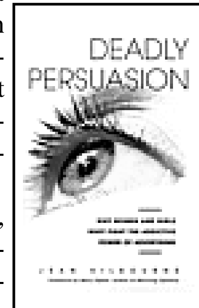
While the DSM-IV talks about nicotine dependence and nicotine withdrawal, the International Classification of Diseases refers to tobacco use and dependence.

For these reasons, I am shifting in my language towards describing the clinical condition as tobacco dependence.

I would like to hear from readers about these and other concerns and observations about the jargon of this field.

For Your Bookshelf

Deadly Persuasion: Why Women and Girls Must Fight the Addictive Power of Advertising is Jean Kilbourne's first book. It draws on her more than 20-year fight against the toxic environment of our advertising culture.



Jean Kilbourne, Ed.D., is internationally recognized for her pioneering work on alcohol and tobacco advertising and the image of women in advertising. Using hundreds of examples and observations from her own life, Kilbourne reveals how advertisers encourage us to develop a relationship with their products, rather than with each other. This dynamic is nowhere more evident than in alcohol and tobacco advertising, where advertisers encourage us to develop long-term relationships with addictive substances.

Kilbourne does not contend that advertising forces consumers to smoke, drink, or become addicts. She asserts that the ads cultivate a "climate of denial," an environment that encourages destructive behavior and addictions. She believes all of us are at risk, but because the psychology of women is so deeply rooted in relations with others, women are particularly vulnerable to the promise of a relationship with a product.

In *Deadly Persuasion* Kilbourne does not argue for the elimination of advertising, but instead she advocates for media literacy. She emphasizes the true danger lies in the fact that consumers believe that they are too sophisticated to be controlled by advertising.

Deadly Persuasion is also the personal story of Kilbourne's triumph over depression and her own addictions. This funny, intelligent and eye-opening book brings her own story and her life's work together. After reading it, it is impossible to look at advertising the same way again.

Deadly Persuasion *is published by the Free Press, an imprint of Simon & Schuster. ISBN: 0-684-86599-8*

What we Hear About our Manual, Drug-Free is Nicotine-Free

Joyce M. Ben, Lafayette Alcohol & Drug Abuse Clinic, Lafayette, LA

"My staff loved the manual & it is helping us to establish our smoking cessation programs."

Stephanie Plourde, YWCA, Portland, ME

"It was all very, very helpful. I love this manual."

Beth Ewy, University of Massachusetts Medical Center, Worcester, MA

"I am using this manual as a reference for our work with the Mass. Tobacco Control Program. We are developing a system to certify cessation specialists and there is a great deal of useful information in the manual on training and treatment planning. Thank you!"

Susan Crocker, North Carolina Substance Abuse Services, Raleigh, NC

"The Addressing Tobacco Project has become a valuable resource to the NC Substance Abuse Services Section as our State begins the process of incorporating nicotine dependence treatment into our service delivery system."

Available from the Addressing Tobacco Project

Please check ✓ the item(s) you would like to receive

❐ **Registration for March 27, 2000 *Treating Tobacco Dependence* Training, $65**
(Each additional registrant from the same agency, $55)

❐ ***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**
$110 including shipping & handling

❐ **Beyond Contemplation: 1995 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
$59.95 including shipping & handling

❐ **"Helping Your Clients Deal with Tobacco" guide**
$5.00 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**
- ***Revised* Audio-Visual Resource List**
- ***Revised* Treatment Resources for Nicotine Dependence**
- ***New* Patient Education materials**

Send To: *Addressing Tobacco Project*
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

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Call Judith at the Addressing Tobacco Project 732-846-4338

Save the Date!

The Tobacco Dependence Treatment Task Force presents a

One-Day Conference:

Treating Tobacco Dependence

at the New Jersey Hospital Association, 760 Alexander Road, Princeton, NJ

March 27 , 2000

8:30 AM — 4:00 PM

featured speakers

Linda Hyder Ferry, M.D., M.P.H.
Basics of Tobacco Dependence Treatment

Doug Ziedonis, M.D., M.P.H.
Tobacco Dependence Treatment with MICA Clients

Peter Monti, Ph.D.
Tobacco Dependence Treatment with Adolescents

Damaris Rohsenow, Ph.D.
Tobacco Dependence Treatment with the Substance Abuse Client

Training Fee: $ 65

includes continental breakfast, lunch, materials and a copy of "Drug-Free is Nicotine-Free"

$55 for additional registrants from the same agency (does not include manual)

To register, use the order form on page 7
or call the Addressing Tobacco Project at 732-846-4338

Registration Deadline: March 15, 2000

Sign up early — Space is limited

Addressing Tobacco Project
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