

The Nicotine Challenger

Winter 2003

This issue: New Jersey—A State of Success

Volume 10, Number 2

A View From The Director

About a year ago tobacco control in New Jersey faced an uncertain future due to the budget deficit and potential cuts. Last June the Governor and New Jersey's legislators acted decisively to improve the health for New Jersey's citizens by raising the tax on cigarettes and securing funding for the Comprehensive Tobacco Control Program for years ahead. Unfortunately as this issue goes to press we hear once again that the threat of serious cuts is looming, and so it is appropriate that this issue highlights some recent successes for tobacco control in New Jersey.

Thankfully, there have been many other successes for tobacco control over the past year. Nationally smoking prevalence appears to be falling in both adults and youth. Part of this decline may be due to increases in price, but much of it is also due to the influence of comprehensive programs such as the one in New Jersey. One of the most notable successes here has been the marked decline in youth tobacco use. From 1999 to 2001 there was a 38% decline in the proportion of middle school students using tobacco, and a 14% decline in the proportion of high school students using tobacco in New Jersey. Interestingly, these reductions are larger than the national trend. Given that over a third of NJ youth have heard of REBEL, over a half have been exposed to the "Tell Big Tobacco, We're Not For Sale" media messages, and fewer retailers are selling to youth, it seems likely that New Jersey's Comprehensive Program is starting to have the desired effects. It is good to see such positive results early on, although one would expect it to take a few more years to see consistent

reductions in adult smoking.

The media component of New Jersey's program received national recognition and is to be congratulated for the many awards received in the past year. Closer to home, we are pleased that our own Tobacco Dependence Clinic saw its 600th patient—a sign that more and more New Jerseyans are seeking help to stop smoking. Additionally, we were also very pleased that almost 200 health professionals attended our recent annual conference (including those from New York, Pennsylvania, Minnesota and Massachusetts). It was particularly good to hear the voices of thanks from New Jersey citizens who had succeeded in stopping smoking with the help of New Jersey's treatment services, including NJ Quicenters, NJ Quitline, and NJ Quitnet, as well as New Jersey's tobacco-free residential addictions treatment services.

I'm writing this message just before the Thanksgiving break, and so I'd like to give one particular message of thanks to Diane Lindberg. Diane has been the administrator of the Tobacco Dependence Program since its inception and had been a strong supporter of tobacco control for years prior to that. This past year she made a remarkable recovery from a serious health concern and also helped our program adjust to the loss of John Slade. After years of excellent work, Diane decided to take early retirement and spend more time with her family in Michigan. We wish her well and are grateful for the tremendous influence she has had on the Tobacco Dependence Program.

Warm regards,
Jonathan Foulds, PhD



CHAMPION VS. TOBACCO LARRY DOWNS

by Bernice Order-Connors

Larry Downs is the Project Director of New Jersey Breathes, a coalition of agencies that works to address tobacco through advocating for the development of statewide policies. Mr. Downs has been with New Jersey Breathes since its inception. "I got involved in tobacco control as an undergraduate public health student in the early 90's at Richard Stockton College when a professor showed a taped interview of tobacco industry executives in the 70's and 80's talking about the scientific basis of lung cancer and cigarettes. The executives were discussing the link between lung cancer and mites in pet birds. These executives were addressing the lay public and coming across as credible. I saw the irony and injustice of their lies. I pursued an internship at the American Cancer Society as part of the COMMIT trial and

Project ASSIST in the early 90's and became immersed in the work. I also grew up trying to get both of my parents to quit smoking. My parents were a product of the 40's and 50's when the AMA was touting cigarettes."

In 1994, the Robert Wood Johnson Foundation funded Project ASSIST, in which nine states were chosen to develop statewide coalitions to work on developing and advocating for policies to address the problems of tobacco. With the Medical Society of NJ as the lead agency, a coalition was formed which included the American Cancer Society, American Heart Association, American Lung Association and NJ GASP. The coalition became NJ Breathes, part of the Smokeless States tobacco control policy initiative, which now includes more than 50 member organizations.

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TOBACCO DEPENDENCE PROGRAM



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The Tobacco Dependence Program is dedicated to reducing the harm to health caused by tobacco use. We do this through education, treatment, research and advocacy. The Tobacco Dependence Program, UMDNJ-School of Public Health, helps programs, organizations and clinicians deal with tobacco issues and nicotine dependence.

Products and services include:

- ◆ consultation
- ◆ education and training
- ◆ policy & program development
- ◆ treatment planning
- ◆ staff recovery workshops
- ◆ tobacco dependence treatment



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Larry Downs

from page 1

“The greatest challenge in NJ is developing and legislating comprehensive smokefree air policies,” Larry said. “Other states, like California and Delaware, have had real success with this issue and New York City is about to implement a comprehensive smoke-free policy.”

One area where Larry Downs and NJ Breathes have made a real impact is in the tobacco tax increases passed in NJ. “We’ve advocated for and seen several tobacco tax increases. In an organization of so many groups, all with differing agendas and policies, the greatest accomplishment is how we work so well together as a coalition.”

When asked what the community can do to support tobacco control in NJ, Larry said, “We need to take a lesson from Massachusetts and California where cutting edge, successful, comprehensive tobacco control programs have had funding drastically cut. People in community and state tobacco control groups need to boast about the success of their work at town councils and Board of Freeholders meetings. We need to be our own salespeople and connect the people who are benefiting from the NJ Comprehensive Tobacco Control Program to our electorate.”

Larry shared his vision for the future of tobacco control in NJ: “I see a need for a strong private sector advocacy effort to keep our programs out there to make a difference.” Compared to the long history of the tobacco industry in New Jersey, the CTCP effort is very new.

“We need increased aggressive, informative public service messages to include ETS and smokefree air information,” he said. “Just as NYC is moving toward comprehensive smokefree air policy, NJ needs to move in a similar direction and we can do that by getting accurate information out to the public through community efforts and the media.”

Visit our website
www.tobaccocontrol.org
for a listing of our products and services.

New Jersey Quitcenters: For Those Who Have Tried It All

by Michael Burke, Ph.D.

As part of the New Jersey Comprehensive Tobacco Control Program, the Department of Health and Senior Services has provided grants to establish 15 Quitcenters (see map) located in health care facilities throughout the state. The Quitcenters provide top quality evidence-based professional face-to-face counseling and access to subsidized nicotine replacement therapy.

For New Jersey residents who want to quit—including those who have tried and tried

While the Quitcenters serve any and all New Jersey residents who want to quit using tobacco, many of the patients coming to Quitcenters are those who have 'tried it all' and who are disheartened about their ability to quit tobacco. Many of the Quitcenter patients also have serious and deadly tobacco caused illnesses such as emphysema and/or cardiac problems. The professional expertise of the staff and the quality treatment available at the Quitcenters can inspire hope, help put together a plan to succeed and support a patient through to becoming tobacco free.

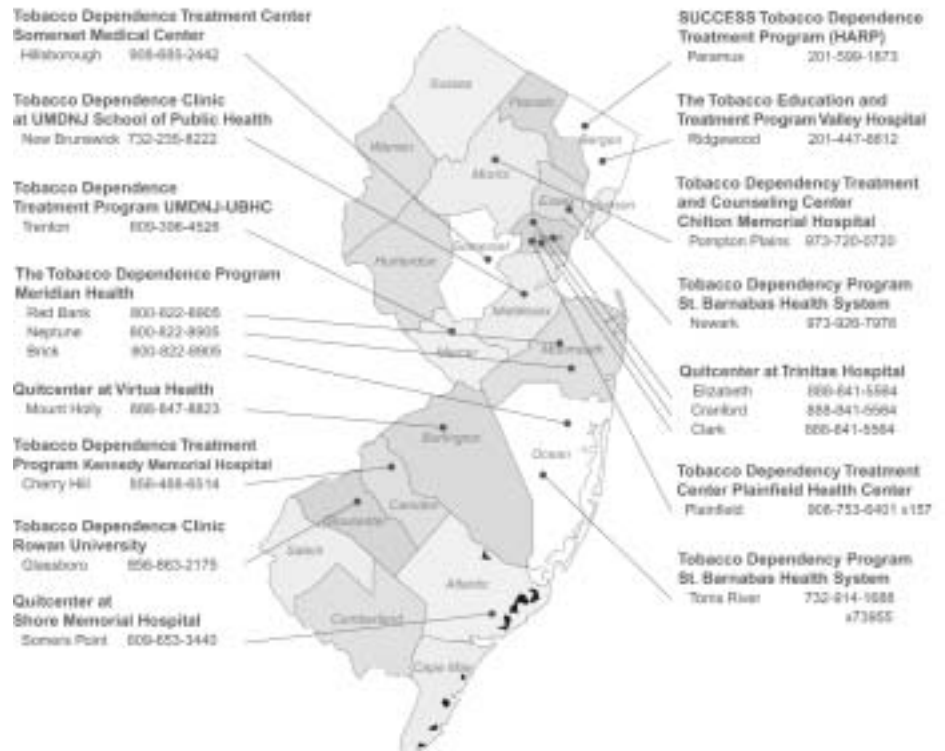
Professional Counseling

Only Tobacco Dependence Treatment Specialists provide treatment at Quitcenters. These Specialists have extensive prior experience in health care and/or counseling, have met academic prerequisites and have completed an intensive, eight-day tobacco treatment training program developed and taught at the University of Medicine and Dentistry, School of Public Health, Tobacco Dependence Program.

Tobacco Dependence Treatment

Quitcenter professionals provide each patient with a thorough assessment that includes a measure of expired carbon monoxide (CO). [CO is a poisonous gas in tobacco smoke that circulates in the blood stream. CO begins to leave the system when a person quits and is completely eliminated after 48 hours of not smoking.] After a patient participates in a thorough assessment a comprehensive treatment plan is developed.

NJ Quitcenters



A treatment plan is specific and individualized but is likely to include group and/or individual counseling, appropriate medications, behavioral plans to manage difficulties and strategies for gathering needed support and avoiding relapse. Many patients choose a six week withdrawal group as part of their treatment. In these groups, patients agree to have a mutual quit date at the second group meeting. The first group is focused upon finalizing quit plans. Group members find mutual support and together develop strategies to remain tobacco free during the five remaining groups.

If you have a patient or know someone who can benefit from treatment at one of the New Jersey Quitcenters, you can find the number for your local Quitcenter on the map, or you can log on to www.nj.quitnet.com or call the Quitcenter at UMDNJ Tobacco Dependence Program at 732 235-8222.

Don't give up hope...A Quitcenter can help.

Save the Date!
Tobacco Dependence Program Annual Conference
May 7, 2003

New Developments in Tobacco Dependence Treatment
Special Guest Speakers

John Hughes, MD and Richard Hurt, MD
NJ Hospital Association, Princeton, NJ



A DANDY Study: Tobacco Addiction Happens Earlier Than We Thought

by Michael Burke, Ph.D.

How early in a smoking life can a young person become addicted to tobacco? It seems to happen much earlier than we have suspected, according to remarkable new research by Joseph DiFranza, MD. Dr. DiFranza, a pediatrician at the forefront of looking into the effects of tobacco use and the marketing of tobacco products on children, presented the newly and widely published findings of his research study, Development and Assessment of Nicotine Dependence in Youth (DANDY), at the annual conference of the UMDNJ, School of Public Health, Tobacco Dependence Program.

Dr. DiFranza told the conference participants that his research began after he observed that some teenagers had a very difficult time quitting tobacco even though they were not shown to be dependent by the standard diagnostic tools. Models for tobacco addiction in young people describe youth addiction as developing over time, as a new smoker moves from experimental use to regular use, through daily use to addicted use. A person was typically considered to be addicted if he or she failed in an attempt to quit, smoked within 30 minutes of waking, smoked more than 15 cigarettes per day, smoked more in the morning than the rest of the day and/or while sick in bed (Fagerstrom scale). However, many teenagers who use tobacco do not present as addicted according to these models.

Why then would teens have a difficult time quitting if they were not addicted? Through talking to teenagers, Dr. DiFranza identified a set of "symptoms" that indicated that he or she had lost autonomy to quit tobacco use. He developed these symptoms into an easy to use questionnaire called the Hooked on Nicotine Checklist (HONC) (see next column). He then proceeded to test if these symptoms could provide an early indication of addiction.

Dr. DiFranza told the conference audience that he was surprised by the strength of his results. He followed more than 700 7th grade smokers who completed the HONC questionnaire. Teens who answered yes to 1 or more of the 10 HONC questions were 44 times more likely to still be smoking 2 ½ years later than those who reported that they had none of the HONC symptoms. Additionally, teens that answered yes (to one or more of the HONC questions) were 59 times more likely to be smoking daily by the end of the study. Dr. DiFranza found that some teens that answered yes to a HONC item were smoking as little as two or three cigarettes per week. In other words - loss of autonomy to quit smoking might be occurring much earlier and with many fewer cigarettes than was thought.

Dr. DiFranza encouraged all to use the questionnaire within their own settings, and especially to provide feedback to young people to promote early treatment for nicotine dependence. Addiction occurs before a person is aware of being addicted. This tool can be used to help children identify that they are much more likely to be developing addiction or to already be addicted to tobacco. Please feel free to reprint the following HONC items and use it within your practice to illustrate the addictive nature of tobacco and to encourage early intervention.

Hooked on Nicotine Checklist

- ✓ Have you ever tried to quit, but couldn't?
- ✓ Do you smoke now because it is really hard to quit?
- ✓ Have you ever felt like you were addicted to tobacco?
- ✓ Do you ever have strong cravings to smoke?
- ✓ Have you ever felt like you really needed a cigarette?
- ✓ Is it hard to keep from smoking in places where you are not supposed to, like school? When you tried to stop smoking...(or, when you haven't used tobacco for a while...)
- ✓ Did you find it hard to concentrate because you couldn't smoke?
- ✓ Did you feel more irritable because you couldn't smoke?
- ✓ Did you feel a strong need or urge to smoke?
- ✓ Did you feel nervous, restless or anxious because you couldn't smoke?

New Jersey Decreases Youth Tobacco Use

By Mia Hanos Zimmermann, MPH



The 2001 New Jersey Youth Tobacco Survey showed an impressive decrease among middle school smokers. Current cigarette use, defined as smoking a cigarette on one or more days in the past 30 days, decreased by 42%. In 1999, 10.5% of middle school students identified themselves as current smokers, whereas in 2001 only 6.1% of middle school students identified themselves as current cigarette smokers.

This is half the national prevalence of current tobacco use by middle school students (12.8%).

This is an extraordinary finding, considering the continued advertising onslaught by the tobacco industry to young people. Although these results are encouraging, NJ students in 7th-12th grade continue to smoke 500,000 packs of cigarettes a month (2001 NJYTS).

In addition to this dramatic decrease in cigarette smoking, lower rates of current tobacco use were also noted in 2001 for current use of cigars, smokeless tobacco, and bidis among middle and high school students. The reduction in bidi use is encouraging due to the fact that NJ has the highest rate of bidi use among high school students in the nation. Further research needs to be conducted to determine the drivers of the reduction of middle and high school tobacco use.

Since The College Summit: A Call to Action, last year, several colleges around the state of NJ have taken steps to reduce tobacco use on campus. These activities include policy development and the development of programs to help college students stop using tobacco.

Don't Give Up on Over-The-Counter Nicotine Medications Just Yet

by Michael Steinberg, MD, MPH



For those of you wondering why we would be giving up on nicotine replacement medication, I am referring to the recent article by John Pierce and Elizabeth Gilpin, "Impact of Over-the-Counter Sales on Effectiveness of Pharmaceutical Aids for Smoking Cessation." (JAMA September 11, 2002; Vol 288 (10); 1260-1264). This article

has stirred much debate over the effectiveness of Nicotine Replacement Therapy (NRT) now that it has gone to over-the-counter (OTC) status. Based on data from the California Tobacco Surveys from 1992, 1996 and 1999, the authors concluded that since becoming available OTC, NRT appears no longer effective in increasing long-term successful cessation in California smokers. It is important to evaluate these results in context, which unfortunately, media outlets rarely do. There have been many responses to this article by the public health community. I will not devote this article to the methodological critiques of the study (self-report, retrospective nature, lack of control group, sampling variation from year to year, specifying characteristics of quit attempts, etc.). Instead, I want to comment on how we can interpret these results for ourselves and for our patients.

Keep in mind that it is important to constantly re-evaluate our practices in tobacco dependence treatment. New data are always coming to the surface and should be examined with a critical eye. However, one study in California, based on retrospective survey data, should not undo nearly 100 clinical trials with over 35,000 patients demonstrating the efficacy of these products. There is not enough evidence in this one study to change our current practice of using NRT for tobacco dependence treatment. Just by the nature of becoming OTC, it is unlikely that a product will lose its effectiveness. It is more likely that these products are no longer being used as recommended, either from a dosing or duration standpoint. Like any product, if it is being used incorrectly, it will not perform up to expectations. Patients need to use the medication at appropriate doses, in appropriate ways, and for long enough duration. We, as tobacco treatment specialists, need to educate smokers how they should use them.

Over-the-counter status does have some advantages over prescription medications, and should not be abandoned. It eliminates a significant barrier to treatment for those smokers who do not regularly see a physician, have no prescription plan (many of which do not cover tobacco treatment anyway), or are less motivated. These smokers may experiment with the products, gain some familiarity, and a sub-group may become abstinent. By increasing availability, these products will reach a higher proportion of smokers. Even if the success rates may be lower, the overall number of smokers benefiting from medication will certainly increase.

Therefore, my take home message is that these products continue to be useful supplements to a tobacco treatment plan, though they do need to be explained, demonstrated and monitored to capitalize on their effectiveness. Additionally, as we have come to realize in this field, certain off-label uses of the medications (e.g. high-dose and combination therapy) are effective, yet will require the guidance of a trained professional. Therefore, tobacco treatment specialists are important providers who can achieve maximal impact of NRT, over-the-counter or otherwise, through their expertise and advice.

Visiting Professorship to Tobacco Dependence Program

by Jill Williams, MD

Recently, the Tobacco Dependence Program was visited by Dr. Robert Freedman of the University of Colorado, Health Sciences Center in Denver, as part of the 2002 Pfizer Visiting Professor Program. Dr. Freedman is a leader in psychiatric genetics and receptor chemistry.



His work has focused on a subset of nicotinic receptors called the alpha-7 receptor. This receptor is believed to be linked to several brain disorders including schizophrenia, Alzheimer's disease and attention-deficit hyperactivity disorder (ADHD), and may help

to understand the role of smoking in these disorders.

Schizophrenics are noted for rates of smoking that are 3-4 times greater than that of the general population. It is suspected that this reflects altered neurotransmitter systems in the brain. Dr. Freedman's work has found that cigarette smoking normalizes an abnormal auditory test in schizophrenic patients, called an evoked potential (P50). It is suspected that this relates clinically to the subject's perception of having an auditory hallucination as well as the ability to filter out other distracting noises. This electrophysiological abnormality has been linked to anatomical changes in the temporal lobe and limbic system. It has also been found in family members who do not have schizophrenia leading to the genetic discovery that it is linked to chromosome 15q13-14, the site of the alpha-7 nicotinic receptor.

Dr. Freedman is currently investigating the possibility of new compounds, which bind in lieu of nicotine at this same receptor, called nicotinic agonists. He has a study currently underway examining GTS-21, a selective alpha-7 agonist, in schizophrenic subjects.

It is hoped that better treatments for schizophrenia may contribute to reduced levels of smoking. Members of the Tobacco Dependence Program attended lectures given by Dr. Freedman and participated in research planning meetings and mentoring sessions with him.

Tobacco 101: The New Nicotine Lozenge

by Jonathan Foulds, MA, MAppSci, PhD

In November 2002, GlaxoSmithKline launched a new nicotine replacement therapy in the United States in the form of a nicotine lozenge under the brand name "Commit". The Commit lozenge is available over the counter in both 2mg and 4mg doses. The main efficacy data for the lozenge is based on a large (n=1818) placebo-controlled, double-blind randomized trial published by Saul Shiffman and colleagues in June 2002.

One interesting aspect of the study and of the dosing instructions for the new product is that smokers are advised to dose according to the time in the morning prior to their first cigarette. Those who don't normally smoke within 30 minutes of waking are advised to use the 2mg lozenges, whereas those who smoke within 30 minutes of waking are allocated to the 4mg dose. Dosing instructions with other nicotine replacement therapies (e.g. the gum) have been based on the number of cigarettes typically smoked per day and have generally resulted in under dosing. Other than this, and the instruction to periodically suck on the lozenge (rather than chew), the instructions and contraindications are very similar to those for nicotine gum.

Smokers are instructed to start using the lozenges on the quit date, using 9-15 lozenges per day for 6 weeks before cutting down gradually over a further 6 week period.

The manufacturers believe that the lozenge may be more acceptable than the gum. One advantage is that each lozenge gives around 25% higher blood nicotine concentrations than the comparable dose of nicotine gum (i.e. less than half the peak blood level obtained from smoking a cigarette). In addition, the published trial demonstrated that the nicotine lozenges reduced craving and withdrawal severity during the crucial first two

weeks, and also produced one year abstinence rates that were more than twice as high as those in participants using placebo lozenges. For example, 12 weeks after the quit date, 35% of those allocated 4mg nicotine lozenges remained abstinent, compared with only 14% of those allocated placebo lozenges (15% vs. 6% at one year). The 4mg lozenge also reduced weight gain during the first 12 weeks. The most common side effects related to the nicotine lozenge were nausea, hiccups, coughing and heartburn, all at rates of 5- 10% (compared with 0-5% in the placebo group).



This brand and other nicotine lozenges have been available in Europe for some time. The experience there has been that smokers have welcomed this new aid to cessation and that some find the lozenge easier to use than the gum, nasal spray or inhaler. As with other NRTs, many patients have difficulties because they don't use enough or they cease use too early in their recovery. The one trial so far did not directly compare the 2mg with the 4mg lozenge and it remains possible that the 4mg lozenge would be the most helpful for all but the lightest smokers (smoking less than 10 cigarettes per day). As it is, around 70% of US smokers and over 85% of smokers attending NJ Quitcenters typically smoke their first cigarette of the day within 30 minutes of waking in the morning, and so would be advised by the labeling to use the 4mg rather than 2mg lozenge.

Overall, the nicotine lozenge appears to be a safe and effective product and is certainly a worthwhile addition to the tobacco dependence treatment repertoire.

Reference: Shiffman, et al (2002) Efficacy of a nicotine lozenge for smoking cessation. Arch Intern Med, 162, 1267-1276.

8-Day Tobacco Dependence Treatment Specialist Training Receives Excellent Reviews

by Nancy Speelman, CSW, CADC

In November 2000, the Tobacco Dependence Program initiated our first intensive eight-day training to prepare professionals to treat their client's tobacco dependence. The training was initially developed to train clinicians working at the 15 NJ Quitcenters.

The eight-day training focuses on the methods advocated in the Public Health Service (PHS) Guidelines and the New Jersey Guidelines on Tobacco Dependence Treatment. This specialized training designed for Masters level professionals teaches research-based, state-of-the-art techniques for treating tobacco dependence. The training is facilitated by the Program's multi-disciplinary team of tobacco specialists with backgrounds in internal medicine, addiction psychiatry, psychology, social work, public health and counseling.

Since its inception, this training has consistently received excellent reviews from participants. Almost all the participants in the trainings so far have stated that they found that it enhanced their treatment skills and they would recommend this training to a colleague.

The demand for the training has increased to serve not only the Quitcenter clinicians, but also professionals from various settings in New Jersey and across the U.S. We have trained staff from the

American Cancer Society, New Jersey Breathes, New Jersey Department of Health and Senior Services, NJ Maternal and Child Health Consortium as well as hospitals and treatment facilities that do not currently have a Quitcenter.

The training covers topics such as health effects of tobacco and the PHS Guidelines. Treatment methods covered include: use of medications for withdrawal, group and individual counseling skills, and also the techniques for working with special populations. After completion of the training, clinicians have the necessary skills to appropriately assess and provide treatment based on their client's stage of readiness to change.

The University of Medicine and Dentistry of New Jersey, School of Public Health, Tobacco Dependence Program is one of the few institutions in the country that offers quality, research-based tobacco dependence treatment education provided by highly skilled faculty, researchers and treatment professionals. There is good evidence showing that smokers provided with intensive tobacco dependence treatment (such as the methods taught in the 8-day training) are around 4 times as likely to succeed in quitting, as compared with "usual" medical care without specialist tobacco treatment.

At the time of publication of this issue of *The Nicotine Challenger*, the Tobacco Dependence Clinic was reaching its second year anniversary, having seen almost 600 patients in the first two years. A full report of the clinic's activities and progress in its second year will be available in an upcoming news. The following is a summary report focusing on the clinic's first year.

Tobacco Dependence Clinic at UMDNJ-School of Public Health: Summary Report 2001-2002

Introduction

The Tobacco Dependence Clinic at UMDNJ-School of Public Health (732-235-8222) is funded by the New Jersey Department of Health and Senior Services to provide a specialist tobacco dependence treatment service to the local community and also to provide a referral and consultation service to health professionals throughout New Jersey. The Clinic first started seeing patients in January 2001, with 230 patients attending for an assessment in that year.

Characteristics of Patients Seen

Two thirds of the patients seen in 2001 were women and three quarters lived in Middlesex County. Over a third heard about the Clinic from their health care provider, and around a quarter heard about the clinic from a friend or family member. Ninety two percent of our patients attend the Clinic for help to stop smoking, with 6% attending for help to stay stopped after a recent quit attempt and 2% seeking help to reduce their tobacco use. The typical Clinic patient in 2001 had already tried to quit smoking on at least 4 previous occasions (average = 8.5 times), smoked over a pack of cigarettes per day for over 28 years and lit up within 10 minutes of waking each morning. Almost two-thirds already had symptoms or an illness they believed was caused by smoking, over a half had previously received treatment for a mental health or emotional problem and over a quarter had previously received treatment for an alcohol or drug problem.

Types of Treatment Provided

All patients receive a comprehensive assessment including measurement of expired carbon monoxide. Most are then treated with a combination of counseling and pharmacotherapy with input from a multidisciplinary team. Over 50% attend group treatment and over 80% use medication. The average number of appointments attended is 5.4, with an average of 2.2 additional telephone consultations with the clinic.

Treatment Outcome

Two hundred and one (87%) of the patients seen in 2001 made an attempt to quit. Ninety eight patients (49%) were abstinent at one month follow-up, and an additional 35 (17%) reported cutting their cigarette consumption down by at least half. Sixty two patients (31%) remained abstinent six months after their Quit Date, and an additional 31 (15%) reduced cigarette consumption by at least 50%. Of patients surveyed 6 months after starting treatment, over 95% rated the service as "excellent" or "good".

Summary

The Clinic has made a promising start in its first year, treating over 200 patients, most of whom are highly addicted to tobacco and achieving very respectable short and long term outcomes (49% and 31% abstinence at one and six month follow-ups). For comparison, the U.S. Public Health Service Guideline reports an average long-term abstinence rate of 11% without treatment and 22% from "high intensity counseling". There has been a 60% increase in demand for the Clinic's services in 2002, with a total of over 350 patients having been assessed in that year. A significant proportion of that increased demand is fuelled by "word-of-mouth" referrals from ex-patients. The Clinic's main aims for 2003 are therefore to maintain a high standard of patient care while increasing the volume of patients seen.

(Full report at: www.tobaccoprogram.org).

New Staff at the Tobacco Dependence Program



Vanessa Patterson
Clinic Secretary

As the clinic secretary, Vanessa provides confidential secretarial and administrative support to clinic staff. Prior to joining TDP she was a research study coordinator with the Department of Neurology primarily working with patients who had Parkinson's Disease.



Anitha Varughese, LCSW
Mental Health Clinician II

Anitha Varughese has gained most of her experience working as a clinician with the severely mentally ill/MICA population at psychiatric hospitals in NY and NJ for the past 9 years. She has also worked as a psychotherapist at a counseling center helping adults and children suffering from depression, Adult Children of Alcoholics and marital problems. Anitha brings her expertise in working with the mental health population and with addictions to the Tobacco Dependence Program.



New Jersey Addiction Treatment Programs: A Model for Success

by Martha Dwyer, MA, CADC

New Jersey has been at the forefront in addressing tobacco in the treatment of other addictions since 1991. This is reflective of a larger paradigm shift within the addictions treatment community that began in the late 1980s and early 1990s with the convergence of two advances in the understanding of addiction and of tobacco. The first advance was the conceptualization of addiction as a biopsychosocial disease that is not drug specific. The second advance was the recognition by the Surgeon General in 1988 that tobacco is addicting, that nicotine is the substance in tobacco that causes addiction and that the processes of tobacco addiction are similar to that of other drugs. These two forces together prompted a paradigm shift to the importance of integrating tobacco into addictions treatment. This shift was fueled by subsequent research indicating that addressing tobacco concurrently with other drugs of dependence does not hinder, and may well support, a person's recovery. It logically followed that state-of-the-art comprehensive treatment should include all drugs, including tobacco. In its 2001 Position Statement, NAADAC, The Association for Addiction Professionals, voiced its support of "the development of policies and programs that promote the prevention and treatment of nicotine dependence on a par with alcoholism and drug dependence."

In 1993, the Addictions Professionals Certification Board of New Jersey added the requirement of 6 hours of nicotine education as part of initial certification. In 1999 the Division of Addictions Services (DAS) of New Jersey's Department of Health and Human Services adopted Residential Substance Abuse Treatment Facilities Standards for Licensure. The tobacco provisions of these standards give tobacco parity with other drugs of abuse by including tobacco in the list of substances that, when used chronically and habitually, constitute "chemical dependency." They provide for comprehensive alcohol, tobacco and other drug treatment through screening, assessment, education, treatment planning, family counseling and discharge planning. In addition, the Standards for Licensure require written policies about tobacco use by staff and volunteers and specify that by November 15, 2001 all buildings, vehicles and grounds were to be tobacco-free.

New Jersey chemical dependency programs now take a multimodal and multidisciplinary approach to treatment based on the biopsychosocial model of addiction and tailor treatment to the individual needs of each client. DAS supports addressing the physiological component of tobacco dependence through the provision of nicotine replacement therapy (NRT), in the form of the patch and gum, to clients in residential programs. Over the past year approximately 1300 clients have availed themselves of this NRT either to ease the discomfort of withdrawal or from a sincere desire to quit their tobacco use. They report that being able to offer NRT to clients is an important adjunct to treatment. This message was echoed by a former client of a residential program who shared her experience, strength and hope at our annual conference in October. She feels that having to address her tobacco use in treatment facilitated and strengthened her recovery, and that NRT helped her through the process. She remains free from tobacco and other drugs today.

The Tobacco Dependence Program has trained more than 850 staff and administration at 40 addiction treatment programs on the integration of tobacco into policies, procedures and treatment. New Jersey clinicians are incorporating tobacco into their clinical work. Many indicate that they are better able to address the affective component of addiction when clients are no longer using tobacco to self-medicate painful feelings.

Society in general has experienced a cultural shift towards tobacco use being less acceptable. However, families and friends of addicts have remained more tolerant. Some use tobacco themselves and addressing tobacco would force them to confront their own dependence. An issue that arises is that family members generally see tobacco as separate, and less important than the drug that brought their loved one into treatment. They are simply relieved if the client just stops using the identified drug and consider it a small price to pay if a client continues to use tobacco. Yet, they may not realize that their loved one may in fact be at greater risk of dying from a tobacco-caused illness than due to the drug or alcohol problem that initially brought them to treatment. Although educating

continued on page 10



The Steps for Treatment Organizations Becoming Tobacco-Free

1. Acknowledge the profound challenges tobacco creates for the 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 ongoing communication with 12-step recovery groups, professional colleagues, and referral sources about policy changes.
10. Require that no staff be identifiable as a tobacco user.
11. Establish tobacco-free facility and grounds.
12. Implement comprehensive nicotine dependence treatment throughout the program.

Tobacco Dependence Program Annual Conference *Tobacco Dependence...Meeting the Challenge*

The Annual Conference of the Tobacco Dependence Program, "Tobacco Dependence... Meeting the Challenge" took place on October 9, 2002 at the NJ Hospital Association with over 175 participants in attendance. The conference focused on helping participants understand the public health issues associated with tobacco use as well as the most effective assessment and treatment techniques.



Presenters, panelists, participants, exhibitors and the winner of the art contest at the conference.

the family about tobacco dependence and its role in addiction remains a challenge for clinicians, there is evidence that progress is being made. For example, a former client of a particular program had been doing well for a number of years, but then relapsed to alcohol and other drugs, and struggled with the ensuing shame and sense of hopelessness. In contacting the program, the family reported they recognized that their son had been in trouble when he had resumed smoking and begun to isolate himself from others. Clearly, this family understood smoking as a red flag for relapse to other drug use.

Twelve Step work is frequently used to address the spiritual component of addiction. Attendance and participation in 12 Step Programs, AA and/or NA, meetings are included in treatment plans. Many New Jersey treatment programs are taking their clients to Nicotine Anonymous meetings, establishing Nicotine Anonymous meetings on site, and/or are integrating tobacco into groups on spirituality. At least one program in New Jersey awards specific medallions for clean time from tobacco. Clinicians are helping to raise client awareness of how tobacco has ruled and controlled their lives, thus hindering spiritual growth in recovery.

New Jersey programs reporting the greatest success in addressing tobacco are the ones that have fully integrated tobacco treatment into the milieu. The culture becomes self-reinforcing and provides the opportunity for clients to experience the benefits of a tobacco-free life. A violation of the tobacco policy becomes an opportunity to provide education on tobacco dependence and addiction in general. For example, asking a client how sneaking out to smoke a cigarette is any different than sneaking any other drug forces the client to look at the issues of dishonesty, the feeling of being terminally unique (i.e., "the rules apply to everyone but me"), and compulsion to use, all of which are universal to any addiction. The "treatment culture" is defined not only by the clients, but also by the staff, and it is important to note that many programs have reported a significant decline in staff use of tobacco.

It is exciting to witness a paradigm shift that will work to save lives - the integration of tobacco into addictions treatment. Let us acknowledge the great progress that has been made in New Jersey, and use it as a source of strength and confidence to continue the challenges ahead.

Addressing Tobacco Workgroup Meetings at the Robert Wood Johnson Foundation

by Jill Williams, MD

Individuals with a psychiatric or substance use disorder smoke 44% of the cigarettes smoked in the United States (Lasser 2000). Despite these findings, this major segment of smokers has received little attention from either tobacco control specialists or behavioral health treatment providers. The Robert Wood Johnson Foundation, which has been a leader in formulating tobacco policy and promoting tobacco treatment, is sponsoring a series of workgroup meetings to highlight this problem and work towards the creation of a strategic plan. Attendees of the meetings include nationally recognized experts and leaders in fields of Tobacco Control, Nicotine and Tobacco Research, Mental Health and Addictions. The meetings are being organized and facilitated by Drs. Douglas Ziedonis and Jill Williams of the Tobacco Dependence Program.



The first of these meetings was held on November 6, 2002 in Princeton, NJ. This meeting was a focused review of the Clinical Epidemiology and Neurobiology surrounding tobacco use in the mentally ill and addictions populations. There was great enthusiasm among the expert group for the topic and they felt the meeting was highly relevant and also timely. They endorsed the need for a national organized effort to reach these under-served and often highly nicotine-dependent groups. Gaps in research and evidence-based practices for these groups as well as barriers to implementing interventions on the systems, programmatic and clinical levels were discussed. Other attendees included representatives from branches of NIMH, NIDA, NIAAA, SAMHSA and NCI with an emphasis on promoting partnerships on this topic and creating shared funding initiatives. The next two meetings, focusing on Clinical and Program Aspects of Tobacco Dependence Treatment and System and Policy Change Perspectives are scheduled to occur in early 2003.

Communicate with us!

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

Write to us at

The Nicotine Challenger

Tobacco Dependence Program

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or contact us by

Phone: (732) 235-8212

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e-mail: info@tobaccoprogram.org



Website Review: www.njgasp.com

by *Olivia Wackowski, MPH Student*

Fighting tobacco requires a multifaceted approach including education, treatment, legislation, enforcement, advocacy and developing policies and norms to support tobacco free living. New Jersey GASP (Group Against Smoking Pollution) is a non-profit educational organization dedicated to the goals of securing smoke-free air for non-smokers and to ensuring tobacco-free lives for children. The organization was started by a small group of individuals whose personal experiences raised their awareness about the harmful consequences of environmental tobacco smoke (ETS). Today, more and more people are becoming concerned about ETS, and for those interested, NJ GASP provides a wealth of ETS resources on its website.



“About NJ GASP” provides a great description of the group’s initiation, history, work, awards and tobacco control partners, which together bring an impressive source credibility of the organization. The “For Activists” section contains a list of frequently asked questions about ETS, as well as good opposing arguments to various common claims of smoker’s rights. There is also a link to advocacy events and ETS alerts.

The “Dining/Restaurants” section is a particularly strong piece of this website. Here you can type in any NJ city or town to find local smoke-free restaurants. You can also order a free NJ smoke-free restaurant directory. NJ GASP creates one page brochures titled “Smokefree Dining is Best”, designed to give restaurant owners the advantages of going smoke-free, as well as a Smart Restaurateur newsletter, a compilation of powerful

smoke-free restaurant success stories. Both can be read and ordered online. This section also provides comprehensive marketing tips to restaurant owners interested in going smoke-free, as well as information on existing dining legislation. The “Legislation/Litigation” section allows users to find local existing tobacco laws in their NJ town of interest, provides access to a summary and full version of existing NJ tobacco laws, and even includes sample ordinances for controlling tobacco use and sales. The website’s “library” provides access to further relevant information. Finally, links are also provided to other advocacy groups, government sites, tobacco-control partners (including the Tobacco Dependence Program), and treatment resources.

This website is user friendly: simple to navigate with easy to read text. For the user’s convenience, printer friendly versions are offered for most of the information provided. People can read the text of the organization’s publications, order them online and get free samples. The information provided on this site can be useful to a wide audience: non-smokers and smokers, health professionals, legislators, restaurant/business owners and students. Throughout the site’s pages, the organization repeatedly extends invitations to call for any questions, help or advice, perpetuating the impression of NJ GASP’s interest and dedication. In line with the theme of this issue, NJ GASP has had many successes over the years and has enabled others to also learn the meaning of success in being smoke-free. Visit www.njgasp.com to see for yourself.

Keep Me on the Tobacco Dependence Program Announcement List!

Mail to: **Tobacco Dependence Program**
317 George Street, Suite 210, New Brunswick, NJ 08901-2008
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- I do not have email or internet access. Please send a printed copy. Please remove me from the list
I am also interested in information on tobacco dependence treatment and
 addictions mental health young people

Training Opportunities at the Tobacco Dependence Program



- March 14th Tobacco Seminar 12:30 - 1:45
- April 10th 1-Day Training “Integrating Tobacco Treatment into Your Client’s Care Plan”
- May 7th Annual Conference, see page 2
- May 16th Tobacco Seminar 12:30 - 1:45
- June 2-6th 8- Day Tobacco Dependence Treatment Specialist Training
& 9-11th **Participants other than NJ Quitcenter staff may take June 2-6 for 5 days of training*

*For more information about these and other training opportunities,
and to register for training, please visit our website, www.tobaccoprogram.org*

The Nicotine Challenger
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