

The Nicotine Challenger

Winter 2005

Volume 12, Number 1

A View From The Director

At the beginning of a new year it is customary to set goals for the year ahead, so I've selected my four goals for tobacco and health in 2005- two focusing on New Jersey and two at the national level.

1 Protect New Jersey Workers From Tobacco Smoke Pollution New Jersey is now almost surrounded by Northeastern states that have passed comprehensive state-wide legislation protecting workers and the public from having to inhale tobacco smoke pollution in public places. A recent study found that the air in New Jersey bars contains nine times greater levels of toxic respirable particles compared with bars in near-by New York. The evidence for the serious health effects of exposure to tobacco smoke pollution has mounted in the past couple of years as has the evidence that business actually grows in bars and restaurants when they go smoke-free.

More information on this issue, including copies of the most recent scientific reports, are available from our website homepage at www.tobaccoprogram.org.

2 Fund Comprehensive Tobacco Control in New Jersey I have written on this issue on numerous occasions in this column. The argument remains the same and makes even more sense in tight budget times, because reducing tobacco consumption reduces healthcare costs in addition to improving health. New Jersey's Comprehensive Tobacco Control Program is an effective and successful program and deserves to be funded at least at the minimum levels recommended by the CDC in 1999 (\$45m per year). Both adult and youth cigarette smoking prevalence have fallen by 15% in the past few years in New Jersey, and the latest national survey (2003) found that New Jersey now has the 5th lowest daily smoking prevalence in the country (14%). With clean air legislation and proper funding for tobacco control, New Jersey could lead the country in reducing smoking and improving health.

3 Implement Federal Regulation of Tobacco Products In 2004, like ten years earlier, there was a real possibility of legislation being passed that would grant the US Food and Drug Administration the authority to regulate tobacco products. Unfortunately, this opportunity was not taken, but the need remains. It is a bizarre anomaly that the only consumer product that kills when used as intended can be sold with very little restriction, and with very little government control over the harmfulness or addictiveness of the product. Rational federal regulation would enhance health warnings, reduce toxin delivery, restrict marketing (particularly to young people), ban false or misleading claims, and do all this without limiting the rights of individuals or groups to legal redress for harms caused by current or previous tobacco products.

4 Ratification of the W.H.O. Framework Convention for Tobacco Control (FCTC) The FCTC is the World Health Organization's first international public health treaty focusing on reducing the harm to health from tobacco and will enter into force on February 27, 2005. It contains a host of provisions that are effective in reducing the health effects of tobacco – including bans on deceptive marketing and restricting smoking in workplaces. It has been signed by over 167 countries (including the US) and ratified by over 48 countries (including Australia, Canada and the UK, but not the US). The FCTC is only legally binding in countries that choose to ratify. So far the United States has not been inclined to ratify the FCTC but it would be an enormous boost to global public health if this treaty became law in the United States.

I like to have a mix of goals for the year – some clearly achievable, some very challenging – just to keep life interesting. I wish you a happy and healthy 2005 and hope your goals come true.

*Jonathan Foulds PhD
Director, Tobacco Dependence Program*

UMDNJ Tobacco Dependence Program in the News! *by Patricia Repetto, M.Ed.*

If you are a frequent viewer of the NBC Today Show or a subscriber to the Journal of the American Medical Association (JAMA), you might have seen reference made to the Tobacco Dependence Program in the past few months. As the issue of quitting smoking continues to go mainstream and be highlighted more often in the media, the UMDNJ-Tobacco Dependence Program (TDP) has been called upon for its advice on issues related to the treatment of tobacco dependence.

The TDP on The TODAY Show

In October of this past year, The Today Show produced a show focusing on quitting issues unique to women and reached out to the TDP for assistance in identifying women who were currently enrolled in our clinic or had successfully quit smoking as a result of receiving treatment in our clinic. The show featured two of our clients who spoke very highly of the services that they received at our clinic. The show aired on October 30th and also featured Cheryl Heaton of the American Legacy Foundation as well as Richard Hurt of the Mayo Clinic. To view a video clip from the show, please visit the website www.americanlegacy.org.



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**New Staff at the Tobacco
Dependence Program**



Stacey Zelentz
Mental Health Clinician

The Tobacco Dependence Program would like to welcome the newest addition to our staff. Stacey Zelentz has 13 years of experience with chemical dependency treatment and mental health treatment and comes to us from the Behavioral Health Care unit of UMDNJ. Stacey will be working as a mental health clinician in our tobacco dependence clinic, performing individual assessments and providing individual and group counseling services. Stacey is licensed as a clinical social worker and certified as a drug and alcohol counselor and is fluent in Spanish. We look forward to working with Stacey and welcome her as part of our team!

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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Upcoming Trainings

Feb 26th **Integrating Tobacco into Your Medical Practice**

Jun 13-17 **5-Day Tobacco Treatment Specialist Training**

For further information and registration for one of these training events, please visit the Training and Education section of our website:

www.tobaccoprogram.org

TDP in the News continued from page 1

TDP in the Journal of American Medical Association (JAMA)

In the September 15th issue of JAMA, UMDNJ TDP staff were quoted in a 3-page article that focused on counseling and pharmacotherapy for tobacco dependence treatment. The article suggested that smokers nationwide are not getting adequate help to quit smoking and referenced the UMDNJ Tobacco Dependence Program as a model for how to effectively treat for tobacco dependence. The TDP was listed as one of the top resources for clinicians and consumers looking for information on quitting smoking. JAMA subscribers can review the article at <http://jama.ama-assn.org/cgi/reprint/292/11/1286>.

TDP in Newsday

In a recent AP story that ran in the December 25th edition of Newsday, the TDP was recognized for its significant contributions in integrating tobacco treatment into residential treatment facilities. The primary focus of the article was the re-instatement of nicotine replacement therapy into the residential treatment programs in New Jersey, a benefit that was cut this past year due to budget cuts. Many persons interviewed for the story, including Dr. Wesley Clark of SAMHSA and Janis Dauer, program manager at the Alliance for Prevention and Treatment of Nicotine Addiction, cited New Jersey's tobacco treatment model as the strongest for those suffering from alcohol or other drugs. The TDP spearheaded the creation of this strategy under the leadership of the late Dr. John Slade. In 2001, NJ residential treatment facilities went smoke free and smokers were offered specialized counseling for tobacco addiction. As a result of this program's success, the TDP has helped over a dozen other states with the development of their treatment programs for substance abuse users.

Medicare To Cover Tobacco Treatment Counseling Services for Seniors

by Patricia Repetto, M.Ed. and Chris Kotsen, PsyD., Somerset Medical Center, New Jersey

Beginning this spring, Seniors nationwide who want to quit smoking could be the first to benefit from a free national counseling initiative. Medicare has decided to add smoking cessation counseling as a covered benefit for those beneficiaries who currently suffer from tobacco caused diseases- including heart disease, lung cancer, stroke, emphysema, weak bones, blood clots and cataracts. In addition, seniors who take any drugs whose effectiveness is compromised by the use of tobacco, such as insulin and antidepressants, will qualify for the benefit. Under the current decision, physicians, nurses and other professionals trained in smoking cessation techniques will be reimbursed for the cost of four counseling sessions. Should a Senior not be able to quit by the end of the four sessions, then Medicare will cover the cost of four additional sessions. It is not clear at this time whether the coverage is for individual or group counseling sessions or how long the sessions must be in order for reimbursement. What is known is that medications prescribed for the treatment of nicotine addiction, such as the nicotine inhaler, nasal spray, nortriptyline and bupropion, will not be covered until the Medicare prescription plan kicks in 2006. The benefit, pending public comment, is slated to be available in April of 2005.

The issue of reimbursement for tobacco dependence treatment has always been a very complex one. Many in the field can attest to the

frustration of obtaining information on whether a client's insurance will cover this service as a benefit. **The Professional Assisted Cessation Therapy organization (PACT)** offers some clarity in the *Reimbursement for Smoking Cessation Therapy Guide* which lists treatment methods that should be covered, state-by-state. As of the last edition of the guide, only 36 states offered Medicaid coverage of smoking cessation therapy, 10 of these covering counseling. On a positive note, between 1998 and 2001, there was a near doubling of Medicaid coverage of all FDA pharmacotherapy used to treat tobacco dependence. We can only hope that the latest Medicare news will help drive the number of states which mandate smoking cessation coverage (currently only four states) or likewise, increase the number of managed care organizations (MCOs) which cover face-to-face counseling, currently the least likely intervention to be covered.

For those in New Jersey seeking a bit of clarity on the status of reimbursement in this state, below is a guide to assist you.

Individual Health Plans and Small Employers Health Plans

Currently, the Department of Banking and Insurance (DOBI) has reported that there may be "nicotine dependence treatment coverage" for employees with individual insurance plans (self-employed) and people working in companies with less than 50 employees. However,

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New Project to Target Healthy Living for Smokers with Serious Mental Illness

by Jill M Williams, MD

The New Jersey Division of Mental Health Services (NJ DMHS) is taking a lead in improving the standard of care for people who smoke and suffer from mental illnesses. Nicotine dependence is the most common substance use disorder in the general population in the United States and the world. Of all the cigarettes consumed in the United States, individuals with mental illness consume 44% (Lasser 2000). Despite these statistics, little is being done to address tobacco dependence in most mental health settings.

The New Jersey DMHS has partnered with the UMDNJ-UBHC Center for Excellence and UMDNJ-RWJMS, Department of Psychiatry and UMDNJ-School of Public Health, Tobacco Dependence Program to develop a new program called Learning about Healthy Living. Drs. Jill Williams and Douglas Ziedonis have led the group in writing a manualized treatment approach to help smokers with serious mental illness. The manual is being utilized in six partial hospital/day treatment mental health sites in New Jersey this year as part of larger NJ DMHS-UMDNJ-UBHC collaboration called, "Bridging the Gap Between Physical and Mental Health." As part of the pilot implementation, the staff working in these mental health treatment sites is receiving training in tobacco dependence assessment and treatment. Nancy Speelman of the UMDNJ-Tobacco Dependence Program is coordinating the trainings and working on-site with staff to provide them with ongoing support and supervision. For many of the mental health staff this is their first experience addressing tobacco. The aim of the treatment manual is to provide a format to address tobacco

in smokers with a serious mental illness who may not be ready to quit smoking or may not even be contemplating quitting. Ideally, all smoking clients with serious mental illness are potential candidates for this group treatment.

The goals of Learning about Healthy Living are to help clients to gain knowledge and motivation to work towards a tobacco-free lifestyle and to help them to develop the skills that will assist them to quit using tobacco and live a healthier life. The treatment uses a group format that is easily implemented in most mental health settings and provides additional support to group members. An instructor's guide accompanies each chapter in the treatment manual that helps to guide the group facilitator through each session. Although the focus of the group sessions is on tobacco, there are also topics on exercise, diet and stress management.



On December 15, 2004 Mary Jo Codey (center), wife of acting NJ Governor Richard Codey, visited with participants from Cape Counseling, Richard Hall MHC, UCPC Behavioral Health and staff of UMDNJ/UBHC at a Learning About Healthy Living training. The collaborative project teaches professionals how to treat consumers with mental illness and tobacco dependence.

Be Counted...



Garrett V.
Hillsborough, NJ 08844 USA
Age 6, April 14, 2004
(Information on back of hand)



Hands of Hope

A Nationwide Collaborative Art Project

by Nancy Speelman, CSW, CADC

What stronger way to make a statement but through the voice of the people! Tobacco use continues to be the largest cause of preventable death in the USA. It contributes to the loss of life through many tobacco-caused diseases, including deaths caused by second-hand smoke. Yet funding that was intentionally awarded to states to educate, prevent and help treat tobacco use, continues to dwindle and be used for other purposes.

Ten years ago the Addressing Tobacco Project, now known as the Tobacco Dependence Program at the UMDNJ-School of Public Health, did a banner at one of their conferences called the "Show of Hands".

Participants painted their hands and then placed them on a large canvas banner leaving a handprint. Participants then added a special note to the handprint in honor of someone who had died or was very ill from tobacco use. As a counselor who utilized art for self-expression for several years with my patients, I realized the powerful healing impact that art can have on a person. I also realized through other projects that I have collaborated on through the Visual Arts League that people from all over the world can come together to create massive pieces of art, which can have a tremendous voice. Each person working separately throughout the world, then bringing them all together to create a "masterpiece".

The Hands of Hope project was a brainstorm of mine when I was driving home from work one day and very frustrated with the major funding cuts that were being made to the Tobacco Master Settlement funds. Short of wanting to scream...I decided to put the energy into a project whereby everyday people of all ages could "speak their mind" on an issue that continues to impact so many of our lives. I remember when "AIDS" became a major threat to many people, yet the government struggled with providing adequate funding to do the necessary research and treatment. I remember rallies of people who spoke to the need. I remember viewing the AIDS quilt for the first time at the Rutgers Gymnasium...with "real people's lives, and real stories" told on panels interwoven covering the gym floor. A cemetery of peoples lives destroyed by the Aids Virus. That project eventually grew to cover the front lawn of the White House and more. I can only believe that the personalization of lives via the quilt, made a very strong impact on government dollars being spent to support Aids research.

I decided to talk to my 6-year old nephew from Hillsborough, New Jersey about my idea. I remember sitting down with Garrett and talking to him about the dangers of smoking and asking him if he would participate in this project. He gladly began to trace his hand. He had told me that just a few days before "Donnie Dinosaur" had visited his classroom and told him about the dangers of smoking. When I asked Garrett what he wanted to write on his hand artwork, his first response was "Stop Smoking Dad". His next response was "Stop Smoking World". Garrett's father was a smoker

and Garrett was very worried about him. He was already learning in school about the dangers of smoking, yet he would come home and witness his dad smoking. I can only imagine how scary that was for a child who idolized his dad. When Garrett's dad saw his artwork, his dad was taken a back by the fact that Garrett was so attuned to how his smoking worried him. "Carmine", Garrett's Dad, quit smoking shortly after this and has not smoked for almost a year now.

The "Hands of Hope" project continues to collect hands from across the nation, young and old, making clear statements as to the continued need for tobacco prevention, education and treatment.



Cumberland County Technical Education Center
STRIVES students and their Hands of Hope.

Through the ongoing growth of this project, it is my hope that the numbers and stories told through the hands will speak for themselves.

The ultimate intent of this project is to advocate for the continuation of tobacco related services, without lobbying, but through the voice of the people telling stories in honor of their loved ones whose lives have been impacted by tobacco use. Each hand representing the heartfelt devastation tobacco dependence

caused to the individual and/or their families. This collaborative art project began in the Spring of 2004 and over 200+ hands were first exhibited a National Tobacco Conference of the UMDNJ, SPH, Tobacco Dependence Program on May 28 at the Hyatt Regency in New Brunswick, NJ. As of January 2005, we currently have 5000 hands from all over the country.

Information regarding this collaborative art project continues to be sent to various organizations to pass onto their mailing list inviting them to participate in the project and "BE COUNTED, through HANDS of HOPE". This project allows participants to speak through their art and represent how tobacco use continues to affect their life and those they love or have loved. We want YOU to know that the message is "YOUR HAND ARTWORK WILL MATTER!" It will be joined with others across America in a collage of hands...linking together messages, from youth through adults.

Your name will be added to a list of contributors of the project. This list will be kept in a data-base tracking ages, states, etc. Contributors will be kept abreast of the project via the www.tobaccoprogram.org website, tracking the numbers of hands, as well as where it will be exhibited throughout the United States at other tobacco/health/art related events. In addition the website will provide photos of past exhibits or feature some hands. It is my goal to reach 10,000 hands by May, 2005 and have a list of organizations throughout the country co-sponsoring this project.

Volunteers will be needed to help input data, collect hands and set up displays throughout the country. If you or your organization are interested in participating or co-sponsoring this project, please feel free to contact me.

Visit our [website](#) for instructions on the Hands of Hope project.

CHAMPION VS. TOBACCO

REGINA CARLSON

The first recipient of the John Slade NJ Tobacco Control Activist of the Year Award

by Patricia Repetto, MEd



The Tobacco Dependence Program would like to recognize Regina Carlson as our Champion for her outstanding achievements in the field of smoke-free legislation. Ms. Carlson was the recipient of UMDNJ's first ever John Slade NJ Tobacco Control Activist of the Year Award, given to her at our national conference "40 Years of Tobacco or Health: How Can We Do Better?"

Regina began her mission back in 1969, when she bought a "No Smoking" sign in a hardware store and put it on her front door. Since then, she has worked with citizens, legislators, and businesses to secure smoke-free air for nonsmokers, to ensure tobacco-free lives for children and to confront the tobacco industry. Through her work as Executive Director of the New Jersey Group Against Smoking Pollution (GASP), which she co-founded in 1974, she has encouraged and assisted many workplaces and public places to go smoke-free. NJ GASP to date has more than 1,000 dues-paying members who benefit from GASP's goals of research, education and advocacy and is the publisher of the annual 100% Smokefree Dining in New Jersey.

Regina has accepted numerous awards for New Jersey GASP over the years, including congratulations and thanks from Surgeon General C. Everett Koop, Senator Lautenberg, Governor Florio, media, legislators, health professionals, organizations, businesses, and citizens. Specifically, the New Jersey Department of Health and Senior Services, Americans for Nonsmokers' Rights, the American Lung Association of New Jersey, and the American Cancer Society, New Jersey, have given awards to New Jersey GASP

We applaud all of the hard work Regina has performed for the state of New Jersey and look forward to seeing Regina work her magic in 2005 – perhaps the year that NJ will follow other states and adopt state-wide smoke-free legislation!

About the John Slade Tobacco Control Advocate of the Year Award:

This unique NJ state award seeks both to commemorate and remember the many achievements of Dr. John Slade, former director of the UMDNJ Tobacco Dependence Program. The award seeks to honor an individual, who, like Dr. Slade, possesses an advocate's spirit and demonstrates leadership and/or achievement in the field of tobacco control.

This year's award will be given to a new recipient at our national conference on September 29, 2005. If you are interested in reading more about this award, please visit our website <http://www.tobaccoprogram.org/conf04-sladeaward.htm>.

Recent Publications

The latest publications
of our staff
since January 2004:



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Steinberg ML., Williams JM, & Ziedonis DM. Financial Implications of Cigarette Smoking Among Individuals With Schizophrenia. Tobacco Control 2004 Jun;13(2):206.

Steinberg ML, Williams JM, Steinberg HR, Krejci JA, Ziedonis DM. Applicability of the Fagerström Test for Nicotine Dependence in Smokers With Schizophrenia. Addictive Behaviors 2005 Jan;30(1):49-59

SAVE THE DATE!

National Tobacco Dependence
and Treatment Conference
Tobacco, Co-Morbidity and Stigma

September 29th, 2005
Hyatt Regency
New Brunswick, NJ

*This conference will explore strategies
for reducing tobacco use
among underserved populations including young people,
those with dual diagnosis disorders,
those with mental health and addiction problems,
the elderly and the socioeconomically disadvantaged.*

UMDNJ Tobacco Dependence Clinic Continues to be a Leader in the Treatment of Tobacco Use and Dependence

by Michael B. Steinberg, MD, MPH

The Tobacco Dependence Clinic at UMDNJ-School of Public Health is funded by the New Jersey Department of Health and Senior Services to provide specialist tobacco dependence treatment services to the local community and to provide consultation services to health professionals throughout the state. Since its inception in 2001, the Clinic has treated over 1,800 patients. The numbers continue to grow each year with 640 more patients being seen in 2004. We utilize a multi-disciplinary approach to treatment including professionals from medical fields (internal medicine and psychiatry), psychologists, clinical social workers, and other treatment specialists.

The Clinic continues to treat smokers who are in need of specialty treatment. A typical patient smokes over 20 cigarettes per day, has done so for more than 20 years, has attempted on average 7 previous quit attempts, and smokes within 30 minutes of waking. In addition, 56% of patients have symptoms caused by tobacco, half have had prior mental health treatment, and 30% have had prior treatment for other addictions. Protecting young people from the harms of tobacco smoke is a priority here in New Jersey, and nearly one-third of patients seen in the Clinic have children under the age of 19 at home. Patients receive a

comprehensive assessment and a tailored treatment plan including counseling and pharmacotherapy. Over 50% of patients attend weekly stop smoking group sessions, and over 80% use medications to assist them in quitting.

Five hundred forty-one new patients were seen in 2003 with 94% making an attempt to quit; 41% were abstinent at one-month follow-up and an additional 17% cut their consumption by at least half. One hundred twenty-five (25%) remained abstinent six months after their quit date. These rates assume that those not contacted for follow-up (37%) were still smoking. There are several challenges and goals for the Clinic in the upcoming years:

Increase access to treatment for underserved populations in the local New Jersey areas, including the Hispanic, African-American, and Asian communities. This will be accomplished through targeted outreach to these groups, and improving our bilingual services.

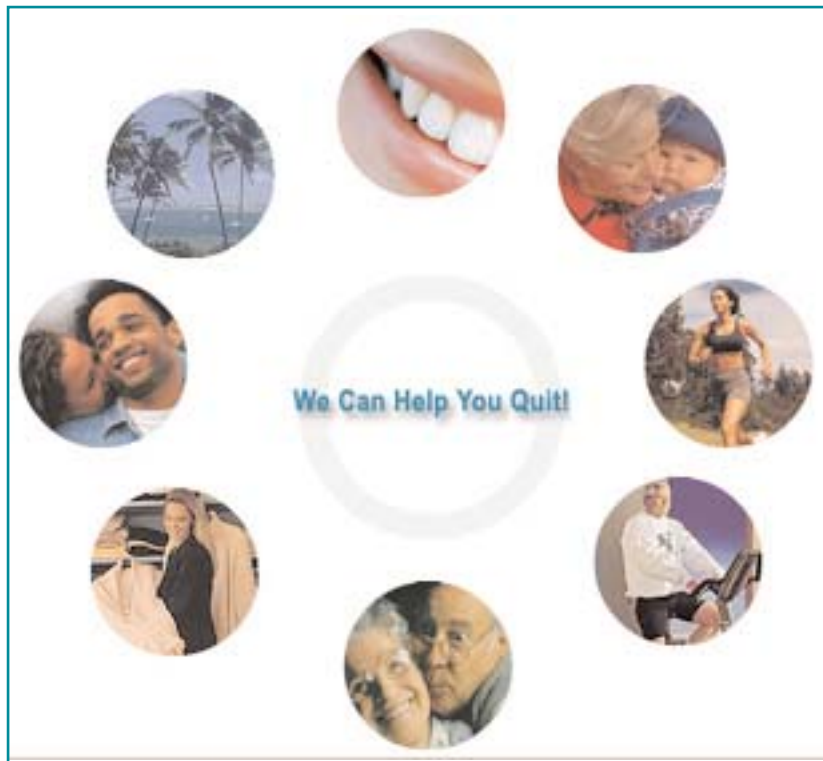
Improve our 4 week and 6 month follow-up rates. These have been difficult with recent budget cuts and staff shortages, but are critical in demonstrating the effectiveness of treatment.

Expand off-site treatment programs. We will be starting a new treatment group at a local major pharmaceutical company and are negotiating at another large healthcare organization.

Continue to examine aspects of our treatment strategies. We have seen that abstinence rates are better among those patients who have used combination medications and have continued on medications for longer than package labeling recommends.

Remain active in tobacco treatment research. The Clinic has been the site of several clinical trials including evaluating multiple patch therapy and nasal spray treatment of smokers with schizophrenia. We will be conducting a clinical trial examining the effectiveness of combination and long-term medication protocols among smokers with medical illness.

Expand our collaboration with local healthcare organizations. We have been actively involved with tobacco treatment efforts with Robert Wood Johnson University Hospital, and other local hospitals throughout New



Jersey. These activities have involved conducting Grand Rounds for providers, providing treatment services for employees, jointly conducting activities for the Great American Smoke Out, and developing hospital and office-based consultation services, including an electronic-medical-record based tobacco module. These activities will continue to grow in the upcoming years.

Market the Clinic more aggressively in the community. To date, we have seen referrals from healthcare providers and word-of-mouth as our primary referral sources. Due to very tight budget situations, we have not had the opportunity to develop an effective marketing plan. This will be a priority for this coming year.

The UMDNJ-Tobacco Dependence Clinic remains one of the state-of-the-art treatment centers in the nation. We will continue to improve and deliver our services to the smokers of New Jersey, as well as to the nation's tobacco treatment community.

Certification for Tobacco Treatment Specialist (TTS)

The Certification Board of New Jersey, in collaboration with the Tobacco Dependence Program at UMDNJ School of Public Health, is now offering a certification for its 5-day Tobacco Dependence Treatment Specialist training. This training is held periodically throughout the year. For training dates, more information regarding the training or to register for the training, please visit our website at: www.tobaccoprogram.org. To find out more about the certification process, please visit <http://www.certbd.com>.

Course Length:	42 clock hours
Grandfathering Clause:	Those who have <i>completed</i> the UMDNJ TTS prior to July 1, 2004 automatically qualify to apply for this certification.
Prerequisites:	Masters or above in Human Services field with one year of full time counseling Health care experience, or Bachelors in Human Services with two years of full time counseling/ health care experience, or CADC/LCADC/ nursing or other recognized health related qualification, with four years of full time counseling or health care experience.
To Apply:	Download the form
Cost:	\$150 non-refundable Initial application review fee.
Recertification Requirements:	<ul style="list-style-type: none"> • Eighteen (18) hours of continuing education on tobacco dependence treatment every two (2) years • \$150 non-refundable recertification fee • Submission of recertification application

NJ Residents: Please note that the CERTIFIED TOBACCO TREATMENT SPECIALIST is not an independent clinical practice credential and should only be used for work within health care or counseling settings. Private practice counselors must have a license approved by the Division of Consumer Affairs to provide independent counseling.

Website Review: Professional Assisted Cessation Therapy (www.endsmoking.org)

by Patricia Repetto, M.Ed.



This edition of *The Nicotine Challenger* would like to review the website of an organization known as Professional Assisted Cessation Therapy (PACT) found at www.endsmoking.org. PACT defines itself as an independent consortium of leaders in the treatment of tobacco dependence whose mission is to lower barriers to broader utilization of cessation therapy through education and advocacy. The organization is made up of a wide array of organizations committed to helping smokers receive the latest and most effective information with regard to tobacco dependence treatment and is funded by an unrestricted educational grant by Glaxo Smith Kline Consumer Health.

PACT is probably most well known for its Employers Smoking Cessation Guide (on its 2nd edition) and Reimbursement for Smoking Cessation Therapy (on its 3rd edition). These two guides have served as useful tools to professionals fighting for coverage of tobacco dependence treatment in their state and are available in downloadable form on their website.

While the organization is currently soliciting new members, the website does not give any indication as to whether there is a cost to join. Without joining on as a member, I was able to download the guides mentioned above, review the latest tobacco treatment news headlines, and download useful educational materials for providers and consumers via their Office Smoking Cessation Assistance Resource (OSCAR) web page.

PACT offers a new feature for those who want to receive email alerts on tobacco treatment news stories. While I found some areas of the website outdated, such as the calendar of events and articles written by the steering committee, I did find the latest news articles to be rather current. While I wouldn't use this site as my "one-stop-shop" for my cessation information, overall, I found the site to be very easy to navigate, very consumer friendly and a great resource for those in the field of tobacco dependence treatment.

in practice when contacting insurance companies, this information is difficult to ascertain. It is unclear how well educated insurance company personnel are about coverage issues. When asked about smoking cessation coverage, insurance company representatives will frequently say it's not a covered benefit. However, when asked about "Nicotine Dependence Treatment" – the language of the DOBI under "preventative care benefits" (the medical part of the insurance, not the mental health part), many insurance companies have acknowledged that this is a covered service and eventually paid for the treatment. The DOBI language states: "The Carrier also covers charges for immunizations and vaccines, well baby care, pap smears, mammography,.... and Nicotine Dependence Treatment." There are usually caps on the amount covered/year and some insurance companies in NJ have reported they would pay for NRT in addition to counseling. In summary, it is very important when calling insurance companies to be very specific and to explore what services are covered under the preventative care benefits.

Large Group Employers

People who work for a company with more than 50 employees fall into this category. At this time, NJ law (as reported by the DOBI) does not mandate coverage for nicotine dependence treatment. There is a law that people with insurance paid for by a large group are entitled to one annual consultation or "Wellness visit" with a health care provider. Among other things covered during this consultation, "smoking control" may be addressed. At this time, it is unclear if specific insurance companies would actually pay for a smoking cessation counseling focused session as part of this annual consultation. Additionally, specific insurance plans, "depending on their particular contract," may only consider a physician for this service. Finally, reportedly, this annual consultation may not apply to "self-funded" insurance plans.

In summary, while there are many positive changes on the reimbursement horizon nationally, and some private insurance reimbursement availabilities in NJ for these life saving tobacco treatment services, many insurance companies continue dodging responsibility and many create loopholes to avoid coverage. Part of what needs to happen is for us all to do more to educate Human Resource Managers, and employees to advocate for appropriate coverage. We also need to communicate this to Legislature/Senate people as well. It may be helpful to frame this as a form of discrimination against smokers. In many instances, private insurance companies eventually follow Medicare's example on coverage issues. We must continue with a full course press here, if we are to save more lives in NJ.

If you would like to read more about the Medicare proposal to pay for smoking cessation counseling services, [click here](#).

References: Personal Communication with John Leyman, Chief of Government Affairs, DOBI

Tobacco Dependence Program Trains 40 School Counselors Throughout The State

with NJ's Youth Cessation Program, Youth QUIT2WIN

by Nancy Speelman, CSW, CADC

The New Jersey Department of Health and Senior Services and the Tobacco Dependence Program of the University of Medicine and Dentistry of New Jersey, School of Public Health are working together to provide free training and ongoing consultation for staff members from 40 New Jersey High Schools to aid their students in quitting their use of tobacco. In addition to the training, participants are given the Youth QUIT2WIN manual with week-by-week group sessions, along with materials to promote and market the quit program in their school. Schools completing the training are also lent a Carbon Monoxide monitor to help track their student's progress.

Through funds from the New Jersey Comprehensive Tobacco Control Program, the Tobacco Dependence Program developed the Youth QUIT2WIN curriculum-based manual, which provides the necessary educational materials and group skills in working with youth to quit tobacco use. The Tobacco Dependence Program prides itself on having the latest, research-based information available to professionals and is known for its expertise in treating tobacco dependence. But working with youth is a different challenge. The success rates in working with teens is frequently lower than in working with the adult population. There are various other adolescent programs which are already on the market, with few achieving high success rates. So what makes this program different?

We have found that there are very important steps to insure proper implementation of cessation services to young people. While adult programs have been significantly researched, young people's programs have not. The Youth QUIT2WIN program was developed by health educators and treatment professionals who have strong skills in working with adolescents, as well as an expertise in tobacco addiction. The Tobacco Dependence Program utilized schools in New Jersey as pilot groups to learn from and discover what works in helping teens quit smoking. Trained Tobacco Dependence Treatment Specialists went to 10 New Jersey high schools and facilitated support groups on premises. In providing these groups with school staff, we have found that Student Assistance Counselors, School Nurses, Health Teachers, Guidance Counselors or other staff trained in working with teens, and who have a strong commitment to this important issue, make the best facilitators.

We have also found that although health concerns are the main reasons why many adults want to quit smoking, adolescents are not at that place in their lives and actually thrive on risky behavior. Appearance and how they smell or how cigarettes stain their teeth are ranked higher. We did find that making the students angry about being taken advantage by the tobacco industry by the amount of money they are spending on cigarettes and that they could of instead put a good down payment on a new car, or by letting them know about how the industry lies to them or directly markets to them by the billions of dollars spent on advertising also made an impact. Realizing that the industry doesn't care about them provoked them to look at their tobacco use. As a result, we began to see students quitting or significantly lessening their cigarette usage. In addition, students being able to see the direct effect of "carbon monoxide" in their body by using the CO Monitor weekly and watching the numbers fall as they quit their usage also had an impact. Providing stress management techniques, as well as allowing students to role-play and work through difficult situations that may arise, also helped reduce their smoking. The Youth QUIT2WIN program is still a work in progress, but as we have adapted the format, we have experienced increased success in quitting, with 29% of participating students being tobacco free and a further 29% having cut down to less than 2 cigarettes per day by the end of our last pilot group. With further adaptations in response to suggestions by students and school staff, we are hopeful that Youth QUIT2WIN will develop into a highly effective youth smoking cessation program.