

The Nicotine Challenger

Winter 2003

Volume 11, Number 1

A View From The Director



On June 7th 1962, President John F. Kennedy approved the formation of a committee of the U.S. Public Health Service to review the growing scientific evidence on smoking and health. On January 11th, 1964, U.S. Surgeon General Luther L. Terry released the landmark report on Smoking and Health. This report was important, not because it was the first to identify a relationship between

smoking and health, but because it was the first comprehensive report on this issue to identify cigarette smoking as being causally related to lung cancer and respiratory diseases such as emphysema. It marks a point after which the tobacco industry should have no excuses for continuing to produce and market such a deadly product.

I mention this historic event now because we are approaching its 40th anniversary and it seems appropriate to look at what has changed since then and what challenges remain. To me it is remarkable that forty years after that report, the tobacco industry is still producing and marketing pretty much the same product, in just as deadly a form, and over one in five Americans continue to smoke them. The tobacco industry has therefore managed to adapt to what should have been extremely challenging circumstances – circumstances that would have threatened the very existence of most other industries. They developed a range of products, such as light cigarettes, that gave the impression of being less harmful. For most of the past forty years they have worked to generate the perception that there is some controversy or doubt about the harmfulness of cigarettes. They have diversified so that their fortunes are linked to those of other consumer-friendly products such as macaroni and beer. All the while they have been major contributors to the campaign funds of both of the leading political parties, guaranteeing high level political influence. Most recently the tobacco companies have started to admit that smoking is harmful to health and we even have the surreal experience of watching TV advertisements from Phillip Morris telling us that smoking causes disease and death and that we should go to their website for help to quit!

Over that same time period there have been some important positive events on the tobacco control side. The scientific evidence that passive smoking causes serious illness has strengthened legislation protecting smoke-free air. Experience in states such as California has shown that when this issue is properly addressed it produces a marked reduction in cigarette smoking and improvement in health (together with improved business at bars and restaurants). The recognition that cigarettes are addictive in the same way as heroin and cocaine, and that nicotine is the drug causing the addiction has also been important and has been linked to improvements in treatment.

continued on page 3



This edition of the Challenger would like to recognize the important and groundbreaking work of the New Jersey Institute for Continuing Education in Tobacco (NJICET or the Institute). The Institute is a comprehensive training and technical assistance program made available free-of-charge to New Jersey organizations and made possible by a grant from the New Jersey Department of Health and Senior Services (DHSS). The primary goal of the Institute is to advance the knowledge and skill-level of those professionals working in the field of tobacco control via *interactive* skill-based training. During these times of reduced statewide tobacco control funding, the Institute serves to focus on a new way to build and ensure the capacity of tobacco control throughout the State. Brian Obser, M.Ed., CHES, Program Director of the Institute, states that “the Institute’s programming is interactive, participant-centered and instructed by faculty with practical and academic expertise in related topics. This Institute is the first of its kind in the country and promises to provide those in New Jersey comprehensive technical assistance, access to the “NJ Promising Practices” and “NJICET Sharing Database” as well as direct links to State and National tobacco control organizations, trainings and resources.” Trainings are delivered through two- to three-hour interactive training modules that were developed in partnership with the Princeton Center for Leadership Training. The Institute currently offers five tobacco training modules in the areas of policy, community, youth prevention, evaluation and science-based initiatives. Trainings are brought to the client and rely mostly on group and individual activities to induce learning. For more information visit The Institute’s website at www.njicet.org.

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



Visit our website

www.tobaccoprogram.org

*for a listing of our products
and services, to find a*

*Quitcenter near you and for the
latest in tobacco control news.*

From the Director

continued from page 1

Public awareness of the health effects of smoking has undoubtedly increased and is the main reason smoking prevalence has fallen to around 20% and why over 75% of remaining smokers in this country say they want to quit. It is also positive that lawmakers have recognized that tobacco tax increases are a simple, popular way to boost revenues and improve public health at the same time.

Despite these positive steps there is a long way to go. It is bizarre that manufacturers of such a deadly product are not losing even more lawsuits, based on the damage caused by their products. It is strange that such a deadly product not only remains on the market but also is allowed to be advertised in magazines and public places, and is relatively unregulated by the government. In New Jersey it is bizarre that in many public places (bars, restaurants, bowling alleys, etc.) both the families who visit them and the people who work there still have to breathe air containing harmful amounts of other people's tobacco smoke. It is strange that tobacco addiction is the biggest cause of death and disease in this country, and effective treatments exist, but they are not widely practiced by health services. A major concern is that despite our best efforts, a sizable minority of our young people is taking up tobacco smoking and is becoming

addicted before they leave school. Finally, there is the disappointment that despite pronouncements at the time of the Master Settlement Agreement, only a tiny proportion of the revenue from the MSA is being spent on tobacco control.

Here in New Jersey, we are making progress – although sometimes it can seem painfully slow. More public places are electing to go smoke-free and we just need to convince our politicians to follow the will of the people with proper legislation. More New Jersey smokers are trying to quit, with over 100,000 contacting New Jersey's treatment services. Fewer and fewer New Jersey youth are using tobacco, with the REBEL youth movement playing an important part in the state's tobacco control movement. We at the Tobacco Dependence Program are pleased to have a part in these positive developments, having treated over a thousand of New Jersey's addicted smokers, trained over a thousand health professionals in tobacco treatment and also worked with New Jersey schools and the REBEL youth movement. With the new year and the fortieth anniversary of the 1964 report almost upon us, I hope you will work with us to give tobacco control the priority it deserves in 2004.

Jonathan Foulds, PhD

