

The Nicotine Challenger

Winter 2006

This issue: Tobacco, Co-morbidity and Stigma

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A View From The Director

by Jonathan Foulds, PhD

This past fall, our annual conference focused on “Tobacco, Comorbidity and Stigma” and aimed to identify groups whose tobacco addiction was not being properly addressed because of stigma. Part of the rationale for this topic came from a concern that by trying to “de-normalize” tobacco use (for good reasons), society could end up blaming the smoker in an unhelpful way. One example of this is that many women who continue to smoke in pregnancy deny their smoking when talking to health professionals – partly because of anticipated disapproval. The result is that they are not offered help to quit. It has always been the philosophy of the Tobacco Dependence Program to support the de-normalization of smoking in society, but to balance this by offering effective treatment to the addicted smoker. Many of the articles in this edition of the Challenger touch on these important issues.

I’m pleased to say that I’ve had to re-write this article a few times to keep pace with the positive developments in tobacco control in New Jersey. Now we are approaching the Spring of 2006 with a comprehensive smoke-free air law passed and due to be implemented on April 15th. The age-of-sale for tobacco products has been increased from 18 to 19 in New Jersey. Governor John Corzine is also proposing a 35 cent increase in excise tax per pack of cigarettes for the 2006-7 budget. While I would like to see an extra \$1.00 tax per pack rather than 35¢, and smoke-free air for casino employees and patrons as well, there can be no denying that these past few months have seen massive positive strides for tobacco control and future health in New Jersey. Those who advocated for these policies, and the legislators who supported them, deserve enormous credit.

Looking to the near future, we can expect that the smoke-free bars and restaurants, and likely increased cost per pack, will reduce smoking in young people and prompt many adults to try to quit. Now, more than ever, it is critical that we have an adequately funded Comprehensive Tobacco Control Program, with properly funded smoking cessation services, designed to turn smokers’ aspirations to quit into success stories. In 1999, the Centers for Disease Control (CDC) recommended that New Jersey should spend a minimum of \$45 million annually on tobacco control. Current expenditure is \$11 million. Now is the perfect time to restore the funding to CDC recommended levels so that the combination of policy and services can really make smoking history in New Jersey. The future healthcare cost savings would more than pay for this relatively small investment in the health of the people of New Jersey.

Tobacco, Co-morbidity and Stigma

by Jill M. Williams, M.D.



Stigma is an important factor to consider in the area of tobacco use in the mentally ill. Smoking itself is clearly stigmatized as evidenced by the fact that people label “smoking” and associate it with a negative stereotype. Although there is evidence that smokers are stigmatized and perhaps even discriminated against in some situations, it is the positive effects of stigma and not the negative ones that get more attention in the smoking cessation literature.

Stigmatizing smokers may help increase the motivation for smokers to quit in order to remove the effects of stigma. Societal effects which stigmatize smokers are also positive since these help to change the culture towards quitting and healthier living.

There is abundant evidence that people suffering from a mental illness are victims of stigma which results in many negative effects including shame, mistrust of others, discrimination and further difficulty integrating into society. What is not known are the effects of being both a smoker and having a mental illness. It is

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