

New Jersey Comprehensive Tobacco Control Program 2001 Annual Report



Real People



Real Savings



Real Results



James E. McGreevey
Governor



Clifton R. Lacy, M.D.
Commissioner

New Jersey Comprehensive Tobacco Control Program Goals

1. Decrease the acceptance of tobacco among all people
2. Decrease the number of youths under 18 and young adults 18 to 24 who start smoking
3. Increase the number of people who start treatment for nicotine addiction
4. Decrease the exposure to environmental tobacco smoke
5. Reduce disparities in tobacco use and effects among different population groups

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Executive Summary

The Master Settlement Agreement (MSA), the landmark legal settlement between the 46 states and the tobacco industry, was implemented to compensate the states for the health costs attributed to tobacco use. The State of New Jersey entered into the MSA in 1998 with the understanding that it would create a substantial flow of funds for preventive and therapeutic tobacco control programs to help stop young people from smoking and help current smokers to quit. New Jersey made a commitment to use a portion of the MSA funds for this intended purpose.

In two years, we have made significant advances by attacking the problem of tobacco use from many different directions at once. We have formed partnerships among dozens of organizations, community leaders, and nonprofit groups, which are as committed as we are to working for tobacco control and to changing community and social norms regarding the acceptability of tobacco use.

Tobacco use is the leading cause of preventable death in New Jersey and the nation – responsible each year for 400,000 deaths nationally and 13,000 deaths in New Jersey. These figures represent more than one in every six deaths. There are no simple solutions to alleviating the human toll of tobacco use. It takes a comprehensive program like the one New Jersey has put in place to make a positive difference.

Early Achievements

Our efforts to decrease youth smoking in New Jersey are paying off. Our most recent *New Jersey Youth Tobacco Survey* (2001) indicates that youth and teen smoking rates are on a dramatic decline:

- From 1999 to 2001, New Jersey reduced cigarette smoking among middle school students by 42 percent and among high school students by 11 percent.

These findings confirm that New Jersey's reductions in teen smoking rates are on track with those states that are acknowledged leaders in tobacco control:

- Massachusetts reduced smoking among high school students by 15 percent since 1995.
- California saw a 43 percent drop in teen smoking between 1995 and 1999.

- In two years, Florida reduced smoking among middle school students by 40 percent and among high school students by 10 percent.
- In three years, Mississippi reduced smoking among middle school students by 21 percent and among high school students by 10 percent.

Another positive indicator is that New Jersey's smoking rates for high school students are lower than the national average (24.5 percent compared to 28 percent). Experience shows us that in states that have strong comprehensive tobacco control programs, teen smoking does decrease.

Moreover, New Jersey teens are also using less of all types of tobacco products – including cigarettes, smokeless tobacco, cigars, and bidis – than they were two years ago.

- From 1999 to 2001, New Jersey saw a 38 percent decrease in the use of any tobacco products among middle school students and a 14 percent decrease among high school students.

However, we want to achieve a smoke-free generation. We must continue these programs to further reduce high school smoking rates, because our aim is to do better than meet the U.S. Public Health Service's *Healthy People 2010* goal of reducing rates to 16 percent by 2010. We have our work cut out for us.

The Harsh Facts about Tobacco

These achievements do not negate the seriousness of the tobacco addiction problem in New Jersey or the death toll from tobacco-related illnesses. If smoking were considered a cause of death, and all deaths due to smoking were excluded from the standard cause groups used for ranking and were grouped together, then smoking would be the third leading cause of death in the State after heart disease and cancer. Even if we were entirely successful in preventing young people from starting to smoke, we would not produce any significant reductions in deaths caused by smoking for the next 20 years. That is why it is essential to provide treatment for current smokers who must be helped to quit if we are to achieve significant immediate gains in saving lives and reducing illness and disability related to tobacco use.



REBEL members ride "Not For Sale" float.

"We know more than enough to prevent and reduce tobacco use. Now we must commit the attention and resources to translate this knowledge into action."

— Former U.S. Surgeon General,
David Satcher, M.D.



Tell Someone You Love Program

I'll Never Quit Living Smoke-Free

MaryAnne Schwinger-Zahn, 70, began smoking 20 years ago, when her husband received a package of tiny cigars as a Christmas gift. "I loved the smell, so I tried one," she says. "For a whole year, I'd have one after dinner. It was a lovely ritual, but I never thought I'd get hooked." After MaryAnne took a high-pressure job in an elementary school, she began smoking up to a pack-and-a-half a day.

MaryAnne decided she needed to quit when she realized she was "flirting with lung cancer and emphysema." In addition, the habit was getting expensive. So MaryAnne, a Turnersville resident, turned to her son for help. He gave her the number for New Jersey Quitline, and she gave them a call.

"My counselor was marvelous. She listened well, understood my smoking 'triggers,' and spoke specifically to my concerns," she says. MaryAnne really appreciated the personal attention. "It was directed at me, for me. I knew I could call whenever I needed to." In June 2001, MaryAnne inhaled her last cigarette. "New Jersey Quitline made quitting so much easier. I have only high praise for it!"

As an extra incentive to keep from lighting up, MaryAnne told all her co-workers that she quit. "When I first told them, they were skeptical about my resolve. But I'm showing them!"

MaryAnne Zahn



Executive Summary

Even with our recent successes in reducing teen smoking rates, nearly one in four high school students currently smoke (24.5 percent). Each year, more than 20,000 New Jersey youths become addicted to smoking. If this trend continues, approximately 135,000 of today's youth in New Jersey will die prematurely from tobacco use. This is unacceptable.

More than 1 million adults (18.4 percent) in the State smoke cigarettes, and nearly seven out of 10 of these smokers say they want to quit. More than one quarter of New Jersey smokers (27.9 percent) tried to quit in the past year, yet only 3 percent of smokers are able to succeed without help, because of the powerful addictiveness of nicotine. Most smokers who try to quit report multiple unsuccessful attempts. Behavior change is difficult.

Smokers are not just harming themselves. The Centers for Disease Control and Prevention (CDC) has documented the health dangers of environmental tobacco smoke (ETS), especially for infants and young children. ETS increases their risk of upper respiratory disease, inner ear infections, asthma attacks, and even sudden infant death syndrome (SIDS).

Approximately one out of 10 New Jersey women smoke during pregnancy. Smoking during pregnancy accounts for 20 percent to 30 percent of low birth weight babies, a condition that can cause stillbirths and newborn deaths. Pregnant women who smoke experience a 25 percent to 50 percent higher rate of infant and fetal death than nonsmokers. To protect the health of New Jersey's children, we must help pregnant women and parents of young children to succeed in quitting smoking. This is one of our primary objectives.

The State of the State: The Economic Toll for New Jersey

The CDC estimates that tobacco use costs New Jersey and its taxpayers \$2.5 billion every year in direct healthcare costs, more than \$2,000 for each smoker. The overall total includes more than \$755 million in Medicaid dollars alone. This amount accounts for approximately 16 percent of the State's Medicaid expenditures, or about \$929 per recipient.

In addition, the CDC estimates that tobacco use costs New Jersey employers more than \$2.2 billion annually in lost productivity through sick days, smoking breaks, and disability, representing nearly \$2,000 per smoker.

Annual healthcare costs related to smoking during pregnancy are \$13.4 million per year in New Jersey, according to the Campaign for Tobacco-Free Kids (2001). The State could realize immediate savings by reducing smoking among pregnant women.

New Jersey's Comprehensive Tobacco Control Program: Year Two in Profile

An effective tobacco control program must tackle the problems of tobacco use from many different directions at once. It must also change the community and social norms of tobacco acceptability. To change community norms, we promote tobacco-free schools, workplaces, and public spaces; decrease access to tobacco products to minors; and make treatment services more visible and available to the public. To change the social norms of tobacco use acceptance among youth, we are expanding our youth-driven social movement to promote tobacco-free lifestyles; conducting a powerful counter-marketing campaign; and promoting peer-to-peer communication among New Jersey youth in their schools and communities.

Tobacco Use Costs New Jersey:

- Tobacco use is the single most preventable cause of death and disease.
- Tobacco use is responsible for 13,000 deaths each year in New Jersey.
- 1 in 3 New Jersey smokers will die prematurely from smoking-related illnesses.
- New Jersey smokers lose an average of 12 to 15 years of life expectancy.
- New Jersey spends \$2.5 billion each year in direct healthcare costs.
- Tobacco use costs New Jersey employers \$2.2 billion in lost productivity annually.

Our achievements in reducing the rates of teen smoking and tobacco use address one of the goals established in the 1999 *New Jersey Strategic Plan for Comprehensive Tobacco Control*. As demonstrated in this section, each program component has shown results toward achieving our program goals, which are to:

1. Decrease the acceptability of tobacco use among all populations;
2. Decrease the initiation of tobacco use by youths under 18 years of age and young adults 18 to 24;
3. Increase the number of youth and adult tobacco users who initiate treatment;
4. Decrease exposure to environmental tobacco smoke (ETS); and
5. Reduce disparities related to tobacco use and its effects among different population groups.

In two years, we have established an evidence-based comprehensive program following the Centers for Disease Control and Prevention (CDC) Best Practices and successful models established by California and Massachusetts, states with extensive experience in tobacco control. We stand to achieve benefits similar to theirs.

Savings produced by the California Tobacco Control Program in direct medical costs alone are estimated at \$3.02 billion between 1990 and 1998, or \$3.62 for every dollar spent on the program. A 1999 Massachusetts Institute of Technology study found that Massachusetts saves \$2 in healthcare costs for every dollar spent on tobacco prevention.

We launched New Jersey's Comprehensive Tobacco Control Program (CTCP) in 2000. In 2001, we focused on strengthening and expanding each component of the CTCP. The results of the second year are based on the groundwork and solid program development established in Year One. The following program descriptions highlight the CTCP's growth and achievements.

Youth and School Programs Component

In 2001, the Youth and School Programs Component concentrated on expanding and strengthening REBEL (Reaching Everyone By Exposing

Executive Summary

Lies), the youth-led anti-tobacco movement for New Jersey teens. Initiatives included organizational and leadership development, recruitment, and community service. We established a 42-member Youth Advisory Board (YAB) as REBEL's youth leadership decision-making body to play a key role in the program's evolution from adult to youth leadership and to act as a bridge between the State and the youth.



REBEL takes the smoking cessation message to local communities around the State.

Throughout 2001, we laid the groundwork for a unique continuum of youth programs that now includes REBEL, for high school teens; a middle school program called REBEL 2; and a leadership program for college-aged students called ROCS (REBEL Official College Support Staff). ROCS is a first-in-the-nation program that trains recent high school graduates and college students to model tobacco-free lifestyles and work with REBEL members to develop anti-tobacco initiatives.

We created and expanded a number of recruitment tools, including the REBEL Web site, www.njrebel.com, and two periodicals – an annual magazine called *R.E.B.E.L.* and a quarterly newsletter, *REBEL in Action*, both written and edited by REBEL members. Many teens joined REBEL via the Internet in 2001. Others signed the “Declaration of Independence from Tobacco,” a statement of freedom from tobacco use and the manipulation of tobacco advertising.

The following highlights are indicative of REBEL's recruitment and community service activities in 2001. We are proud of these achievements.

- REBEL increased membership from 340 members in November 2000 to more than 7,000 members by the first quarter of 2002 and gathered 6,000 signatures for its Declaration of Independence from Tobacco.
- REBEL rallied 700 teens to launch the Not For Sale advertising campaign and the Declaration of Independence from Tobacco grassroots recruitment campaign on February 16, 2001, at the Liberty Science Center in Jersey City, New Jersey.
- On August 20, 2001, approximately 700 REBEL teens cleared more than 38,000 cigarette butts from eight New Jersey beaches in their first statewide community service project.
- Approximately one-third of New Jersey students (34 percent in middle school and 32 percent in high school) heard of REBEL.
- More than half (56 percent) of the surveyed students reported seeing or hearing Not For Sale media campaign messages in the 30 days preceding the *2001 New Jersey Youth Tobacco Survey*.

Tobacco Dependence Treatment Component

Cessation counseling has proved effective in helping people to quit. In fact, a study published in the *American Journal of Preventive Medicine* in July 2001 ranked cessation counseling along with childhood vaccinations as the two most effective forms of preventive medicine. Research shows that quitting smoking at any age provides health benefits to former smokers and increases life expectancy.

The New England Journal of Medicine (February 14, 2002) called smoking cessation programs a cost-effective intervention that is

underused by physicians and inadequately covered by many health insurers. According to this study, the challenge for healthcare systems and physicians is implementing effective treatment because smoking is a chronic problem, like hypertension, that requires long-term management.

To address the needs of New Jersey smokers who are ready to quit, we established a menu of three free or low-cost services. New Jersey Quitline, a toll-free telephone-based counseling service (1-866-NJ-STOPS), and New Jersey QuitnetSM, an online information,

counseling, and referral resource (www.nj.quitnet.com), are provided at no cost to the client. New Jersey Quitcenters, face-to-face counseling clinics at 15 locations throughout the State, charge for services on a sliding-fee scale based on income. New Jersey residents can choose the treatment approach that suits their individual needs.

Our challenge is to ensure that New Jerseyans know about these services. To accomplish this, we launched an aggressive advertising and public relations campaign, initiated public information programs through mass mailing campaigns to 19,000 physicians and dentists and to 36 college campuses statewide, and sponsored grassroots educational initiatives through our community partners.

The goal is to reach adult smokers who want to quit and young people before they become addicted to nicotine. We are seeing a growth in the volume of usage for all three Quit services.

- New Jersey offers three distinctly different cessation services to give smokers a personal choice that will increase their chances of success: NJ Quitnet, NJ Quitline, and NJ Quitcenters.
- Over 70 percent of smokers who call NJ Quitline register for counseling.
- Over a quarter (26 percent) of smokers registered with NJ Quitline have quit smoking for six months following counseling, a result well above the average national success rate of 10 percent to 12 percent for structured cessation programs.
- New Jersey Quitnet clients logged nearly 200,000 visitor sessions in the first 14 months of the service and spent an average of 12.5 minutes per visit, well above the general average of 10 minutes per visit on the Internet.

Community Partnerships Component

We collaborate with community-based organizations and community leaders who are dedicated to the same tobacco control principles, goals, and objectives as we are. Partnerships enable us to link into organizations and institutions that have well-established anti-tobacco programs and utilize their expertise in tobacco control advocacy, tobacco prevention, and smoking cessation. The partners' strength lies in their ability to reach the grassroots of New Jersey's uniquely dense and exceptionally diverse population to effect change in community norms at the local level. Community partnerships are essential because they connect the Comprehensive Tobacco Control Program with the people of New Jersey. The partnerships' unique capability to forge these connections and achieve results ensures that the dollars reach the communities and programs where they have a positive impact.

Lisa's Best Friends Inspired Her to Quit Smoking

When it comes to smoking, Lisa Feldman, a 41-year-old homemaker, got an early start. By nine years old, she was smoking up to a pack of cigarettes a day. She fondly remembers buying a pack of cigarettes for a quarter. But over the years, the true cost of her habit became clear.

Lisa decided to commit to quitting when she saw a TV ad for New Jersey Quitline. The ad showed a dog and cat reacting negatively to cigarette smoking. Pets are a soft spot for Lisa, a proud owner of six cats, three dogs, two African parrots, a pot-belly pig, and a fresh-water fish.

“I wanted to quit even before I saw the commercial, but I felt that with personal support I had an even better chance of succeeding,” says Lisa, a resident of Mt. Holly. So she called and spoke to a counselor, who mailed her a workbook packet and set up dates to talk again on the phone. “She always assured me that if there was ever a problem I should contact her,” she says.

The counselor also offered Lisa myriad options to quit, like the patch or nasal spray. But she chose to go cold turkey. She gave up cigarettes in October 2001 and hasn't touched another since. “Quitting is great. I can breathe again, I'm not hacking up my lungs, I have more energy, I'm saving money, and my animals are happier!” she beams.

Would Lisa recommend New Jersey Quitline to others? “Absolutely. Talking to the counselors was like talking to my best friend. It's a total and complete program.”



Lisa Feldman

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Our partners form a powerful statewide network of tobacco control advocates that includes the American Cancer Society, the American Lung Association, the American Heart Association, NJBreathes, New Jersey GASP, the New Jersey Medical Society, the Southern New Jersey Perinatal Cooperative, the Communities Against Tobacco (CAT) coalitions, local health departments, and many others. By working with these partners, we have made significant strides.

- Proprietors of 977 New Jersey restaurants voluntarily adopted smoke-free policies, nearly doubling the number of smoke-free restaurants in New Jersey to a total of 2,077.
- In just one year, 250 additional businesses across the State enacted smoke-free policies in their workplaces.
- As of February 2002, 264 New Jersey municipalities have enacted 374 smoke-free ordinances to reduce the public's exposure to tobacco smoke.
- Grassroots education initiatives have reached more than 160,000 individuals in 2001.

Public Awareness and Media Component

Cigarette advertising and promotion are known to influence smoking in young people, but the powerful effect of mass media on behavior can also be used to promote health. Research shows that states with anti-smoking mass media campaigns have been effective in reducing cigarette consumption and helping people quit. However, as promising as these campaigns are as a tool for state-funded anti-tobacco initiatives, they can succeed only if sustained funding can be guaranteed.

We have created an integrated marketing and communications program that is cost-effective and closely coordinated with all components of the Comprehensive Tobacco Control Program. Our first goal is to inform New Jerseyans about the CTCP's prevention and cessation programs. Without a public awareness campaign and an array of informational materials at their disposal, New Jerseyans would not know about these services and programs and how to access them. It is as simple as that.

Promotional Vehicles

- TV, radio advertising
- Billboards, bus sides
- Educational videos, CD ROM
- Recruitment postcards
- Signing boards
- Newspaper ads
- Print, broadcast news stories
- Public service announcements
- Informational brochures, posters
- Countertop exhibits

In addition to building public awareness of the CTCP through a concerted advertising and public relations campaign, the marketing and communications program has deepened the public's understanding of the health and cost issues associated with tobacco use and how New Jersey's tobacco control efforts benefit everyone. Through a combination of general and multicultural marketing and media activities that reach New Jersey's African-American, Asian, and Hispanic communities, we forge a connection to the State's diverse population. Our advertising runs in four languages: English, Spanish, Chinese, and Korean.

A broad multimedia campaign is critical to generating public awareness. Examples of the interplay between communications efforts and the CTCP's treatment and youth prevention programs help to illustrate the integral role that media plays.

Without a communications campaign, the Quit services could not do their job. For example, 80 percent of all callers to New Jersey Quitline in 2001 indicated that they heard about the service from various advertising and media sources that are part of the smoking cessation campaign.

REBEL has grown enormously in the past 14 months due to our communications efforts. Throughout the year, we promoted the movement and the Not For Sale advertising and media campaign. We used a wide variety of media vehicles to promote both the Quit services and REBEL.

We provided grassroots communications tools to assist in REBEL recruitment in all 21 New Jersey counties. Many teens would not have been exposed to the information about tobacco use or REBEL had they not learned about them through the media campaign.

We achieved a high level of visibility for CTCP programs in a short period of time.

- Exposure to New Jersey's CTCP in the news reached a print circulation of 40,205,932 and a broadcast circulation of 16,291,142 from October 2000 to January 2002.

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- New Jersey's advertising and PR campaigns have received national recognition through awards from within the industry by the New York Festivals, *PR Week*, Silver Anvil, Big Apple, Sabre, and the Women Executives in Public Relations Foundation.
- Following the September 2001 launch of our first television advertisements for smoking cessation, combined with a major radio advertising campaign, visitors to New Jersey Quitnet increased by 69 percent and calls to New Jersey Quitline increased by 100 percent.
- Physician referrals, as a result of outreach to healthcare professionals throughout the year, including a mass mail campaign to 19,000 physicians and dentists, accounted for 12 percent of all callers to New Jersey Quitline and 10 percent of all clients to New Jersey Quitnet.
- In September 2001, we launched a new Not For Sale advertising campaign in support of REBEL: "Definitions," airing on prime-time TV and popular teen radio stations, highlights how the tobacco industry views its youthful target audience.
- In addition, we initiated advertising on Channel One, the in-school cable television channel. These advertisements reach 214,889 New Jersey students up to two times a week throughout the school year.
- During October 2001, following the September launch of both the general media market and in-school cable television advertising campaigns, requests to join REBEL via njrebel.com increased by 173 percent over the average of the previous five months, when we began tracking Web site enrollment.

Evaluation and Research Component

Program evaluation and ongoing surveillance are fundamental to determining how attitudes, behaviors, and norms regarding tobacco use change over time in response to CTCP initiatives and activities. Quantitative and qualitative data are collected from all components of the program and used to monitor the extent to which each one achieves its anticipated outcomes. These data provide immediate ways to judge the success of our youth, treatment, media, and community partnership activities, and allow us to make adjustments in a timely and responsive manner.

The acquisition of baseline data is the necessary starting point. We commissioned a number of baseline studies between 1999 and 2002, with the intent of conducting follow-up surveys for comparative data. The University of Medicine and Dentistry of New Jersey – School of Public Health (UMDNJ-SPH) recently completed analyzing the 2001 *New Jersey Youth Tobacco Survey* and is working on the analysis of the 2001 *New Jersey Adult Tobacco Survey*. Because rigorous evaluation of data by an independent evaluator is essential, we funded UMDNJ-SPH to provide objective, credible information and analysis that we can use to develop and assess CTCP and measure program effectiveness and outcomes.

The surveillance and evaluation activities to date include the following:

- In April 2001, we published baseline measures that provide the foundation for surveillance activities and evaluation of all CTCP components.

- New Jersey's second *Youth Tobacco Survey* (YTS), conducted in late 2001, provides our first comparative data. Compared to the 1999 New Jersey YTS, cigarette smoking declined among both middle school (42 percent) and high school (11 percent) students in the past two years.
- The second *New Jersey Adult Tobacco Survey* (ATS), conducted in late 2001, assessed the prevalence of tobacco use among adults, the existence of environmental tobacco smoke (ETS) policies, and cessation issues. The data are currently being evaluated.
- *The Workplace Survey* (2001) collected baseline data on smoking restriction policies in New Jersey workplaces, and a final report will be issued in late spring.
- The process evaluation study conducted in 2001 enables us to evaluate, hone, and improve our own performance in implementing and carrying out CTCP activities. All CTCP partners participated in this study of their resources, programs, and reporting mechanisms.

Tobacco Age of Sale Enforcement Component

Research demonstrates that enforcement of laws prohibiting tobacco sales to minors (under 18) is effective in preventing youth smoking. If we can stop retailers from selling cigarettes to teens, we will stop many young people from starting to smoke.

In 1996, New Jersey enacted the Tobacco Age of Sale Enforcement (TASE) legislation, which mandated that enforcement responsibility be given to DHSS. Before TASE, most vendors routinely sold tobacco products to minors in direct noncompliance with existing, but unenforced, State laws. TASE's goal is to restrict access to tobacco products to minors and to reduce the State noncompliance rate, currently at 22 percent, to levels required by federal law. New Jersey's current rate puts the State well on the way to meeting the federal requirement for a 20 percent noncompliance rate by September 30, 2002. The federal law, known as the Synar Amendment, requires that each state enact laws restricting tobacco sales to minors and put enforcement measures in place to achieve annual noncompliance goals set by the federal government.

Meeting this goal is critical. The federal government feels so strongly about restricting the sale of tobacco products to minors that it is now penalizing states that fail to achieve the goals for compliance. New Jersey stands to lose up to 40 percent of federal funding (\$19 million) from its Substance Abuse Prevention and Treatment (SAPT) annual block grant award. This money is used for essential prevention and treatment programs.

- The percentage of merchants who routinely sell tobacco products to minors has dropped dramatically in the six years since New Jersey passed Tobacco Age of Sale Enforcement (TASE) laws restricting tobacco product sales to minors (from more than 80 percent in 1994 to 22 percent in 2001).
- The 2001 *New Jersey Youth Tobacco Survey* indicates that 39 percent of teen smokers purchase cigarettes in stores, the most common way high school students obtain cigarettes.
- In April 2002, we launched a TASE campaign featuring the first display materials created especially for New Jersey's merchant education and enforcement program. The message – Nothing proves you're 18, except your I.D. – was developed to help meet our September 2002 compliance goal.



Not For Sale ad en Español



REBEL teens on the set of "Teen Smoke"



Outdoor ads (top) and TV spots encourage New Jersey teens not to smoke.

Fighting the Addiction

Rhonda Fitzgerald, a 17-year-old high school student from Northfield, smoked her first cigarette at the early age of 11. By age 12, she gave up the habit for good. When Rhonda's mother saw a newspaper ad about a REBEL meeting in Atlantic City, she saw a golden opportunity for her daughter.

"I was interested in joining," says Rhonda, "because the problem of youth tobacco use is so prevalent. I was especially worried about teenagers taking their first cigarette as nonchalantly as I did." Rhonda joined the group with one simple goal: to keep at least one person from lighting up.

Rhonda's commitment to REBEL continued well beyond that first meeting. She is now the chairperson of the Atlantic County REBEL group and a member of the State's Youth Advisory Board. She plans events, leads meetings, and gives presentations and workshops to local teens.

"When I see teens smoking, I wonder how long they've been doing it, if they've developed a cough, if they're aware of the thousands of chemicals their body is being exposed to," she explains. Most of all, Rhonda wonders if these teens know how important it is to quit. "I never used to think so hard when I saw someone light a cigarette." But from her experience with REBEL, her thinking has changed... for the better!

Rhonda Fitzgerald



Youth and School Programs

Teen Smoking in New Jersey

We still have a long way to go in reducing teen smoking in the State. Each year, 20,100 New Jersey youths become addicted to smoking. Our most recent data indicate that by the time teens reach their senior year in high school, 17.7 percent are frequent smokers, meaning that they smoked cigarettes on at least 20 of the previous 30 days.

New Jersey teens consumed an estimated 120 million cigarettes last year – 6 million packs. Research shows that on an individual basis, the level of cigarette smoking increases dramatically by school grade. An eighth-grade student in New Jersey smokes an average of 5.4 cigarettes over a 30-day period, compared to a 12th-grader who smokes 10 times as many cigarettes, the equivalent of two-and-one-half packs in 30 days. Collectively, high school seniors smoke an average of nearly 4 million cigarettes a month.

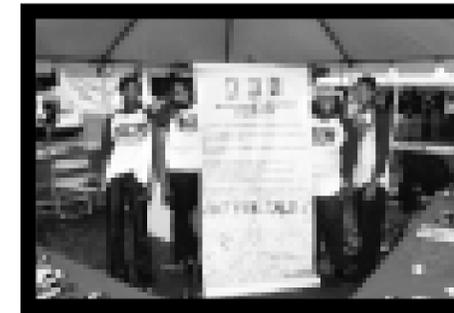
Although smoking rates for New Jersey high school students declined by 11 percent since 1999, we must continue working to bring teen smoking rates down. A goal of the U.S. Public Health Service's *Healthy People 2010* is to reduce the rate of teen smoking to 16 percent in grades nine through 12 by 2010. The good news is that, in New Jersey, smoking rates also declined for middle school students between 1999 and 2001 – by 42 percent, evidence that we are moving in the right direction.

At the national level, underage smoking rates have declined slightly after peaking in 1997, but they remain at historically high levels. Each year, more than 1 million young people become regular smokers – 3,000 a day. If this trend continues, an estimated 5 million of today's youth will die prematurely from tobacco use in the United States. Approximately 135,000 of these deaths will occur in New Jersey.

It is no coincidence that so many young people are attracted to smoking. Each year, the tobacco industry spends \$8.4 billion on national advertising and marketing to attract new smokers and to keep those who have already started. The industry spends \$247 million on advertising in New Jersey alone.

"We have firm evidence of a direct association between tobacco marketing and smoking prevalence." – Former CDC Director, Jeffrey P. Koplan, M.D., M.P.H.

The U.S. Surgeon General's 2001 report, *Women and Smoking*, points to an example of the impact of tobacco marketing. For more than three decades, the industry's advertising campaigns have targeted women by associating smoking with women's freedom and empowerment and by marketing cigarettes with feminine names, such as Virginia Slims,



(Top) REBEL teens unveil "Declaration of Independence from Tobacco" scroll. (Bottom) REBEL teens star in 30-second ads on Channel One.

Silva Thins, and Eve. These tactics have worked. Smoking initiation rates among girls age 14 through 17 rapidly increased as sales of the leading women's cigarette brands rose during this period.

Empowering Teens

In 2000, we went directly to New Jersey teens to gain insight into tobacco use among this population. Primary goals were to determine the best ways to change teenagers' attitudes and behaviors regarding tobacco use and to prevent teens from ever starting to smoke. DHSS consulted with Just Kids, Inc., a nationally known full-service kids marketing agency, to conduct a series of focus groups with eighth- and 10th-graders to explore their attitudes and knowledge about tobacco use. From this research, we learned that they already know about the health effects of smoking. They know they are targets of tobacco industry advertising, but they tend to regard it as "just business." They want to make their own decisions, and they want to help friends, family, and people in their own communities.

This research helped lay the groundwork for New Jersey's Youth Anti-Tobacco Program. Taking what we learned from the teens, we employed the following concepts: that youth are profoundly affected by their community's social norms, and that they respond to the idea of a youth community-based movement that views tobacco as socially unacceptable. The program emphasized empowering teens to take charge of a youth anti-tobacco movement that they would name and lead. With this purpose in mind, DHSS held the first Statewide Youth Anti-Tobacco Summit on November 18 and 19, 2000, for teens between the ages of 14 and 17. The 340 high school teens who attended the gathering named their new movement REBEL – Reaching Everyone By Exposing Lies. The program is action-oriented and linked into the teens' own communities. Each county has a Youth Coordinator to provide support and guidance to the REBEL teens as they work to build the movement locally.

By the end of 2001, membership exceeded 7,000. REBEL has a Youth Advisory Board, an award-winning Web site, and a youth-driven magazine and newsletter. Throughout 2001, DHSS used this momentum to build a unique continuum of youth programs that includes REBEL, a middle school program called REBEL 2, and a leadership program for college-age young adults called ROCS (REBEL Official College Support Staff).

By embracing and directing young people's desire to take charge in their own communities to end tobacco use, and by giving them a community-based outlet for their actions, the CTC youth component has captured the whole range of teens and young adults from age 12 to 24. We have created an extended program that empowers our young people to work

Youth and School Programs



More than 6,000 New Jersey teens have signed "Declaration of Independence from Tobacco" boards.



In summer 2001, specially created "Not For Sale" Interactive Display Vehicles (IDVs) traveled the State, encouraging teens to join REBEL.

toward a common goal of a smoke-free New Jersey. At the same time, their experience offers REBEL youth the opportunity to learn leadership and advocacy skills, mentor younger children, and use their powers of persuasion to influence their peers to avoid tobacco use.

New Jersey teens express their views on their own Web site, njrebel.com:

I am very excited to have found njrebel.com through YM Magazine. Nothing like this is ever in NJ. This is wonderful. Is there a REBEL chapter in Union County?
— Lindsay, age 15

I am highly active in smoke-free activities in my school and I think that what you people are doing is great. I'm interested in joining!
— Joanna, age 14

I would like to make a difference about smoking in my county/town. Can you give me suggestions on what to do?
— Sarah, age 13

Encouraging Results from Other States' Youth Movements

Experience shows that states with strong comprehensive tobacco control programs reduce smoking prevalence rates among teens.

- Massachusetts reduced smoking among high school students by 15 percent since 1995.
 - California saw a 43 percent drop in teen smoking between 1995 and 1999.
 - In two years, Florida reduced smoking among middle school students by 40 percent and among high school students by 10 percent.
 - In three years, Mississippi reduced smoking among middle school students by 21 percent and among high school students by 10 percent.
- DHSS and its partners have worked hard to reduce the prevalence rates of smoking among teens. The 2001 New Jersey Youth Tobacco Survey shows that tobacco use among New Jersey teens has declined in the past two years.
- Between 1999 and 2001, New Jersey reduced smoking among middle school students by 42 percent and among high school students by 11 percent. (see figure 1)
 - Between 1999 and 2001, the prevalence of use of any tobacco products (cigarettes, cigars, smokeless tobacco and bidis) declined by 38 percent among middle school students and 14 percent among high school students in New Jersey. (see figure 2)



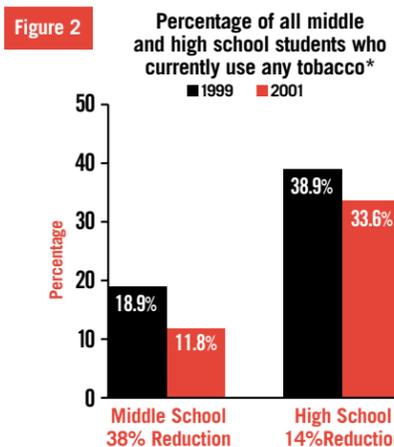
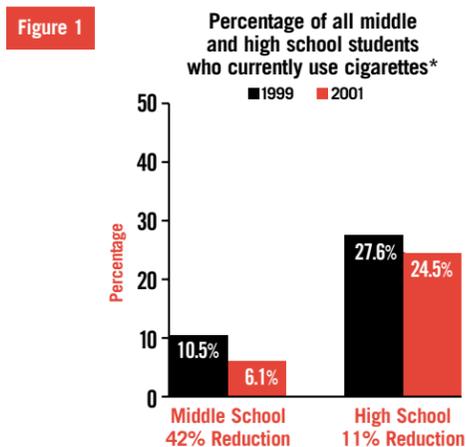
Devin Silva

A Rebel at Heart

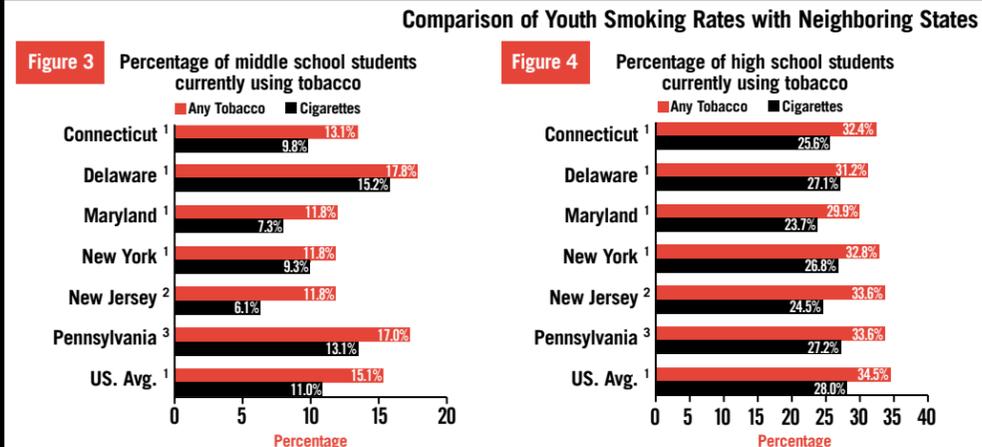
After growing up in a smoke-filled home, Devin Silva, an 18-year-old high school student from Fair Lawn, knew that smoking wasn't for him. "Being exposed to the smell and seeing family members constantly coughing was enough to satisfy any curiosity I had about cigarettes," he explains.

Silva learned about REBEL during a Communities Against Tobacco youth summit. He's been an anti-tobacco advocate ever since. "My mother has smoked all her adult life, and my brother began seven years ago. Both made many efforts to quit, without success." His personal commitment to REBEL, however, has inspired them to try to kick their habits.

A natural teacher, Devin brings the REBEL message about the dangers of tobacco use to children at local day camps and to middle school students at REBEL-led workshops. What has he learned in the process? "It's a great feeling to make a positive difference in someone's life."



*Source: New Jersey Youth Tobacco Survey, 1999-2001



New Jersey prevalence rates for middle and high school are shown in relation to neighboring states. Data from the National Youth Tobacco Survey for CT, DE, MD, NY and US were collected in 2000. Data from the NJ-YTS and the PA-YTS were collected in 2001. Note: All states shown except NJ included grades 6-12. NJ surveys only grades 7-12.

¹Source: Youth Tobacco Surveillance - United States, 2000 MMWR 2001; 50 (No.SS-4) ²Source: 2001 New Jersey Youth Tobacco Survey (NJ-YTS) ³Source: 2001 Pennsylvania Youth Tobacco Survey (PA-YTS)



Carrie Cammarano

A Rebel from the Beginning

Carrie Cammarano, a 16-year-old high school junior from West Caldwell, has never picked up a cigarette, never will and wants others to understand why. She is an active member of the Essex/Union Counties REBEL group, and her fiery passion to fight Big Tobacco is a model for others to follow.

"I don't understand why people would want to harm their bodies by using tobacco," says Carrie, who first learned of REBEL from her school nurse. Carries adds that her peers support her determination and commitment to exposing the tobacco industry's lies.

For Carrie, tobacco's harmful effects have hit close to home. "A couple of my family members smoke and I've seen their health suffer," she says. "This experience turned me away from tobacco. I'm proud of myself for not giving in to peer pressure."

Carrie is forming a REBEL coalition at James Caldwell High School.



REBEL's Mission Statement:

REBEL is a statewide, youth-led, youth-driven anti-tobacco movement whose mission is to reach, educate, and empower New Jersey's youth to make healthy lifestyle decisions and to support non-smoking norms.



Anti-tobacco sand sculptures on Beach Butt Clean-up Day

Youth and School Programs

REBEL's primary initiatives for its first year were recruitment, organizational development, community service and leadership development. Major steps in building the REBEL movement included the "Not For Sale" advertising campaign and the formation of the Youth Advisory Board.

New Jersey Teens Are Not For Sale

Every great movement has a rallying cry. At the Statewide Summit, REBEL teens enthusiastically embraced Not For Sale as their campaign slogan to tell Big Tobacco that they cannot be bought with slick ads and trendy promotions. More than 700 REBEL teens launched the advertising campaign at a rally held in February 2001 at the Liberty Science Center in Jersey City, New Jersey. BBDO, an international advertising agency, produced two sets of advertisements in the first year to establish the Not For Sale brand and message. The first set featured teens in a variety of situations telling tobacco companies to stay out of their lives and that they were Not For Sale. The second campaign focused on definitions of words that described how tobacco companies view teens: "weak," "victim," and "gullible." Radio and television stations and movie theaters have carried these commercials. Newspapers, billboards, banners, and wearing apparel have carried the Not For Sale brand and message.



From REBEL to ROCS: Rachii Govil, who joined REBEL as a high school senior, is now a founding member of ROCS (REBEL Official College Support Staff).

The Youth Advisory Board (YAB)

The Youth Advisory Board is REBEL's youth leadership decision-making board comprised of 42 REBEL members elected to represent their county-based groups. Each group sends two members to serve on the Board. At a 2001 Summer YAB Retreat, these representatives selected future activities, created their own mission statement, and defined their role within the REBEL movement. Besides helping REBEL members stay focused and organized, the YAB has played a key role in the program's evolution from adult to youth leadership. The board also acts as a bridge between the State and the youth, while providing DHSS with a window into the attitudes and behaviors of teens.

YAB's Mission Statement: We are representatives of the statewide movement, REBEL, uniting to convey ideas, set examples, and provide direction for the promotion of our anti-tobacco movement.
The YAB committees are:
Education/Advocacy Membership
Editorial Communications
Legislative Outreach

Expanding the REBEL Movement

In order to sustain the movement, we needed to expand it at both ends of the age continuum, so we implemented a larger program. On one end of the continuum, graduates of REBEL were interested in continuing their mission and influencing younger teens. On the other end, middle school students needed their voice to be heard, and wanted the opportunity to influence younger children. Keeping the spirit and the motivation moving in an upward spiral is critical to a comprehensive prevention program. We realized that in order to empower youth, we must take the term "youth empowerment" literally.

To develop the expanded program, we drew on the resources of our contractors and grantees, developing a consortium as a professional advisory group. Consortium members included Scholastic, Inc., The Princeton Center for Leadership Training, The Teen Institute of the Garden State (TIGS), and the New Jersey Prevention Network (NJPN). BBDO Advertising, Fleishman-Hillard Inc., and J. Curtis & Company joined the group to help plan promotional strategies for community outreach and public education around the new programs.

REBEL 2 – The Middle School Component

In the spring of 2002, DHSS launched the REBEL 2 pilot program in 25 New Jersey middle schools. REBEL 2 involves middle school students in lively, interactive activities that develop presentation skills and teach them about the dangers of tobacco use. Once REBEL 2 members are integrated into the program, they will mentor elementary school children as part of a smoking prevention program. As they graduate to high school, they will become members of REBEL.

ROCS – The College Component

ROCS (REBEL Official College Support Staff) is a first-in-the-nation program that trains college students and recent high school graduates to model tobacco-free lifestyles and work hand-in-hand with high school REBEL members as mentors. Together, they develop anti-tobacco initiatives that REBEL groups will implement in the coming year. ROCS and REBEL leaders also work together to train new recruits at Regional and State Summits.

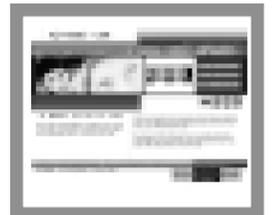
ROCS extends REBEL involvement. "High school students are bombarded with tobacco marketing, and REBEL is a great way to help them make the choice not to smoke," says ROCS member Rachii Govil of Rutgers. "REBEL was just getting into high gear when I graduated in June. ROCS is giving me the opportunity to continue to make an impact on tobacco use in our State."

DHSS and TIGS selected the 15 current ROCS members on the basis of applications and interviews. ROCS received extensive training on the anti-tobacco movement, leadership conduct, marketing strategies, media relations, and public speaking.

Resources, Activities, and Achievements

The REBEL Web Site

REBEL reaches thousands of young people through its Web site, www.njrebel.com, which was recently selected to receive a national *PR Week* Award as one of the best new Web sites in the United States. Since its launch, the Web site has hosted more than 92,000 visitors, 90 percent of whom found the site through advertising, public relations, and word of mouth. Visitors spent an average of 20 minutes on the site, twice the national average, to



Youth and School Programs

communicate with other teens, download information, and join REBEL. REBEL teens use the site to post upcoming events and to view slideshows of past events.



REBEL in Print

In the summer of 2001, DHSS sponsored a single issue of *R.E.B.E.L.*, a magazine designed primarily as a recruitment tool to be distributed in New Jersey high schools. REBEL teens helped draft the pilot edition with editorial help from the publisher, Scholastic.

Teens liked the magazine and wanted to create an annual edition that would represent “the voice of REBEL” utilizing

more of their own editorial ideas, writing, and graphic design concepts. The second annual issue of *R.E.B.E.L.*, published in February 2002, emerged as a thicker, more colorful, edgier magazine filled with articles written entirely by REBEL teens. Published again by Scholastic, the magazine has broader distribution in high schools. It serves as both a recruitment and retention tool for REBEL.

In March 2002, REBEL teens launched a quarterly newsletter called *REBEL In Action*. Written by members to provide news of REBEL activities around the State, the newsletter is another recruitment and retention tool and will provide a calendar of local events and more current information. New Jersey Prevention Network, in partnership with DHSS, publishes the newsletter and distributes it to all youth coordinators for REBEL members and other interested teens.

Other Recruitment Tools for REBEL

From the beginning, DHSS looked for creative ways to make teens aware of REBEL and of the reasons to join the REBEL movement. In the development phase, it was important to make the movement as “cool” and attractive to teens as tobacco industry advertising portrayed cigarette smoking. BBDO Advertising and Fleishman-Hillard Inc. helped DHSS create a number of recruitment tools that Youth Coordinators and REBEL teens could use to get the word out about joining REBEL.

- The Declaration of Independence from Tobacco is a statement of freedom from tobacco use and the manipulation of tobacco advertising. Teens who sign the Declaration are affirming their support for the concept that they are free to choose not to smoke. Portable Declaration scrolls and boards are displayed at REBEL events to invite signatures and support for the REBEL movement. REBEL members have collected approximately 6,000 signatures from New Jersey teens who pledged to be advocates to the movement.
- To introduce the new Not For Sale campaign, Interactive Display Vehicles (IDVs) wrapped in the Not For Sale logo traveled to malls, theme parks, concerts, and sporting events throughout the summer of 2001. The IDVs played an important role in calling attention to the Not For Sale message and increasing public awareness of REBEL.
- Colorful countertop displays and a variety of brochures, postcards, banners, CDs, videos, and giveaways were produced and distributed to County REBEL Groups to aid their local recruitment efforts. These materials were designed with input from REBEL teens.

NOT FOR SALE

REBEL on Public Television

REBEL teens taped “*Teen Smoke*,” an hour-long public education documentary produced by NJN Public Television in September 2001, about the dangers of tobacco use. The show explored a range of teen smoking issues, including smoking myths, addiction, body image, and the financial toll of smoking. The documentary aired on October 23 and November 20, 2001, attracting 25,000 viewers per broadcast. NJN also featured a downloadable version of the documentary on its Web site.

DHSS Deputy Commissioner, George T. DiFerdinando Jr., M.D., M.P.H., described the documentary as “an example of creative programming that will help support the department’s mission to reduce teenage smoking in our state.”

REBEL Busts Butts on New Jersey Beaches

On August 20, 2001, more than 700 teens cleared litter – cigarette butts in particular – from eight New Jersey beaches. The REBEL Beach Butt Clean-up was the first statewide community initiative conceived and implemented by REBEL members.

Youth and School Programs

Teens collected more than 38,000 butts in two-and-a-half hours. The project generated statewide print and broadcast coverage, providing a unique opportunity to demonstrate tobacco’s impact on New Jersey’s environment. The project also created the opportunity for REBEL members to develop similar clean-up activities in their own communities and to advocate for more smoke-free public places.

“We have been influenced by tobacco marketing for too long. Now it’s time to clear the smoke and take back our lives.” – REBEL member, Andy Frankel

School-Based Youth Programs

DHSS funds a variety of educational initiatives that offer novel approaches to tobacco-use reduction and prevention. These programs target students from elementary school to middle school and high school.

Tell Someone You Love

Building on interest from the first year, DHSS sponsored its second-annual “Tell Someone You Love” campaign in conjunction with The Great American Smokeout in November 2001. The program, developed by Scholastic, was so successful with third- and fourth-grade teachers around the State that we expanded the project to include fifth-grade classes as well. The program provides a unique opportunity for CTCP to reach this age group and their parents with information about tobacco use prevention and cessation.

For the 2001 program, nearly 3,000 school children wrote letters to encourage loved ones to stop smoking. Students who did not have family members who smoked were invited to send a letter to a friend of the family, a popular actor, sports figure, or any other person they had seen smoking. The letters were accompanied by information about New Jersey’s Quit services to help smokers quit. Teachers like the program because it provides opportunities for a broader lesson that includes health, language arts, and writing.

“Dear Mom, I want you to please quit smoking. I love you and I don’t want you to pass away from cancer and other smoking diseases. Try your very best to quit, and I will help you because I don’t want to be left behind.”

“Dear Uncle Daniel, I write you this letter because I want to tell you to stop smoking. If you do stop smoking, I will be very happy and also your family will be happy. Every time I see someone smoke I feel bad for them. I love you!”

Channel One Cable Television Advertisements

In October 2001, DHSS launched its first REBEL advertising campaign on Channel One, the in-school cable network that is carried by over 300 New Jersey high schools. The campaign consists of four ads featuring members of New Jersey REBEL inviting their peers to join the movement and tell Big Tobacco that they are Not for Sale. These ads reach over 214,800 students one to two times a week during the school year.



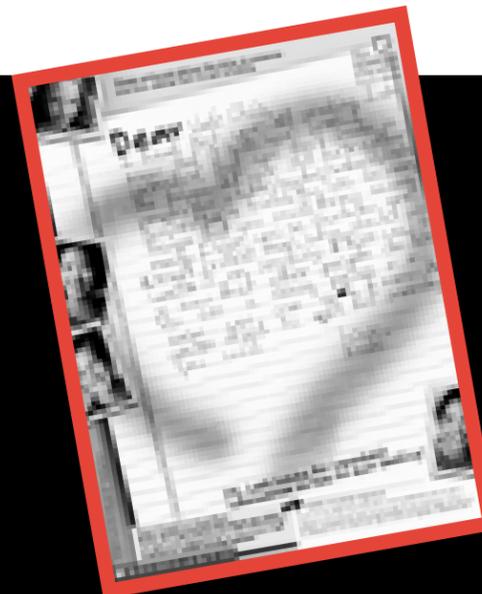
Liberty Science Center Interactive Anti-Smoking Program

Another program conducted in conjunction with The Great American Smokeout was “The Unfiltered Truth,” a first-of-its-kind partnership project between a state health agency and a science museum. DHSS and the Liberty Science Center (LSC) in Jersey City collaborated to create this unique collection of three interactive anti-tobacco programs that combine entertainment and education to reach New Jersey students in grades four through 12.

A theatrical production, “Hot Air,” travels with its professional cast to schools throughout the State, including the Abbott School Districts in New Jersey’s inner cities. The play follows a teenager as she tries to give up smoking. Performances are completely booked through the 2001-2002 school year. An animated 3-D laser show, “Extreme Choices: No Ifs Ands or Butts About It,” can be seen in the Liberty Science Center’s main theater. When this show completes its run in New Jersey, it will travel to science centers in other states. LSC also created a unique Web site, “The Science Behind Tobacco,” that focuses on the agricultural and manufacturing aspects of cigarettes. It provides students with a ready source of information for research, reports, or general interest. Together, the programs reach a combined audience of approximately 500,000 New Jersey students each year.



The “Definitions” ad campaign airs during TV and radio programs most popular with teens.



Left: Thousands of elementary school children have asked someone they love to quit smoking.



Above: The REBEL beach patrol cleared 38,000 cigarette butts from eight New Jersey beaches.

A Lesson in Life

Peggy Lynch, principal of the Midland Elementary School in Paramus, New Jersey, encouraged her fourth-grade teachers to participate in the “Tell Someone You Love” program, an interactive anti-tobacco lesson for elementary school students, sponsored by the New Jersey Department of Health and Senior Services (DHSS) and Scholastic Inc.

The teachers didn’t need to be asked twice, and, as a result, 43 students had the opportunity to learn the facts about tobacco use, and then pass along this knowledge in letters they wrote to family members, babysitters, or other role models who smoke, encouraging them to quit.

“Our school has participated in the Tell Someone You Love program for two years in a row,” says Peggy. “We think it’s important to reach fourth and fifth graders about the harmful effects of tobacco so that they won’t start smoking in the first place. At that age, children are able to understand that if their loved ones continue to smoke, their health will go downhill.”

Students have responded to the program with overwhelmingly positive feedback, Peggy recalls. “Not only does the program enhance a health topic that’s difficult to teach – it enables kids to realize they can effectively create change,” she says. “We need more programs like ‘Tell Someone You Love’ to encourage children to research the effects of smoking and generalize outcomes for their own future.”

Peggy Lynch



A student reads a letter he wrote to a loved one who smokes.

Tobacco Dependence and Treatment

More than 1 million New Jerseyans smoke (1.16 million). Nearly seven out of 10 of these smokers say they want to quit, yet only 3 percent are able to succeed without help because nicotine is a powerfully addictive substance. According to the Surgeon General, tobacco use is the single most preventable cause of death and disease.

Cessation counseling has proved effective in helping people to quit. In fact, a study published in the *American Journal of Preventive Medicine* in July 2001 ranked cessation counseling along with childhood vaccinations as the two most effective forms of preventive medicine.

The New England Journal of Medicine (February 14, 2002) called smoking cessation a cost-effective intervention that is underused by physicians and inadequately covered by many health insurers. According to this study, the challenge for healthcare systems and physicians is implementing effective treatment, because smoking is a chronic problem, like hypertension, that requires long-term management.

Quitting smoking at any age provides health benefits to former smokers and increases life expectancy. British researchers reported in a study, published August 3, 2000, in the *British Medical Journal*, that smokers who quit before the age of 35 have a life expectancy not significantly different from nonsmokers. Ten years after ex-smokers stop smoking, their risk of developing lung cancer declines to between 30 percent to 50 percent of the risk for smokers.

What’s more, smokers are not just harming themselves. The CDC has documented the health dangers of environmental tobacco smoke (ETS), especially for infants and young children. ETS increases their risk of upper respiratory disease, inner ear infections, asthma attacks, and even sudden infant death syndrome (SIDS). To protect the health of New Jersey’s children, it is very important to help pregnant women and parents of young children succeed in quitting smoking.

To address the needs of New Jersey smokers who are ready to quit, we established a package of three free or low-cost Quit services that is unique in the nation. Services are available through a telephone-based program, the Internet, and walk-in clinics. Providing these options increases our ability to help New Jersey smokers quit. Residents can choose the treatment approach that suits their individual needs.

It is also important to persuade more New Jersey smokers to consider quitting. Changing behavior is not an easy task. We need to help people move along a continuum from not thinking much about quitting, to thinking about it somewhat, to considering doing it within the next several months, to actually being ready to try to quit. Our Quit services help people move along this continuum by providing information about the harmful effects of smoking on themselves and on others around them.

By reducing the number of smokers in New Jersey, we will save many of the 13,000 lives lost each year in New Jersey as a result of tobacco-related illnesses and will protect New Jerseyans from the disabling effects of chronic respiratory diseases such as emphysema.

We will also save State tax dollars, which can be put to good use in other areas. The CDC estimates that tobacco use costs New Jersey \$2.5 billion every year in direct healthcare costs, including more than \$755 million from Medicaid alone. This amount accounts for approximately 16 percent of the State’s Medicaid expenditures, or \$928.76 per recipient. In addition, tobacco use is estimated to cost New Jersey employers more than \$2.2 billion in lost productivity through sick days, smoking breaks, and disability.

The State of New Jersey entered into the Master Settlement Agreement (MSA) in 1998 with the understanding that the settlement would create a flow of moneys to fund preventive and therapeutic tobacco control programs to help stop young people from smoking and help current smokers quit. New Jersey made a commitment to use a portion of the MSA funds for this intended purpose.

CTCP Is Building the Foundations for Success We Make Quitting Easier for New Jerseyans

New Jersey’s QuitnetSM, Quitline and 15 Quitcenters are a powerful trio of customized services. New Jersey is one of the few states in the nation that currently offers this menu of low- and no-cost treatment options. We want everyone who wants to quit smoking to be able to succeed. CTCP launched the Quit services in the fourth quarter of 2000 and concentrated on building, expanding, and strengthening these services throughout 2001.

We provide these services because not all people have health insurance, and insurance often does not pay for this treatment. This makes it even more important that DHSS ensures access to medically-beneficial treatment services to prevent tobacco-related diseases and their complications. Ironically, insurers pay for treatment of many diseases that result from tobacco, including lung cancer, yet refuse to cover proven treatments for smoking cessation despite the fact that smoking is the leading cause of preventable death in the nation.

We Are Off to a Good Start

We launched New Jersey Quitline and New Jersey Quitnet in late October of 2000. The first New Jersey Quitcenters opened their doors in December of that year. Our challenge was to make sure that New Jerseyans learned about these new services. Therefore, we launched an aggressive advertising and public relations campaign in October 2001. We reached out to physicians and dentists to encourage referrals. We sponsored grassroots educational initiatives through our community partners and the youth anti-tobacco movement, REBEL. These efforts all contributed to the growth of the Quit services. Public outreach was a collaborative effort from the start, and DHSS is seeing a consistently sharper growth curve in enrollment in New Jersey’s Quitline, Quitnet, and Quitcenters as awareness of these services increases.



New Jersey Quitline and Quitnet ads featuring children emphasize the dangers of environmental tobacco smoke.

Tobacco Dependence and Treatment

New Jersey Quitline – 1-866-NJ-STOPS

New Jersey Quitline, a toll-free telephone-based service, offers callers one-on-one counseling in 26 languages to reach New Jersey's exceptionally diverse population. Most smokers who call NJ Quitline (71 percent) enroll in counseling. To date, 26 percent of smokers registered with New Jersey Quitline have quit smoking after six months, a result well above the average national success rate of 10 percent to 12 percent for structured smoking cessation programs. The Mayo Foundation, which administers NJ Quitline, conducts six-month follow-up surveys to determine results. Its findings are based on an 80 percent response rate to the surveys.



New Jersey Quitcenter counselors receive specialized training at The University of Medicine and Dentistry of New Jersey-School of Public Health.

Trained counselors are available six days a week to provide expert assistance in developing individualized treatment plans, providing multiple counseling sessions, encouragement and support. According to the 2000 New Jersey Adult Tobacco Survey, approximately 40 percent of smokers in the state who want to quit said they would like to use a telephone hotline for cessation services.

New Jersey QuitnetSM – www.nj.quitnet.com

New Jersey Quitnet, a free online resource, offers a comprehensive, individual plan to quit smoking. Its clients have logged nearly 200,000 visitor sessions to date, using the site as a source of information about quitting and turning to the chat rooms to reinforce their determination to quit. The average NJ Quitnet visitor spends 12.5 minutes on the site, well above the average for Internet visits.

The service gives smokers online access to peer support groups and trained counselors 24 hours a day, seven days a week. In addition to its flexibility and anonymity, this service offers users a quitting calendar, quitting tools and strategies, and a directory of local treatment options in New Jersey. All newly registered Quitnet users receive a *Quitting Guide* to help them plan a strategy, get referrals, and learn about medications.

NJ Quitnet meets a growing demand. According to the 2000 New Jersey Adult Tobacco Survey, 73 percent of smokers in the State who want to quit have access to the Internet. Of these respondents, approximately half said they would use the Internet to help them quit. This service is especially responsive to the needs of young adults, 18 to 24 years old, whose smoking rates are on the rise. The flexibility and around-the-clock availability of the service is especially suited for the lifestyles of this Internet-savvy group. Many users chose this service for its confidentiality and anonymity, making it difficult to collect accurate data on the numbers who use the service and on their quit rates.

NJ Quitnet, developed by experts in cessation at Join Together, a substance abuse resource center, and Boston University School of Public Health, is a tested resource that has proved successful in other states. The content of this Web site has been customized for New Jersey users.

New Jersey Quitcenters – in 15 Communities Statewide

We established New Jersey Quitcenters in 15 communities to meet the needs of New Jersey smokers who require face-to-face counseling in a clinic setting to succeed in quitting. The Centers represent the most recent addition to the CTCP's cessation package. The first Centers opened in December 2000. The four newest Quitcenters recently opened in March 2002.

DHSS selected these clinics through a competitive bidding process from 32 candidates. Our selection criteria included experience in public outreach and skill in providing quality care. Many New Jersey hospitals support this program. Twelve of the 15 NJ Quitcenters are hospital-based.

This service meets the special needs of smokers with hard core nicotine addiction – those who are highly addicted but also highly motivated to quit, who may have made several unsuccessful quit attempts, and who have very little chance of succeeding with no or very low-intensity treatment.

The following profile of the first 200 patients who attended the Quitcenter at the University of Medicine and Dentistry of New Jersey in New Brunswick is representative of smokers who choose Quitcenter counseling:

Mean (range) age	44 (15-75) years
Percent (number) with a smoking-caused health problem	64 (128)
Mean (range) number of years of smoking	26 (1-62)
Mean (median) number of previous quit attempts	9 (4)
Mean (range) number of cigarettes smoked per day*	23 (0-90)
Percent (number) who smoke within a half-hour of waking in the morning*	85 (169)

*These include 7 percent (14) who attended the clinic for help to stay smoke-free after recently quitting on their own, 92 percent (183) who attended for help to quit, and 2 percent (3) who wanted help to cut down.

New Jersey Quitcenters offer both individual and group therapy, and can provide advice on the appropriate use of pharmacological treatments. Since November 2001, these clinics have offered reduced-cost nicotine replacement therapy.

At least two trained counselors work at each facility. The University of Medicine and Dentistry of New Jersey – School of Public Health (UMDNJ-SPH) developed an eight-day specialized training course to prepare counselors for this role. The training program ensures a consistently high level of counseling across all NJ Quitcenters.

Inspiration Comes in Small Packages

Maria Victoria Portales, a 40-year-old financial analyst and mother of four, smoked a half-pack of cigarettes a day for 20 years. Despite her example, she warned her children never to light up. "My kids would say, 'Why is it a double standard? How come smoking is OK for you, but not for us?'"

Then one day her son Robert had an asthma attack. "From his hospital bed in the intensive care unit, he asked me how I could poison myself voluntarily while he was the one who could not breathe," Maria recalls. "Finally, I understood how my children felt about my smoking, and I was determined to quit."

Maria, a Highland Park resident, tried hypnosis and medication, but they didn't work. "Finally, I picked up a New Jersey Quit services flier, called the number, and was referred to the Center at UMDNJ in New Brunswick." Her counselor helped Maria work through her nicotine cravings, and she quit for good in July 2001. "Now I run, lift weights, and go for bike rides. I feel great!"

Maria is hardly the only one pleased with the results. "My children are relieved and happy. They even tell their friends about my success!" she says. "If it hadn't been for my kids and New Jersey Quitcenter, I wouldn't have been able to quit."

Maria Portales speaks with her counselor.



**NEW JERSEY
QUITCENTERSSM
I-866-NJ-STOPS**

Maria Portales

New Jersey Quitline Isn't Preachy, and That's Just Peachy

Rita Tannenbaum, 64, was a pack-a-day smoker who got hooked on cigarettes at age 16. Although she tried to quit a number of times, she just didn't have the willpower. Her feelings changed, however, after she underwent extensive gum surgery three years ago.

"I went to see my periodontist, and we talked about gum disease and smoking," says Rita. The dentist gave her a New Jersey Quitline brochure, and two weeks later, she registered with the service.

"The New Jersey Quitline service was extremely supportive," she says. "My personal counselor absolutely did not preach – she was truly listening."

With the help of her counselor, Rita, a resident of Millburn, finished her last remaining carton of cigarettes and then stopped smoking once and for all in May 2001.

"I'm happy I gave up smoking. It became a terrible expense and a terrible worry," Rita admits. "My stamina is definitely better – I really recognize the difference walking up steep staircases. It's so much easier now."

Rita is grateful that her dentist turned her on to New Jersey Quitline. "With Quitline, I realized I'd have to do it myself, but I'd have support – someone who really cared. And let me tell you, my counselor really cared. And for me, that made the difference."

Rita Tannenbaum at dinner with her husband, Jerome.



Rita Tannenbaum

Tobacco Dependence and Treatment

NJ Quitcenter services are available to New Jersey residents on a sliding fee scale based on income. In addition to counseling, the Quitcenters offer information about tobacco dependence, comprehensive individual assessments, measurement of expired carbon monoxide at each appointment, consultation on the use of prescription and over-the-counter medications, and follow-up contact and support one month and six months after the client's quit date.

NJ Quitcenter Locations:

Pilot centers established December 2000/January 2001:

- University of Medicine and Dentistry of New Jersey - School of Public Health (Middlesex County)
- Kennedy Memorial Hospital (Camden County)
- Central Jersey Behavioral Health Association (Essex County)
- Meridian Health System (Monmouth County)
- Mercer Trenton Addiction Science Center (Mercer County)
- Plainfield Health Center (Union County)
- Rowan University (Gloucester County)

NJ Quitcenters established in July 2001:

- Chilton Memorial Hospital (Morris County)
- Shore Memorial Hospital (Atlantic County)
- Hackensack University Medical Center (Bergen County)
- Valley Hospital (Bergen County)

NJ Quitcenters opened in March 2002:

- Trinitas Hospital (Union County)
- Somerset Medical Center (Somerset County)
- Central Jersey Behavioral Health Association (Ocean County)
- Virtua Health (Burlington County)

Enlisting the Power of the Medical Community

Outreach to the medical community is a top priority. Besides having multiple hospital-based Quitcenters, we are reaching out to physicians, dentists, and other healthcare providers to encourage smokers to quit by enrolling in a cessation program. It is not only a matter of referring the patient who asks for help, but reaching out to patients who should

quit for the sake of their health or that of their children or other family members. We are urging physicians and dentists to take advantage of their opportunities to educate patients about the importance of quitting. The medical community's cooperation is invaluable, because they are uniquely able to influence their patients. Studies indicate that the most powerful motivator for smokers is their physician's recommendation to quit smoking.

In February 2001, we delivered black boxes, reminiscent of the traditional physicians' black bag, filled with brochures, posters, and pocket calendars, to more than 19,000 New Jersey physicians, dentists, pharmacists, and other healthcare professionals. These materials built awareness of New Jersey's Quit services among medical professionals and provided them with information they can share with their patients.

We designed the materials to enable physicians and nurses to post information in their waiting rooms, where patients will readily see them and to make it easy for healthcare professionals to refer patients to our cessation services by handing them information. These kits enabled us to reach out to New Jersey's diverse populations, through African-American, Hispanic, and Asian medical communities. We produced and distributed Spanish-language versions of the materials, as well.

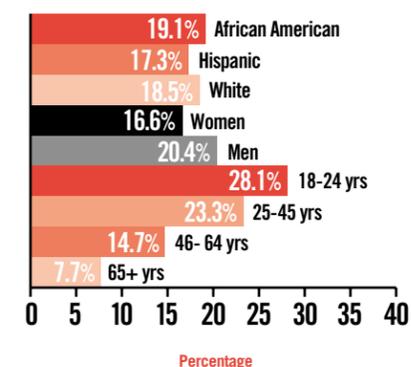
Since we launched this initiative, a high proportion of New Jersey's Quitnet and Quitline users have reported referrals by their physicians. Such referrals comprise 12 percent of Quitline callers and 10 percent of Quitnet visitors. An additional 5 percent learned about Quitline through brochures in waiting rooms. As a result, we are preparing to expand this campaign to 12,000 additional medical professionals in May 2002.

College Campus Outreach – Helping Young Adults "Get Off Their Butts"

The 2000 New Jersey Adult Tobacco Survey showed that, while teen smoking rates were beginning to decline, more and more young adults between the ages of 18 and 24 were picking up the habit. Their smoking rates rose by 6 percent between 1999 and 2000.

Figure 5

Percentage of cigarette use among adult population groups



As shown in Figure 5, young adults, 18-24 years old, had a higher rate of current cigarette use (28.1%) than all other adult age groups. Males were more likely to be current cigarette smokers (20.4%) than females (16.6%); no differences were found with respect to race/ethnicity.

Tobacco Dependence and Treatment

The increase in smoking among this age group is a direct result of the prohibitions that the Master Settlement Agreement (MSA) placed on tobacco industry marketing to teens. After the MSA, the industry began to target young adults to supply the replacement smokers for the 400,000 smokers who die each year of tobacco-related diseases in the United States.

Persuading young adults to quit smoking presents a difficult challenge. Anecdotal information tells us that they underestimate the extent of their addiction. Although they know the health hazards of smoking, they believe they can quit at any time. They put off quitting because they think they need to smoke to ease the stresses of college life and the challenges of living on their own. Unfortunately, the longer they smoke the harder it is to quit.

College campuses offer us an opportunity to reach concentrated groups of young adults representing approximately one-third of New Jersey's 18- to 24-year-old population. To combat the alarming new smoking trend on New Jersey's campuses, we created a multi-faceted campus outreach campaign with three goals:

- To promote establishment of stronger tobacco control policies on campuses;
- To change campus social norms about the acceptability of tobacco use; and
- To increase awareness among college students of New Jersey's Quit services and encourage students to use them.

Through a research grant to the New Jersey Higher Education Consortium at Rowan University, DHSS sponsored the Tobacco Social Norms Project in 2000. The purposes were to identify which New Jersey campuses had policies prohibiting tobacco use, as well as to determine student attitudes and perceptions about smoking.

This study underscored the need for action. It revealed that only two campuses, Brookdale and UMDNJ, had smoke-free policies in place. As a result of the study, Rutgers made a commitment to initiate smoke-free policies on its campuses. However, we want more New Jersey campuses to take similar action. DHSS is promoting adoption of more policies that discourage students from smoking on campuses and thereby reduce exposure to environmental tobacco smoke.

The research also indicated that most college students overestimate tobacco use among their peers and underestimate the health effects associated with smoking. Students estimated that only 3 percent of their peers had never tried tobacco, when actually 56 percent of students had never tried it. Nearly 60 percent of students underestimated the number of deaths related to tobacco use by 25 percent.

Rowan University used the research on student attitudes toward smoking to develop a pilot social norms program on three New Jersey campuses. The Social Norms Initiative is a communications campaign that tells the truth about campus smoking: It is not the norm. The concept for this pilot program is based on a successful campus model to alleviate binge drinking.

DHSS also developed the "Get Off Your Butts" public awareness campaign to encourage students to quit smoking and inform them about the help available through the Quit services. Get Off Your Butts information kits were distributed to student life advisors and health clinics on 36 college campuses. The kits contained posters, brochures, a brief educational video illustrating how two New Jersey college students quit smoking using New Jersey Quitnet, and a discussion guide to stimulate dialogue about smoking. DHSS and Fleishman-Hillard Inc. developed the campaign, which also included radio and TV public service announcements, news placements, and advertisements in college newspapers.

Finally, to engage college administrators in the dialogue on campus tobacco use, top DHSS officials met with the New Jersey College Presidents' Council in October 2001 to inform them about the Social Norms and Get Off Your Butts campaigns. DHSS issued a call-to-action to college presidents to encourage the use of these materials on their respective campuses and to take additional steps to reduce student smoking.

As a result of these efforts, 68 percent of the campuses that received Get Off Your Butts information kits are using the materials. In addition, Rowan University and Rutgers University joined forces to hold a Statewide College Tobacco Summit on January 14, 2002, for New Jersey colleges to strategize new tobacco control initiatives for college campuses.

Now That She's Quit Smoking, She's Whistling a New Tune

Joan G. Reilly, 64, smoked cigarettes for 50 years. She started in her early teens, and by high school, she was up to almost a pack a day.

Recently, Joan had an epiphany. "It dawned on me that I had been smoking for 50 years – and I was appalled." When Canadian geese took over Joan's backyard, her husband gave her a whistle to scare the birds away. "I couldn't get the whistle to make any noise," she recalls. "That's when I realized that cigarettes had definitely affected my breathing."

Joan, a resident of Manasquan, first learned about New Jersey Quitnet from a brochure on display at her local community center. What she found most appealing about the online resource was that it was available 24 hours a day, seven days a week. "If I found myself getting antsy and wanting a cigarette," she says, "I could just log on." A cessation program through the World Wide Web also piqued her interest, because traditional programs she'd tried in the past had failed.

She knew she needed all the help she could get, so she logged on. "I started getting these encouraging e-mail messages. They helped me keep track of all the cigarettes I hadn't smoked and all the money I'd saved – around \$600 in six months," she explains. "I also read through the message boards, especially at night, when I had cravings. A lot of the messages were really positive. Everyone was so supportive of each other."

Since she quit smoking for good in June 2001, she's noticed that her health has improved. "Now," she says, "I can blow that damn whistle!"

**NEW JERSEY
QUITNETSM
nj.quitnet.com**



Joan Reilly

Left: Wrapped Beetle joins crowd at Kick Butts Day rally.



Right: New Jersey Quitcenters offer peer support.



Back from a Few Bumps in the Road – for Good

Around six months after John Catral, a 29-year-old resident of Ridgefield Park, began smoking cigarettes casually, he developed a half-a-pack-a-day habit that lasted for five years. John credits New Jersey Quitnet for motivating him to finally kick the habit.

“Quitnet played a big part in helping me to quit smoking,” says John, who first logged on to the service around 18 months ago. He frequently participated in the chats and forums. Yet despite the support and his strong desire to quit, John had a few false starts and returned to smoking — a source of tremendous guilt. “I felt like I had failed,” he explains.

But every time he failed, he would log back on to New Jersey Quitnet for support. Fellow users gave him pointers. At their urging, he tried adding filters to his cigarettes, but it didn’t work. He then tried the patch, and even saw his doctor for a prescription of Zyban. The combination of the patch and Zyban did the trick. “New Jersey Quitnet helped me figure out which resources were right for me,” he says. “With help, I was able to finally quit smoking for good.”

Since he quit, John notes: “It’s a lot easier to play basketball, and I no longer wake up with smoker’s cough.”

John has been smoke-free since February 2001.



John Catral

Community Partnerships

Attacking the Problem from Many Different Directions

The strength of community partnerships lies in their ability to reach the grassroots of New Jersey’s uniquely dense and exceptionally diverse population to change community norms at the local level. Our community partnerships connect the Comprehensive Tobacco Control Program to the people of New Jersey. Partnerships enable the CTCP to link with organizations and institutions that have well-established anti-tobacco programs and tap their expertise in tobacco control advocacy, prevention, and cessation. Their unique capability to forge these connections and achieve results is the reason why DHSS gives \$7 million in grant funds to community partnerships each year.

Through these partners, the CTCP advances all five of its strategic goals.

- The partners help to get State-funded services to the people who need them.
- Partners build coalitions to effect change in social norms, decreasing the acceptance of tobacco use and highlighting its impact on public health.
- Partners foster community support for policies and ordinances to reduce smoking in public places and decrease exposure to second-hand smoke.

Our partners form a powerful statewide network of tobacco control advocates, including the American Cancer Society, the American Lung Association, the American Heart Association, NJBreathes Coalition, New Jersey GASP, the New Jersey Medical Society, the Southern New Jersey Perinatal Cooperative, Visiting Nurses and Health Services, Inc., the Communities Against Tobacco (CAT) coalitions, the local health departments, and many other partners. These partners share educational resources and technical expertise to assist each other in developing and strengthening knowledge and skills.

The Communities Against Tobacco (CAT) coalitions have an active presence in all 21 counties. They work in collaboration with their local health departments to carry out a variety of CTCP initiatives, including tobacco age of sale enforcement, public education around tobacco treatment and prevention programs, and advocacy for smoke-free environments.

All of our partners have made a significant impact in changing the culture and social acceptability of tobacco use in New Jersey in 2001.

- In just one year, 250 additional businesses across the State enacted smoke-free policies in their workplaces.
- Proprietors of 977 New Jersey restaurants voluntarily adopted smoke-free policies, nearly doubling the number of smoke-free restaurants in New Jersey to a total of 2,077.
- As of February 2002, 374 smoke-free ordinances have been enacted by 264 New Jersey municipalities to reduce the public’s exposure to the damaging effects of tobacco smoke.
- Grassroots education initiatives have reached more than 160,000 individuals in 2001.

NJBreathes

New Jersey’s medical community **NJBreathes** is firmly supportive of tobacco control initiatives. In 1994, the Medical Society of New Jersey established New Jersey Breathes, a statewide coalition of 47 member organizations. NJBreathes works to reduce the harmful impact of tobacco use by changing the social norm that tobacco use and environmental tobacco smoke are acceptable, and by advocating for tobacco-free policies within the public and private sectors. NJBreathes is recognized as one of the most effective statewide tobacco control coalitions in the nation. The principal goal of NJBreathes is to spearhead public policy development and advocacy for a comprehensive tobacco control program that will reduce tobacco use and exposure, and illness and death in New Jersey.

Coalition members include prestigious statewide health organizations, which have long been concerned about tobacco use, including the American Cancer Society, the American Heart Association, the American Lung Association, New Jersey Group Against Smoking Pollution (GASP), and the University of Medicine and Dentistry of New Jersey. The coalition also includes business organizations such as Aetna, U. S. Healthcare, and groups representing New Jersey’s culturally diverse populations, such as the Center for Hispanic Policy, Research and Development. New Jersey’s Department of Health and Senior Services has been a member of the coalition since its creation.

DHSS awarded NJBreathes \$1.8 million from the Master Settlement Agreement to support its mission at the state level and to create other community partnerships and initiatives supportive of the same goals.

NJBreathes PROGRAM IMPACT: STATEWIDE

Target Population: All New Jersey citizens
Funding Amount: \$1.8 million (18 month contract)
Contact: Larry Downs, Project Director
2 Princess Road
Lawrenceville, NJ 08648
Phone: (609) 896-1766, Ext. 257
Fax: (609) 896-1368
e-mail: ldowns@msnj.org
web: www.njkickbutt.org



Community Partnerships

Using MSA funds, NJBreathes has created the Ambassadors' Program to expand participation of organizations that have not traditionally been involved in tobacco control policies. Through the Ambassadors' Program, private and non-profit organizations representing children, women, multicultural groups, and faith-based institutions have come to recognize the negative health impact of tobacco on their constituents and the benefits that tobacco-free policies confer.

In another MSA-funded program, Saint Barnabas Hospital is conducting a pilot program within its hospital system to provide nicotine treatment interventions to patients admitted to cardiac, pulmonary, oncology, and maternity wards who want help to quit smoking. St. Barnabas plans to expand the program to other hospitals statewide.

NJBreathes also provides training to other DHSS grantees. For example, NJBreathes is providing media training to Communities Against Tobacco coalitions to increase their ability to inform the public about their activities and generate support for tobacco control.

Through quarterly and year-end reports, NJBreathes documents the work of the coalition and quantifies project expansion, educational outreach, and data collection conducted by the coalition and sub-grantees.

Southern New Jersey Perinatal Cooperative



Persuading pregnant women and new mothers to quit smoking and to protect their children from environmental tobacco smoke are critical goals for CTCP, because tobacco is especially harmful to unborn children and infants. For unborn children, tobacco exposure can be life-threatening – a cause of infant mortality, premature births and low birth weight. It can also result in a lifetime of health complications. Infants and young children exposed to environmental tobacco smoke suffer increased risk of upper respiratory infections, ear infections, asthma, allergy attacks, and even sudden infant death syndrome (SIDS).

To reduce these risks for New Jersey's children, DHSS awarded the Southern New Jersey Perinatal Cooperative \$750,000 from MSA funds in June 2001 to launch a pilot program called Mom's Quit Connection (MQC). The Southern New Jersey Perinatal Cooperative is a non-profit

coalition of healthcare professionals and consumers that provides and coordinates maternal, fetal, and pediatric healthcare. The MQC is a demonstration project to raise awareness among pregnant women, mothers of young children, and caregivers about the damaging impact of tobacco use on children's health.

In October 2001 the Cooperative conducted focus groups and surveys among pregnant women and mothers of small children who are smokers or recent quitters. The purpose of this research was to determine the women's attitudes toward smoking and pregnancy, to identify both challenges to quitting and motivating factors that support quitting, and to determine effective messages to persuade them to quit. The Cooperative reported its findings and used the information to develop the MQC program elements.

The program provides these young women with a toll-free number for easy access to MQC. It provides individualized case management from a certified smoking cessation support counselor and Mom's Support Groups with professional facilitators.

The MQC program evaluates new participants' knowledge about smoking hazards and readiness to quit, and enrolls participants in a formal education program. In addition, the program informs participants about DHSS' free or low-cost Quit services to help them quit smoking.

The MQC reaches out to healthcare providers with educational programs about the importance of assessing the smoking status of pregnant and parenting women, of providing information to these women about the health risks of smoking, and of referring them to smoking cessation treatment programs. The Perinatal Cooperative staff also gives presentations to other organizations involved in women and children's health, and collaborates with the Southern New Jersey CAT coalitions.

Evaluation mechanisms include multiple surveys to evaluate the smoking status of women during pregnancy and again after birth. A survey was administered to all focus group participants to examine attitudes about smoking and pregnancy, barriers and motivators to quitting, and response to media messages. New clients to MQC complete first encounter forms as part of case management to collect basic demographic data and information about pregnancy, smoking status, and referral source. Telephone interviews with area obstetricians and

pediatricians help determine the need for making patient referrals to smoking cessation programs.

The Communities Against Tobacco (CAT) Coalitions and The New Jersey Prevention Network (NJPN)



The Communities Against Tobacco (CAT) coalitions bring tobacco control initiatives to the grassroots level. The CATs are the principal representatives of the State's tobacco control program to the municipalities and communities of New Jersey. These coalitions are present in all 21 New Jersey counties. Their purpose is to engage local communities to further the goals of the Statewide CTCP. Representation on the coalitions is reflective of the population diversity in each of New Jersey's counties. Coalition members contribute as individuals or as affiliated organizations, including schools, businesses, churches, municipal alliances, healthcare providers, and cultural and ethnic groups. They reach out to their communities to educate, promote local tobacco control activities, policies, and ordinances, and conduct public awareness campaigns.

Their outreach and local connections are what bind the State's tobacco control program together in a Statewide network. Together they comprise a coordinated effort that embraces the work of local health officers and REBEL teens. Each coalition has a REBEL Youth Coordinator that links the REBEL movement to the communities. The CATs work together to reduce environmental tobacco smoke (ETS) and change social norms regarding acceptability of tobacco use by advocating municipal ordinances and voluntary policies to establish smoke-free environments in their communities. In addition, they disseminate information about the State's free and low-cost services designed to help smokers succeed in quitting.

During 2001, the CATs reached 63,000 people with information about New Jersey's Quitline, Quitnet and Quitcenter services. The CATs' educational programs on the dangerous health effects of tobacco and ETS reached more than 135,000 people, including an estimated 3,000 children and teens who attended a variety of CAT-sponsored anti-tobacco community activities. These coalitions are expanding their outreach and membership each year.

DHSS awarded \$2,568,695 to support the statewide CATs activities and to reach out to diverse populations. All but two CATs are staffed and organized by The New Jersey Prevention Network (NJPN), a non-profit organization that promotes wellness, health, and safety through a statewide coordinated approach to advocacy, collaboration, and education. Independent groups operate two CATs, one in Cumberland and another in Essex/Union Counties. Each CAT has a coordinator who organizes activities.



To evaluate the effectiveness of each local program, the coordinator works with key members of his or her community to develop a logic model for measuring project outcomes. Additionally, NJPN monitors the progress of the coalitions' activities and the achievement of statewide goals through monthly reports, technical assistance, and on-site supervision.

New Jersey GASP (Group Against Smoking Pollution)



New Jersey GASP, a grassroots citizen activist group, has campaigned for smoke-free air in workplaces and public spaces since 1974. The group also advocates for tobacco-free lives for children. NJ GASP created the Tobacco Control Policy and Legal Resources Center to collect and dispense information, guidance, and technical assistance on local tobacco control policy, litigation, and legislation. The Center's output includes consultations, a Web site, educational mailings, presentations, and publications. In 2001 alone, New Jersey GASP printed more than 53,000 documents, including legislative and legal analyses and briefs. Major publications included *State Laws on Tobacco in New Jersey*, *Local Laws on Tobacco in New Jersey*, and *100% Smokefree Dining in New Jersey*.

NJ GASP published the first how-to manual in the nation to help businesses establish a smoke-free workplace, and the organization has continued to update this information and expand its scope beyond the workplace to schools, government buildings, and other facilities. To persuade restaurants to adopt smoke-free policies, NJ GASP published *Smokefree Dining is Best* and *The Smart Restaurateur* newsletter, which document the success of smoke-free restaurants and provide guidance in effective marketing of their smoke-free policies to potential patrons.

Southern New Jersey Perinatal Cooperative – “Mom’s Quit Connection” (MQC)

PROGRAM IMPACT: SEVEN SOUTHERN NEW JERSEY COUNTIES – ATLANTIC, BURLINGTON, CAMDEN, CAPE MAY, CUMBERLAND, GLOUCESTER, AND SALEM.

Target Population: Pregnant and post-partum females, caregivers of young children, maternal child health providers, and day care providers
Funding Amount: \$750,000
Contact: Merle J. Weitz, M.S.W., Director
 2500 McClellan Avenue, Suite 110
 Pennsauken, NJ 08109
Phone: (856) 665-6000, Ext. 222
Fax: (856) 665-7711
e-mail: mweitz@snjpc.org
web: www.snjpc.org



The Communities Against Tobacco (CAT) Coalitions and The New Jersey Prevention Network (NJPN)

PROGRAM IMPACT: STATEWIDE

Target Population: All New Jersey residents, with special emphasis on disparate populations
Funding Amount: \$2,568,695
Contact: Joan Krier, NJPN Executive Director
 700 Rt. 70, Unit 4
 Lakewood, NJ 08701
Phone: (732) 367-0611
Fax: (732) 367-9985
e-mail: Joan@njpn.org
web: www.njpn.org



New Jersey GASP (Group Against Smoking Pollution)

PROGRAM IMPACT: STATEWIDE

Target Population: New Jersey citizens, legislators, government administrators, colleagues, media, employers, employees, educators, researchers, students, and smokers
Funding Amount: \$250,000
Contact: Regina Carlson, Executive Director
 105 Mountain Avenue
 Summit, New Jersey 07901-3421
Phone: (908) 273-9368
Fax: (908) 273-8222
e-mail: info@njgasp.org
web: www.njgasp.org



LINCS Tobacco Program

PROGRAM IMPACT: STATEWIDE

Target Population: All New Jersey citizens
Funding Amount: \$1,453,030
Contact: Pat Belmont, Acting Program Manager
 New Jersey Department of Health and Senior Services, Comprehensive Tobacco Control Program
 120 S. Stockton Street, 3rd Floor
 Trenton, NJ 08625
Phone: (609) 984-1312
Fax: (609) 984-3346
e-mail: pat.belmont@doh.state.nj.us
web: www.state.nj.us/health



Community Partnerships

As part of the grant with NJBreathes, DHSS has awarded NJ GASP \$250,000 from MSA funds to support the organization's outstanding initiatives in reducing environmental tobacco smoke.

LINCS (Local Information Network Communication System) Tobacco Control Programs

The Local Information Network Communication System – commonly called LINCS – administers all DHSS grants to New Jersey's 114 local health departments. DHSS awarded \$1,453,030 from MSA funds to the State's local health departments to support their work with the Communities Against Tobacco (CAT) coalitions to reduce environmental tobacco smoke in municipalities.

Each of the 24 LINCS Tobacco Coordinators is a member of a county CAT and coordinates the CAT anti-tobacco activities with local health officers to increase the number of:

- Municipalities that restrict the sale, promotion, and use of tobacco products;
- Employers who adopt smoke-free workplace policies; and
- Restaurants and outdoor facilities with smoke-free areas.

The LINCS program evaluates these collaborative efforts with the CATs and determines progress using the same logic model developed by the CATs to measure program outcomes.



The American Cancer Society (ACS)

Tobacco is a leading cause of many cancers, including lung, pancreatic, esophageal, lip, oral, pharynx, and kidney and other urinary cancers. Lung cancer alone accounts for 29 percent of all smoking-related deaths in New Jersey each year – more than one in every four deaths from tobacco use. The American Cancer Society works to eliminate cancer as a major health problem through research, education, advocacy, and service.

CTCP awarded \$450,000 in MSA funds to ACS to implement tobacco control programs for New Jersey, designed to train key groups in effective tobacco control initiatives.

The Communities of Excellence in Tobacco Control Program (CX) has trained CAT coordinators to strengthen their ability to work with community groups. The goal is to help them plan comprehensive tobacco control programs in their communities and achieve concrete

outcomes. ACS is selecting six pilot communities for more intensive on-site training in 2002.

The goal of the New Jersey Tobacco Cessation Worksite Program is to increase the availability, utilization, and effectiveness of nicotine dependence education and treatment in worksites throughout the State. The program works with the largest employers in the State to establish policies that create disincentives and barriers to tobacco use. In 2001, ACS established 20 worksite partnerships at major companies such as Verizon Wireless, CHUBB, and Prudential. This program will reduce the costly burden of tobacco use for both employers and employees in New Jersey.

The New Jersey Tobacco Institute – Training and Technical Assistance Program provides ongoing assistance and support for CTCP grantees. The program focuses on building grantee capacity to set goals and priorities and developing effective programs in advocacy, community education, and prevention. It will also disseminate information on best practices in tobacco control through workshops and the creation of a special Web site.

ACS will evaluate these programs through screening, pre- and post-program surveys, participant interviews, site visits, database tracking mechanisms, and written program evaluations. ACS also provides monthly progress and financial reports to DHSS.

The American Lung Association (ALA)

While the rate of smoking among New Jersey high school students has actually declined since DHSS launched the Comprehensive Tobacco Control Program in 2000, the number is still too high. Nearly one in four high school students (24.5%) has smoked at least one cigarette in the past 30 days. Many teens are frequent smokers, meaning they smoke cigarettes at least 20 days a month. Fifty-five percent of teens report at least one failed quit attempt in the past year. Teens do not always respond to the same treatment approaches that work for adults; they need programs that speak to their motivations and perceptions.

To help teens quit smoking, DHSS awarded \$200,000 to the American Lung Association (ALA) for implementation of its Not-On-Tobacco (N-O-T) program in 20 pilot schools around the State, beginning in the

Verizon Wireless Anti-Tobacco Message Rings Crystal Clear

“Verizon Wireless is a leader in taking the initiative to help employees quit smoking and live smoke-free,” says BethAnn Boyle, the Health & Wellness Coordinator at the company's offices in Warren and Bedminster, N.J. BethAnn is proud of her company's anti-tobacco program, Living Well Tobacco Free, which was developed with the help of an American Cancer Society (ACS) program funded by the New Jersey Department of Health and Senior Services. Eighteen corporations currently take part in the program.

“As part of the Living Well Tobacco Free program, our Health & Wellness Center provides facts about smoking in a weekly e-mail to all 38,000 employees, along with contact information for cessation services,” says BethAnn, “New Jersey's Quit services are an integral part of our program. We are always recommending the services and refer employees because of the many options and great results.” Employees can request a ‘Quit Bag’ that includes pamphlets from ACS on topics such as how to quit smoking and how to remain smoke-free and cancer-free, and New Jersey Quitnet, Quitline and Quitcenters literature. “We offer pamphlets about smoking throughout the year, and during November, we place Quit Bags and posters near all the entrances of the building,” she adds. Since the program's inception in August 2001, Verizon Wireless employees have requested approximately 500 Quit Bags.

In January 2002, the company launched its Freshstart program, a classroom-based cessation program for employees who want to kick the habit. Ten employees from the two offices signed up for the first class in January. By the end of February, three quit smoking, and four others have “cut back drastically” on the number of cigarettes they smoke. What's the key to achieving such outstanding results? “Employees benefit from the close attention that the program provides,” BethAnn explains. “They're glad to have on-site assistance with the tough task of quitting tobacco.”

All in all, Verizon Wireless' anti-tobacco efforts are making an important difference. “Our company is excited to be able to offer such a great employee benefit,” says BethAnn. “And our executives know how important it is to have healthy employees on board.”



BethAnn Boyle gives a Verizon Wireless employee some tips on quitting.

BethAnn Boyle

The American Cancer Society (ACS), Eastern Division Inc./NJ

PROGRAM IMPACT: STATEWIDE

Target population: All New Jersey citizens
Funding Amount: \$450,000
Contact: Jackie Smith, Director of Tobacco & Program Services/NJ
2600 U.S. Highway No. 1
North Brunswick, NJ 08902
Phone: (732) 297-8000
Fax: (732) 297-9043
e-mail: jsmith2@cancer.org
web: www.cancer.org



American Lung Association

PROGRAM IMPACT: STATEWIDE

Target Population: High school students who smoke cigarettes and volunteer to quit
Funding Amount: \$200,000
Contact: Marjorie J. Bromberg, Senior Director, Programs and Services
American Lung Association of New Jersey
1600 Route 22 East
Union, NJ 07083-3407
Phone: (908) 687-9340
Fax: (908) 851-2625
e-mail: infoalanj@aol.com
web: www.lungusa.org



Community Partnerships



fall semester of 2001. This teen-specific program has increased quit rates and reduced tobacco consumption among participants in other states. N-O-T addresses teen needs by focusing on becoming tobacco-free as just one aspect of choosing healthy lifestyle behaviors and improving life skills. The program also creates a high comfort level for teens by dividing males and females into separate groups, which allows participants to freely discuss their motivations for using tobacco and experiences in trying to quit.

ALA will evaluate N-O-T by comparing cessation rates at pilot schools with rates at similar non-participating schools. Results will determine N-O-T's effectiveness and the appropriateness of expanding the program into other high schools in the State.



Princeton Center for Leadership Training

Middle school students are already experimenting with cigarettes and other tobacco products. According to the 2001 *New Jersey Youth Tobacco Survey*, 6.1 percent of these students are already current cigarette smokers, meaning that they have smoked at least once in the past 30 days.

The Princeton Center for Leadership Training, an independent non-profit organization that works with schools and communities to develop healthier environments for youth, has been awarded \$350,000 to coordinate REBEL 2, the middle school component of the REBEL movement. REBEL 2 specifically targets youth in grades six through eight with after-school programs that provide activities designed to promote healthy lifestyle choices and build awareness of the addictive nature and dangerous consequences of tobacco use.

Once the members of REBEL 2 understand the risks and effects of tobacco, they become mentors to elementary school children in their communities. Their goal is to prevent younger children from experimenting with cigarettes or other tobacco products.

The Princeton Center has launched the program in 25 middle schools across the State. This proactive program extends the REBEL movement into the lower grades and thus contributes to creating a truly comprehensive primary prevention program to change community and social norms about the acceptability of tobacco use. The program is based on the Centers for Disease Control and Prevention (CDC) Best Practices.

Program evaluation will be based on both quantitative and qualitative data, including monthly reports on the numbers of students in each chapter, meetings held, and presentations given. Focus groups are conducted with adults and students regarding the content of the meetings and student attitudes and behaviors related to tobacco use.

New Jersey Higher Education Consortium: Tobacco Social Norms Project/New Jersey Collegiate Tobacco Control Initiative

College students consistently overestimate the actual use of cigarettes by their peers, according to research. This is significant. Students who think that the majority of their peers smoke are more likely to smoke themselves, believing that "everybody does it." They perceive smoking as the social norm. Correcting this misperception is at the heart of the social norms approach.



In 2001, the New Jersey Higher Education Consortium, funded by DHSS, implemented a social norms project to decrease cigarette smoking rates among students on college campuses. This project was based on a model developed to reduce binge drinking among college students. Building on the success of their 1998 Alcohol Social Norms Project (TSNP), the Consortium produced an inventory of written smoking policies for all county and state colleges, and launched the Tobacco Social Norms Project. The Project goal is to decrease smoking rates in three demonstration schools: Rutgers – New Brunswick, Rowan University, and St. Peter's College.

These institutions of higher education conduct social norms media campaigns based on carefully conducted surveys of their campus communities. The results of these surveys are communicated to the college communities through print and radio media campaigns and related activities. Project outcomes are monitored through follow-up surveys at institutions implementing media campaigns and control schools that are not utilizing the social norms approach. A social norms campaign on CD and a monograph concerning tobacco use policies on New Jersey campuses were distributed to all New Jersey college and university presidents in October 2001.

In part through a grant with NJBreathes and through a separate grant for the TSNP, DHSS has awarded this Consortium \$425,000 from MSA funds over an 18-month period.

Princeton Center for Leadership Training PROGRAM IMPACT: STATEWIDE

Target Population: Middle school students
Funding Amount: \$350,000
Contact: Dr. Abby Attias, Director
12 Vandeventer Avenue
Princeton, NJ 08542
Phone: (609) 252-9300 Ext. 103
Fax: (609) 252-9393
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New Jersey Higher Education Consortium: Tobacco Social Norms Project PROJECT IMPACT: NEW JERSEY COLLEGES AND UNIVERSITIES

Target Population: New Jersey college students
Funding Amount: \$425,000
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New Jersey Quitline *Es Muy Bueno, Si!*

Marta Mangual, 67, started smoking with her girlfriends when she was 24 years old. "Everyone in my house smoked and it seemed like the natural thing to do," she recalls. At first, she smoked about a pack a day. But after the birth of her first child, she worked her way up to a three-packs-a-day habit.

Although Marta tried to kick the habit with the help of nicotine gum, she wasn't able to quit on her own without support. Then last winter, her daughter came across a brochure for New Jersey Quitline's Spanish-language service at a supermarket in Twin City. She brought the brochure home and handed it to her mother. Determined this time to quit for good, Marta gave New Jersey Quitline a call.

"After my first phone call, I felt more motivated than ever to quit," says Marta. "The counselors were very friendly, and they genuinely wanted to help me. It was easy to talk to them." Marta was grateful that she was able to share her feelings about smoking in her native tongue. "I have nothing but great things to say about the program," she adds.

Marta's been smoke-free since January 2002. "This time, I know I can give it up for good," she says. Already, she's noticed the positive health effects. "I haven't felt this good in years!"

Would Marta recommend the Spanish-language service to her friends? "I have already! New Jersey Quitline *es muy bueno!*"



Marta Mangual

A Habit Born from Grief

When Rhonda Levell's husband died seven years ago, she started smoking a pack of cigarettes a week to help cope with her grief.

It wasn't until Rhonda was admitted to a hospital for persistent cough and flu-like symptoms that she decided she'd had enough. "My doctor knew what the problem was," says Rhonda. "So he asked me, 'Would you like to quit smoking?' I said, 'Yes!' " Her doctor referred her to the New Jersey Quitcenter at Newark Beth Israel Medical Center.

Through one-on-one counseling and daily journal writing, Rhonda began to understand the underlying factors that caused her to smoke. "I had never spoken to anyone about what happened to me emotionally after my husband died," she says. "My counselor helped explain the emotional attachment I had to cigarettes, and slowly I began to heal." Two months later, in April 2001, Rhonda quit for good.

Rhonda is thankful for New Jersey Quitcenter. "Sometimes you can't do things by yourself. For me, the Quitcenter counseling did more good than seeing a psychologist."

Rhonda Levell



Public Awareness and Media

The Effect of Media

The power of media and marketing to influence behavior and drive demand for products and services is well known. Observe the fact that the tobacco industry spends approximately \$247 million on advertising each year in the Garden State alone. In the year following the 1998 Master Settlement Agreement (MSA), which prohibited tobacco advertising on billboards and in teen publications, the five largest tobacco companies actually increased their advertising and promotional expenditures by 22.3 percent to a total of \$8.24 billion.

Research shows that tobacco industry marketing increases the number of children, teens, and young adults who try smoking and become regular smokers. We have learned from other states' experiences and numerous studies that one of the best ways to reduce the power of tobacco marketing is to mount an intense campaign to counter pro-smoking messages. Moreover, effective marketing efforts must include prevention and cessation messages for both youth and adults. Advertising and public relations campaigns can break through the industry's clutter and communicate the truth about tobacco and the industry's marketing tactics.

New Jersey's Campaigns Work

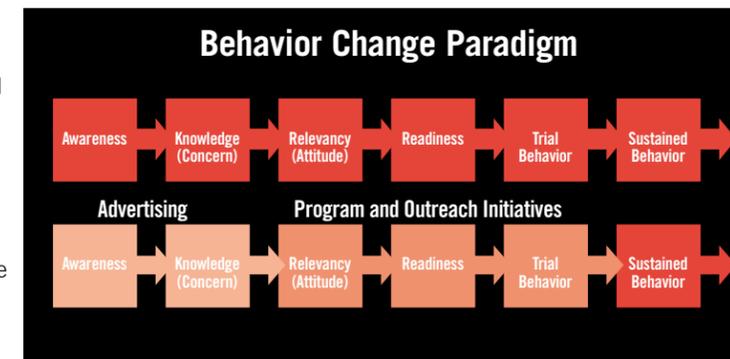
New Jersey's public awareness campaigns are based on extensive consumer research that explored the needs and attitudes of teens and young adults toward tobacco use and attitudes of adult smokers toward quitting – particularly the 70 percent who have said they want to quit and are searching for a way to succeed.

Clearly, countering tobacco industry marketing requires innovation, creativity, strategic planning, and resources. The Master Settlement Agreement (MSA) funds have enabled New Jersey to budget \$6.3 million annually to conduct a public awareness and media campaign using paid television, radio, and print advertising; public relations; special events; and promotions to counter tobacco industry marketing.

We reach New Jersey's diverse population through a combination of general and multicultural marketing and media activities directed toward the African-American, Asian, and Hispanic communities. Radio, billboard, bus, and newspaper advertisements, as well as brochures and posters, are in English and Spanish. Newspaper ads are also in Chinese and Korean. In 2001, our REBEL and smoking cessation advertisements were carried in 12 multicultural newspapers and eight radio stations throughout New Jersey. In addition, 33 stories about REBEL and New Jersey's Quit services were printed in 25 different ethnic publications.

The Challenge of Social Marketing

Persuading New Jersey's smokers to quit and nonsmokers not to start, and changing the acceptance of tobacco use is a challenge. It involves



getting people to change their behavior – to give up something they may find satisfying or attractive. Achieving change involves moving people along a continuum over time from considering change to actually taking steps to achieve it. Social marketing facilitates this process. Achieving the end result requires an ongoing stream of messages from many

sources. The challenges are especially great in New Jersey, where the primary media markets, Philadelphia and New York, are two of the most expensive and competitive in the nation. Media campaigns are costly, and it is important to document evidence linking advertising to reductions in the prevalence of tobacco use and to determine which strategies work best.

New Jersey addresses these challenges by creating an integrated marketing and communications program that is cost-effective and closely coordinated with all CTCP components. It reaches the State's enormously diverse populations through multicultural marketing and media outreach. However, adequate funding is needed over a sustained period of time to succeed in changing perceptions and behaviors.

Cessation Campaign Objectives and Strategies

The first and most obvious objective is to inform residents about the State-sponsored free and low-cost services to help them quit. Without a public awareness campaign and communications materials, New Jerseyans would not know about these services and they could not use them to succeed in quitting. It's as simple as that.

A second objective is to move smokers along the continuum toward readiness to quit. A third objective is to change the acceptability of smoking among all residents by portraying the negative aspects of smoking. Other states that focus on these objectives in their anti-smoking ads have documented the impact of their advertising on smokers. For example, a California survey, conducted in the early days of its tobacco control program, reported that 84.8 percent of smokers who had quit said that a commercial influenced their decision.

Results

Our campaign adopted a similar approach to that of California, and it is producing results.

- In October 2000, our high-profile media event to launch New Jersey Quitnet and New Jersey Quitline and introduce an extensive advertising campaign produced widespread news coverage in television and print throughout the State.
- In the four months following the September 2001 launch of a pilot campaign to test the effectiveness of broadcast advertising in getting people to use smoking cessation services, visitors to New Jersey Quitnet increased by 69 percent and calls to New Jersey Quitline increased by 100 percent.

Public Awareness and Media

- Outreach to healthcare professionals throughout the year was responsible for 12 percent of all callers to New Jersey Quitline and 10 percent of clients to New Jersey Quitnet.
- All elements of the campaign – broadcast, newspaper, billboard, and bus advertising; brochures; referrals from doctors and dentists participating in the healthcare providers mass mailing campaign; videos, CDs, and public service announcements; and feature and news stories in newspapers, magazines, and on local television and radio – were responsible for sending 80 percent of all callers to New Jersey Quitline in 2001. This demonstrated to us that a multifaceted public awareness campaign is essential to promoting New Jersey's Quit services to help smokers quit.

Our own experience is reinforced by what we have learned from other states about the extent to which media generates public response to cessation services. Research from California and Wisconsin supports the importance of media.

A California study showed that cigarette consumption decreased in association with the waves of their media campaign, and that the decline in consumption nearly halted when the state suspended the media campaign in 1991 and 1992. The California tobacco control program was associated with a 10 percent to 13 percent long-term decline in cigarette consumption, of which 21 percent was attributed to its media campaign.

Calls to a Wisconsin smoking cessation hotline dropped by half after advertising cutbacks, according to a Center for Tobacco Research and Intervention study. The cut came after funding was reduced in the state budget. The researchers pointed out that it is impossible to let potential callers know about the service without a media campaign.

Youth Anti-Tobacco Campaign Objectives and Strategies

New Jersey has two objectives for the New Jersey youth anti-tobacco campaign. Our key objective is to change teens' perceptions of tobacco use as being cool and popular and replace it with a negative view of tobacco and tobacco marketing to change the acceptability of tobacco use among teens. Another objective is to expand REBEL's membership and the number of New Jersey teens who support its mission to help teens stay tobacco-free.

We are conveying these messages through a comprehensive communications strategy that exposes the lies of the tobacco industry and empowers New Jersey teens to make an informed choice – and the truly independent choice – to remain tobacco-free. REBEL has evolved into an attractive and desirable movement, created and supported by New Jersey teens. The program is accomplishing its goals.

Teens know the ploys the tobacco industry uses in its advertising to appeal to young people, and this knowledge has changed their attitudes about the industry and its products. A Minnesota study showed significant changes in teens' attitudes about tobacco and tobacco companies since the start of that state's Target Market campaign in April 2000. These attitudinal changes are important precursors to behavior changes and lower teen smoking rates.

Results

Our messages are being heard. Between 1999 and 2001, we reduced the use of all forms of tobacco among middle school students by 38 percent and among high school students by 14 percent. In 2000 and 2001, the following campaign elements drove these messages home:

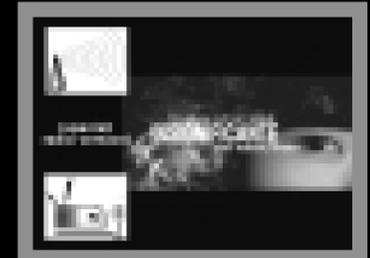
- Between November 2000 and February 2001, we launched the REBEL movement, the Not For Sale advertising campaign, the *njrebel.com* Web site, and the Declaration of Independence from Tobacco, a grassroots peer-to-peer recruitment campaign.
- By the end of 2001, REBEL had grown from 340 to 7,000 teens, had collected 6,000 signatures to its Declaration, and prompted 200,000 visitor sessions on the Web site.
- In September 2001, we launched a new Not For Sale advertising campaign on prime-time television and popular teen radio stations, highlighting how the tobacco industry regards its youthful target audience.
- In September 2001, we also initiated advertising on Channel One, the in-school cable television channel. These advertisements reach 214,889 students in 308 New Jersey high schools up to two times a week throughout the school year.
- During October 2001, following the September launch of both the general media market and in-school cable television advertising campaigns, requests to join REBEL via *njrebel.com* increased by 173 percent over the average of the previous five months, when we began tracking Web site enrollment.
- Throughout the year, we promoted REBEL and the Not For Sale message of youth empowerment through billboard and newspaper advertising; by providing grassroots communications tools for REBEL, including a documentary video and CD ROM, posters, banners, and recruitment postcards; and by generating media coverage of REBEL's statewide and grassroots activities.
- In August 2001, REBEL's first statewide community service initiative, a Beach Clean-up, won widespread positive television, radio and newspaper coverage throughout the State and educated New Jerseyans about the environmental impact of cigarette butts.
- National TV coverage on *The Early Show*, *Today*, and *Fox and Friends*, and stories in such popular teen magazines as *YM*, *Seventeen*, *Teen People*, and *Time for Kids* elevated the attractiveness and credibility of the movement for New Jersey teens.

This combination of a strong anti-tobacco message and a wide range of methods for delivering the message brought thousands of teens into REBEL's orbit.

Cessation Campaign Tactics Advertising – Broadcast

"Things Telling You:" In 2001, we created a new ad campaign to air on radio and, for the first time, on television. "Things telling you to quit" is a response marketing technique, characterized by a call to action: "You have enough things telling you to quit. We'll tell you how." These ads are aimed at our primary audience: smokers who want to quit and are searching for a way to succeed. This campaign responds to our research surveys and focus groups, which revealed that smokers who want to quit do not want to be lectured, but instead want help. The ads provide contact information on NJ Quitnet and NJ Quitline.

New Jersey's CTCP Reach



Left and Above: "Things Telling You" ads encourage smokers to take action to quit smoking.

Left and Above: "Definition" TV and radio ads emphasize that teens are standing up to Big Tobacco and are "Not For Sale".

Public Awareness and Media

Furthermore, by highlighting the negative aspects of smoking, the ads begin to change the acceptability of smoking among all New Jerseyans.

Advertising – Print

“Actually, Quitters Do Win:” This campaign sends a positive message of encouragement, which our research indicates resonates with smokers. Created in 2000, the ads are continuing to run into 2002 on billboards, posters, brochures, and public transit buses, and in mainstream and multicultural newspapers. The campaign also appeared on wrapped Volkswagen “bugs” last spring and summer.



“Who Cares If You Quit Smoking?”

This message underscores the impact of smoking on the smoker’s family, especially children. The ad, which features a baby’s face, was developed for our multicultural smoking cessation campaign in response to research, which revealed that this message is a powerful motivator to quit smoking in the African-American and Hispanic communities. Further research revealed the universal appeal of the ad encouraging us to

use it more broadly. It is currently featured on buses, billboards, posters, buttons, and brochures, in addition to multicultural newspapers.

Additional messages: “Give your lungs a breather,” “Light up our phone lines instead,” and “No te quemes la vida” are just a few of the messages that have appeared on outdoor advertising and on matchbook covers, coasters, and beverage sleeves placed in bars, restaurants, and coffee houses.

Target Marketing and Promotions

Health Care Professionals: Research tells us that smokers respond when physicians suggest that they quit. In 2001, we created a “black box” full of materials on New Jersey’s Quit services and sent them to 19,000 physicians, dentists, and hospitals, making it simple to refer patients to our services. Referrals from healthcare providers increased. In 2001, 10 percent of all NJ Quitnet and 12 percent of all NJ Quitline referrals came from this source.

Sports Fans: Sports provide an important venue to reach out to large numbers of people, and sports heroes can play an influential role in drawing public attention to a health-related issue. In 2001, we placed print advertisements in three sports facilities at The Meadowlands in East Rutherford, New Jersey: Giants Stadium, Continental Airlines Arena and Meadowlands Racetrack. To reach more football fans, we conducted additional outreach at Giants Stadium for the second consecutive football season in 2001. We created a public service announcement (PSA) for the Jumbotron,

featuring Giants running back, Tiki Barber. The PSA highlighted the stadium’s smoke-free policy and informed fans how to get help through New Jersey’s Quit services. The PSA was shown at every home game during the season, accompanied by an ad in the game bill. We also circulated this PSA to TV stations, and it has been aired on WPIX, WWOR, and WMGM.

College Students, “Get Off Your Butts:” We created and distributed this smoking cessation campaign kit to student life coordinators and health clinics at 36 New Jersey colleges and universities. Sixty-eight percent of them report using the materials. Media outreach conducted for a DHSS presentation of the campaign to the College Presidents’ Council in October 2001 resulted in prominent articles in the *Star Ledger* and the *Home News Tribune* and on News 12 New Jersey. After the campaign launch, the number of young adults using NJ Quitnet and NJ Quitline increased.

We promoted a four-point call-to-action for the presidents: First, to appoint a person at every college or university with the authority to enforce tobacco control policies; second, to create smoke-free dorms and restrict outdoor smoking to a few areas; third, to prohibit the sale of tobacco products on campus; and fourth, to promote the cessation services offered by DHSS to all residents of New Jersey.

Cessation in the News

During the first 14 months after the launch of the Quit services, additional media relations efforts in support of the cessation component of CTCP resulted in an overall print circulation of 15,875,241 and a broadcast circulation through radio talk shows and news coverage of 1,534,249.

Youth Anti-Smoking Campaign Tactics

Advertising – Broadcast

“Not For Sale:” This advertising campaign, launched in February 2001, with two ads entitled “Stay Out” and “I Know,” introduced the REBEL movement’s rallying cry, “Not For Sale.” Placed on radio, TV, billboards, and bus sides, the message shows that teens are not for sale to the marketing tactics of the tobacco industry, and that teens can make an informed decision to be tobacco-free.



Signage at Giants Stadium alerts fans to New Jersey’s Quit services.

“Definitions:” In September 2001, we took the Not For Sale theme to a new level with the introduction of the “Definitions” campaign for TV and radio. The ads superimpose the words “gullible,” “weak,” and “worthless” and their definitions over images of a diverse mix of teens. The ads state that this is the tobacco industry’s opinion of teens as consumers who can be manipulated by clever marketing tactics to buy tobacco products. The teens, who appear smart and in charge, are Not For Sale. The message challenges the tobacco myths that smoking is attractive and empowering. This campaign runs on radio and during prime time on network and

Public Awareness and Media

cable television during programs popular with teens.

“I’m Not For Sale. Are You?” In September 2001, we produced four commercials to air on Channel One, an in-school television channel that reaches nearly 215,000 New Jersey high school students up to two times each week. These ads feature REBEL members who describe their movement and invite their peers to “Join REBEL and tell Big Tobacco that you are Not For Sale.” One ad also features Giants football star Tiki Barber praising REBEL members for their efforts. Channel One advertising is a cost-effective means of reaching teens where they spend much of their time – in school.

REBEL in the News

Ongoing media outreach for REBEL and Not For Sale has achieved broad coverage in the news on the local, statewide, and even the national levels. One of the most popular REBEL stories was the REBEL Beach Butt Clean-up in August 2001. This event garnered prominent stories, many with photos, in most newspapers across the State as well as TV news coverage on CN-8, NJNN, WWOR-9, WTXF-TV (Fox Philadelphia), WMGM-TV/WMBC-TV (NBC Atlantic City), and News 12 New Jersey. This coverage not only raised the visibility of the movement, but also educated the public about the negative environmental impact of smoking and cigarette butts.

National media attention has placed New Jersey’s REBEL movement at the forefront of State youth campaigns and increased REBEL’s appeal to teens. We achieved national television coverage on *The Early Show* with Bryant Gumbel, *Fox and Friends*, and *Good Morning America*. In addition, articles featuring REBEL and New Jersey teens appeared in *Teen People*, *Time for Kids*, *YM*, *Seventeen*, and *Extra*, a weekly reader magazine for middle school and high school students.

Media efforts have reached a print circulation of 24,330,691 and a general market broadcast circulation of 14,756,893 between November 2000 and January 2002. In the past year, more than 90 percent of the state’s teens were exposed to the campaign messages more than eight times per month.

Tobacco Age of Sale Enforcement (TASE) Campaign Tactics

Our *2001 New Jersey Youth Tobacco Survey* indicates that minors (under 18) can still easily purchase tobacco products in the State. Two out of three middle school and high school smokers reported they were not asked to show proof of age when purchasing cigarettes, nor were they refused a purchase. Knowing this, our objective for the tobacco age of sale campaign was to intensify our enforcement and public awareness efforts by reminding vendors that teens must verify their age before purchasing any tobacco products.

In 2001, we created the first display materials designed specifically for New Jersey’s Tobacco Age of Sale Enforcement (TASE) program. Colorful, eye-catching, merchant information kits and display materials designed to appeal to teens and make it easier for clerks to ask customers for proof of age are being mailed to over 18,000 licensed tobacco retailers in the State. The message speaks for the sales clerk: “Nothing proves you’re 18, except your I.D.” Posters, counter mats,

and window decals let customers know that the merchant does not sell tobacco products to minors.

Other Public Awareness and Media Tactics African-American Heritage Festival and Parade

In May 2001, we launched our new “Who Cares If You Quit Smoking?” campaign at Newark’s 35th annual African-American Heritage Festival and Parade, a major cultural event that draws thousands of people. The CTCP sponsored a parade float and a booth manned by REBEL teens who volunteered to hand out brochures and buttons encouraging smokers to use New Jersey’s Quit services. These spoketeens also recruited new members to REBEL and encouraged teens to sign the Declaration of Independence from Tobacco.

“Tell Someone You Love”

We generated media coverage for this school-based campaign, which asks third-, fourth- and fifth-graders to write letters to loved ones encouraging them to quit smoking. Our efforts generated over 280,000 media impressions, including coverage in *The Bergen Record*, *North Jersey Herald Tribune*, *The Home News Tribune* and *The Star Ledger*. We developed the media outreach component for this initiative to motivate smokers to consider quitting for their children’s sake.

Communications Resources – Marketing and Public Relations

In 2000, through the State bidding process, DHSS contracted with BBDO/Minneapolis, an advertising firm, to be the lead agency for developing and implementing integrated communications campaigns. Under the contract, the firm works in collaboration with Fleishman-Hillard Inc., a public relations agency, and J. Curtis and Company, a specialist in multicultural marketing and communications. This dynamic team has brought an exceptionally high caliber of collective expertise, experience, and creativity to our campaigns.

BBDO is well known for its knowledge of youth marketing. Through its work with Mountain Dew, Pizza Hut, Pepsi, and M&Ms, the agency has a proven track record of talking to teens in their language. As the world’s largest communications firm, Fleishman-Hillard can tap into resources and experience through its global network. Its youth experience includes operating the nation’s largest social marketing campaign on drug prevention for the White House Office of National Drug Control and Policy. J. Curtis has in-depth experience in addressing New Jersey’s diverse population. The State is one of the most culturally and ethnically diverse in the nation. More than one-third of our residents represent minority groups, including African-Americans, Hispanics, Asians, and Native Americans.

Together, these agencies have helped us propel the Quit services and the REBEL/Not For Sale campaign to the forefront of awareness among New Jersey residents. In addition to building basic awareness of the CTCP programs, they have helped us deepen the public’s understanding of these programs and how tobacco control benefits them. They are responsible not just for developing our core campaign, but for initiating a continuing flow of creative new ways to break through the clutter and get those campaign messages heard above the noise.

In the Shadow of an Ailing Father, a Son Struggles with Nicotine Addiction

Jayson McMullen, 45, started smoking when he was barely a teen because he wanted to be like his dad. In high school, Jayson felt mounting pressure to smoke. "It was the thing to do, and I got hooked."

Over the years, Jayson also became addicted to drugs and alcohol, a habit that only exacerbated his smoking. In September 2000, he conquered his substance and alcohol addictions. Then he turned his full attention to quitting cigarettes.

"I felt a lot of health effects from the smoking," says Jayson, an Oradell resident. "I'd cough so violently that people thought I was sneezing." Besides concern for his own health, Jayson has watched his father, a life-long smoker, continue his losing battle with heart disease. "My dad's on oxygen 24 hours a day. His lungs shut down," he says. "He's actually going to drown to death. It's horrible."

Jayson attended Nicotine Anonymous meetings, where a friend gave him a wallet-size card that read, "If you're serious about quitting, call New Jersey Quitline." So he called. "I loved my counselor! She came into my home through the phone," he says. "As I became more aware of the chemicals and the dangers, it was like this veil of denial finally lifted." Jayson also found the reading materials helpful. "I read a booklet with the stories of people who quit, and it was really encouraging."

Since he quit smoking in April 2001, Jayson's take on life has changed for the better. "I'm so happy! Now I run five miles every morning – five miles!" he says. His sense of smell has improved, too – a bad thing when he's around smokers. "Smoking stinks," he says. "I can't believe I smelled that way!"

Perhaps the only person more elated than Jayson is his father. "My dad's the happiest guy in the world. He's dying from cigarettes, and the last thing he wants is his kid hooked."



Jayson McMullen

Evaluation and Research

Honing Performance Through Evaluation

The New Jersey Comprehensive Tobacco Control Program (CTCP) is a state-of-the-art strategic plan for reducing the premature death and disease caused by tobacco use in New Jersey. We have invested thousands of hours in design, development, coordination, negotiation, fiscal monitoring, evaluation, and technical assistance, and our most important question is, "How are we doing?" Performance evaluation provides the answer. We have amassed evaluation data that enable us to measure the impact of the CTCP on attitudes, behavior, and social and community norms of tobacco use, and to monitor our own internal process of coordinating statewide activities.

New Jersey is poised to be a leader in tobacco control. We have researched tobacco use in New Jersey, applied the Best Practices of the Centers for Disease Control and Prevention (CDC), and examined and evaluated the methods and models of other states in developing the strategic plan for New Jersey's CTCP. Rigorous data collection and analysis by an independent evaluator is essential, so DHSS funded the University of Medicine and Dentistry of New Jersey – School of Public Health (UMDNJ-SPH) to provide objective, credible information and analysis that we can use to develop and assess CTCP and measure program effectiveness and outcomes.

Accomplishments are measured against programmatic objectives and multiple data sources. We considered it absolutely necessary to obtain a baseline assessment of tobacco use behaviors throughout New Jersey as a starting point from which to evaluate the effectiveness of current tobacco control programs and to improve future program planning. Quantitative and qualitative data collected from all components of the program are used to monitor the extent to which each one – youth, treatment, media, and community partnerships – achieves its expected outcome. These data provide feedback to judge the success of the program, monitor progress toward intermediate and long-term goals, and help us implement adjustments to the program as necessary.

Cancer, heart disease, and emphysema take years to develop, and it will take years for this program to impact those numbers, just as it has taken other states with longer histories of tobacco control years to bring down the death toll. The promise lies in the successes that states like California have achieved 10 years into their programs.

Ongoing Surveillance and Baseline Studies

It is essential to collect baseline data before a program begins to ensure rigorous evaluation and surveillance. Given the multiple program goals, acquiring comprehensive baseline measures required

several data sources. Therefore, we commissioned a number of baseline studies between 1999 and 2002 with the intent of conducting follow-up surveys for comparative data. UMDNJ-SPH just completed analyzing the second *New Jersey Youth Tobacco Survey* and is working on the analysis of the second *New Jersey Adult Tobacco Survey*.

The surveillance and evaluation activities conducted by UMDNJ - SPH to date include the following:

- *The New Jersey Youth Tobacco Surveys* (1999, 2001), which measured the prevalence of tobacco use and addressed knowledge, attitudes, and behaviors related to tobacco use among middle school and high school students. Compared to baseline data collected in 1999, cigarette smoking declined among both middle school (42 percent) and high school (11 percent) students in the past two years.
- *The School Health Education Profile Survey* (2000, 2002) was conducted among middle and high school principals to determine the prevalence of comprehensive tobacco control policies in public schools statewide. Survey data from the 2002 study will be published in the late spring, 2002.
- *The New Jersey Adult Tobacco Surveys* (2000, 2001) assessed

the prevalence of tobacco use among adults, the existence of environmental tobacco smoke (ETS) policies, and cessation issues. We learned from the 2000 survey that 18- to 24-year-olds have the highest smoking rate (28.1 percent) compared to all adult age groups 25 years and older. Moreover, this rate is significantly higher than the rate of cigarette smoking for all adults generally in New Jersey (18.4 percent). Survey data from the 2001 study is currently being evaluated.

- *The Pregnancy Risk Assessment Monitoring System* (PRAMS) (2000) evaluated the prevalence of tobacco use among pregnant women and covered ETS and cessation issues. DHSS will be conducting a second PRAMS study beginning in spring 2002.
- *The Workplace Survey* (2001) collected baseline data on smoking restriction policies in New Jersey workplaces, including bars and restaurants. The final report will be released in late spring 2002. While no date has been set, we plan to conduct a second workplace survey to provide follow-up data.
- *The Tobacco Health Plan Survey* is a study currently under way to better understand how various health plans in New Jersey cover tobacco-related treatment. The results will be available in early summer 2002.



Baseline data and ongoing studies measure CTCP progress, helping to keep programs on track.

Evaluation and Research

These surveillance systems have far-reaching implications for designing and evaluating various programs, such as tobacco dependence treatment, perinatal health interventions, restrictive smoking policies in schools and workplaces, and public education and media campaigns. DHSS predicted it would take at least two years of program implementation to begin to see the effect programs would have on preventing tobacco use among youth and to convince a significant number of current tobacco users to quit.

The 2001 New Jersey Youth Tobacco Survey (NJYTS) provides our first comparative data to an earlier baseline study. The NJYTS will continue to serve as a critical evaluation tool for the design, implementation, and management of youth-based programs, including media campaigns, REBEL activities, smoking prevention and cessation initiatives, and Tobacco Age of Sale Enforcement (TASE) efforts.

In the meantime, we are using information gathered from our baseline studies to expand and improve our programs. For example, CTCP funded the Southern New Jersey Perinatal Cooperative to help young mothers quit smoking on a permanent basis. The need for this initiative became apparent after results from the PRAMS study showed that half of all pregnant women who quit smoking during pregnancy go back after giving birth.

When we learned from the first New Jersey Adult Tobacco Survey that only half of all adults think restaurants and work areas should be completely smoke-free, we increased our efforts to build public awareness of the health risks of environmental tobacco smoke (ETS). Decreasing exposure to ETS is one of the CTCP goals.

The Process Evaluation Project

In 2001, we sponsored a major process evaluation study, which entailed collecting data from grantees that could be used to evaluate and improve their program activities and administration. The research

involved extensive field study of the activities, performance, achievements, and resources of the Communities Against Tobacco coalitions and dozens of our other community partners. Data collection methods included site visits, key informant interviews, report review, and ongoing monitoring of statewide activities.

Establishing process measures that can be used to evaluate program implementation and performance is key to assessing the effectiveness of the grantee's programs overall. The study found that issues of training, communication, collaboration, and community building were common themes that the partners addressed as ways to enhance program success.

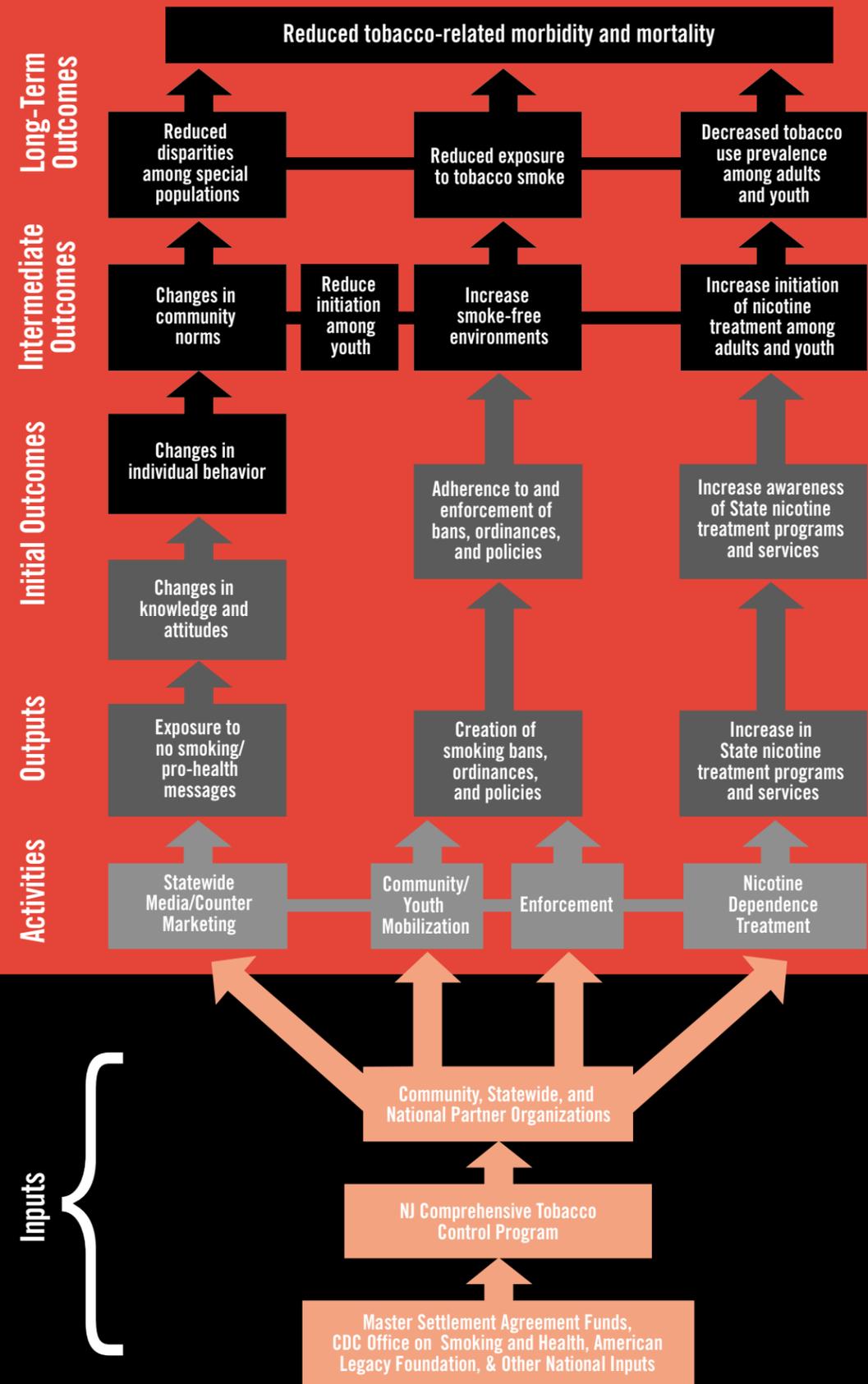
The Logic Model

DHSS requires that all CTCP community partners use the same method to measure the outcomes of their programs. To accomplish this, we are the first state in the nation to use the logic model as a framework for coordinating the strategic planning and program evaluation among all tobacco control program providers in the State. New Jersey uses the logic model because it is relatively simple and straightforward.

First of all, we use it to show graphically how all of the components of the program work together. We also use the model to show how all components of the CTCP are needed to achieve our initial, intermediate, and long-term outcomes.

We asked our community partners to develop logic models because this helps program officers ensure that their activities relate to their anticipated outcomes. In addition, the logic model is a dynamic document that readily accommodates shifting program needs and priorities.

New Jersey Comprehensive Tobacco Control Program Logic Model



CD Rom capsulizes the 2000/2001 CTCP program.



African-American Heritage Festival in Newark

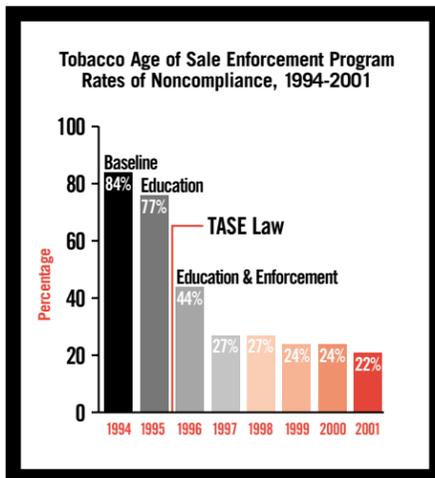


REBEL focuses on the environment.

Tobacco Age of Sale Enforcement

Promoting New Jersey's Tobacco Laws

If we can stop retailers from selling cigarettes to our youth, we will stop many young people from starting to smoke. Although the sale of tobacco to minors (under 18) has been illegal in New Jersey since 1883, DHSS had no responsibility for enforcement until more than a century later, in 1996, when New Jersey enacted the Tobacco Age of Sale Enforcement (TASE) legislation. These laws mandated DHSS to be responsible for enforcement and permitted the Department to delegate this responsibility to local health departments. These laws also provided funding through New Jersey tobacco licensing fees. TASE is not funded by the Master Settlement Agreement.



Before TASE, most vendors routinely sold tobacco products to minors. The 1994 New Jersey Middle School Survey reported that noncompliance rates exceeded 80 percent. In December 2001, six years after TASE went into effect, New Jersey's noncompliance rate dropped to 22 percent.

TASE's goal is simple: no sale of tobacco products to minors. However, to be realistic about what is achievable, we are incrementally reducing the level of these illegal sales. An important objective is to reduce the State noncompliance rate to levels required by federal law. This law, known as the Synar Amendment, mandates each state to enact laws restricting tobacco sales to minors and to put into place enforcement measures to achieve annual goals for noncompliance levels set by the federal government. New Jersey's 22 percent rate in 2001 puts the State well on the way to meeting the goal of 20 percent noncompliance by September 30, 2002. It is critical for New Jersey, as for all states, to meet this goal. New Jersey stands to lose up to 40 percent of federal funding (\$19 million) from the New Jersey Substance Abuse Prevention and Treatment (SAPT) annual block grant award. The funding is used for essential prevention and treatment services.

An Effective Deterrent

The federal government takes these laws very seriously, as demonstrated by the level of penalties. Research shows that enforcement of laws prohibiting tobacco sales to youth is effective in preventing youth smoking. However, these restrictions alone cannot do the job. They must be combined with the other components of New Jersey's Comprehensive Tobacco Control Program to have a significant impact in reducing youth smoking rates.

Young people may turn to older friends or family members to obtain tobacco products when retailers turn them down. Data from the 2001 New Jersey Youth Tobacco Survey indicated that the most common way high school students obtain cigarettes is to buy them in stores and at gas stations. In fact, 39 percent of teen smokers who obtained cigarettes within 30 days prior to the survey purchased them in stores. However, another 24 percent "bummed" them from others and 22 percent gave someone else money to buy them. An alarming statistic from the 2001

survey is that two-thirds of middle school and high school smokers were not asked for identification when purchasing cigarettes, underscoring the fact that there are still areas for improvement.

Nonetheless, if New Jersey continues to rigorously apply this part of the program in tandem with the other five components of the CTCP, the State will limit the appeal of tobacco products and curtail youth access to them.

The TASE Program

The TASE law states that "a person who sells or offers to sell a tobacco product to a person under 18 years of age shall pay a penalty of up

to \$1,000 and may be subject to a license suspension or revocation."

The TASE program has two major components:

- Education of retail merchants on the law prohibiting sale of tobacco to minors; and
- Active enforcement of the law through random, unannounced inspections.

Merchant Education Program

Recognizing that there is more work ahead, we developed a promotional campaign specifically for New Jersey's TASE program and launched it in April 2002 as part of the State's merchant education initiative. The campaign is built around the theme: "Nothing proves you're 18, except your I.D." BBDO Advertising created point-of-sale display materials to be distributed to over 18,000 licensed tobacco retailers in the State – with an emphasis on the types of outlets with the highest noncompliance rates: gasoline stations, convenience stores, and restaurants.

REBEL teens participate in education and enforcement efforts by talking to vendors about TASE, and in some cases, helping inspectors by attempting to purchase cigarettes. Soon the teens will be visiting vendors to encourage them to display the new materials.

The materials include eye-catching counter mats, posters, decals, official signage, and a merchant education packet explaining the TASE program to retailers and their employees. These display items are approved by merchant association leaders.



Eye-catching point-of-sale materials communicate with minors.

9,000 Cigarettes and Counting...

Lynne Davis, 44, began smoking cigarettes when she was barely a teen, and by the time she was in high school, she had pack-a-day habit. It wasn't until almost 20 years later that Lynne tried to quit. "I had to have serious surgery," she says. Her doctor told her to quit smoking to avoid complications after the procedure. So Lynne underwent four sessions with a hypnotist, but without results. "The only time I stopped smoking was the 12 days I was in the hospital," she says. "And on the way home, I lit a cigarette."

Recently, Lynne, a social worker from Toms River, began having trouble breathing. Her doctor warned her she either had asthma or early stage emphysema. She was told to quit smoking, but a year later, she still hadn't done it. When co-workers were diagnosed with cancer, however, Lynne had a change of heart. "I have a three-and-a-half-year-old daughter and I need to be around for her," she explains.

A friend turned Lynne on to New Jersey Quitnet. "The first week, I was on it all the time. There was something very personal about it," she says. "I posted a message that said, 'Hi, I'm new. I'm going to quit tomorrow,' and I must have gotten 30 responses!" At the encouragement of New Jersey Quitnet, Lynne flew a kite after 100 days of quitting. At eight months, she participated in an ashtray toss. "It's a virtual support group. You go through it together," she says.

New Jersey Quitnet also kept track of the amount of money Lynne saved from not smoking and the number of cigarettes she hadn't smoked. "I saved about \$1,800 since I quit last summer, and I used the money to buy a treadmill. And I haven't smoked around 9,000 cigarettes, which is incredible!"

Since she kicked the habit, Lynne's health has improved dramatically. She has a lot more energy, and people tell her that her skin tone looks much better. "When I was smoking, my voice was raspier and I was getting bronchitis all the time. I haven't been sick since I quit." And the treadmill? "Oh, I do 30 minutes of fast walking a day!" she beams.

Lynne recommends New Jersey Quitnet to everyone. "I tell people it was a lifesaver for me. This is the first time I was able to quit successfully – and I owe it to New Jersey Quitnet!"



Lynne Davis

Conclusion

We Are Just Beginning

This report demonstrates how DHSS has forged a Comprehensive Tobacco Control Program (CTCP) for New Jersey following CDC guidelines with funding from the Master Settlement Agreement (MSA). CDC's comprehensive approach involves:

- Preventing young people from starting to smoke;
- Eliminating exposure to environmental tobacco smoke;
- Promoting quitting; and
- Identifying and eliminating disparities in tobacco use among different population groups.

The essential elements of this approach are state- and community-based programs, countermarketing, policy development, surveillance, and evaluation. In our first two years, we have incorporated these elements into an ambitious, comprehensive program. We have established baseline data, surveillance, and reporting mechanisms that enable us to evaluate programs and measure outcomes. We can document our progress. The rates of teen cigarette smoking have declined in middle schools (42 percent) and high schools (11 percent). These rates are comparable to those of other leading states in tobacco control.

Our CTCP partners have helped to pass smoke-free ordinances, promoted smoke-free restaurants, initiated smoke-free workplace policies, and educated thousands of individuals about tobacco-related issues and services. Advertising and public relations campaigns have reached a print circulation of 40 million and a broadcast circulation of more than 16 million, including multicultural media in English and Spanish.

Three smoking cessation services are reaching New Jersey smokers, including our diverse population through NJ Quitline, which offers services in 26 languages.

Protecting New Jerseyans from Secondhand Smoke

In the year ahead, the CTCP will increase emphasis on a central theme – exposure to environmental tobacco smoke (ETS). ETS is a preventable cause of death and disease that kills more than 50,000 people nationwide each year, including 3,000 deaths from lung cancer and 35,153 from heart disease.

Research has demonstrated that tobacco smoke carcinogens – cancer-causing chemicals – are absorbed by people who live with smokers. The study, published in the *Journal of the National Cancer Institute* (March 2001), provides biochemical support for the connection between environmental tobacco smoke (ETS) and lung cancer. All carcinogens contained in tobacco smoke are found in secondhand smoke. In 1993, the U.S. Environmental Protection Agency classified secondhand smoke as a Class A carcinogen – the most dangerous kind.

Exposure to ETS also is associated with low birth weight, sudden infant death syndrome (SIDS), severe respiratory infections, ear infections, asthma, and cancer. When pregnant women smoke, they expose their babies to a form of ETS.

Budget (in millions)	SFY* 2002
Community Partnerships	\$7.0
Youth-Focused Programs	\$5.0
Treatment	\$8.7
Public Awareness and Media	\$6.3
Evaluation	\$3.0
TOTAL	\$30.0

*State Fiscal Year

During 2002/03, we will launch new initiatives and sustain existing efforts to educate our communities about the hazards of ETS as well as to create more smoke-free environments within the State. Initiatives will include:

- Increasing support for the efforts of community partners to multiply the number of voluntary smoke-free policies and ordinances in the State;
- Outreach to employers to promote smoke-free work-sites and to disseminate information about New Jersey's Quit services;
- Promotional advertising and media campaigns for New Jersey's Quit services that underscore messages about the dangers ETS poses to loved ones;
- Proactive support for smoke-free college and university campus policies;
- REBEL initiatives to educate communities about the negative impact of ETS on family members;
- Outreach to pregnant women promoting cessation to protect their children from ETS; and
- Continued evaluation of New Jerseyans' perceptions, attitudes, and behaviors regarding ETS.

The Return on Investment – Looking Ahead

Significant benefits can be achieved through a sustained tobacco control program. By reducing tobacco use just 1 percent per year for five years, New Jersey could:

- Achieve 307,000 fewer smokers
- Save more than \$3.7 billion in lifetime health costs

The Funding Equation

The CDC ranks New Jersey as 11th in the nation in its commitment of funds from the MSA to tobacco control initiatives. We are among the states that have put a significant number of MSA dollars toward tobacco prevention and treatment programs. New Jersey's commitment is in the spirit of the Master Settlement Agreement – to serve the public health interests of all citizens – smokers and nonsmokers, young and old alike.

However, running a successful program depends on sustained funding. California's experience illustrates the possibilities and problems associated with maintaining a strong program. Between 1989 and 1993, when the program was large and aggressive, the state achieved rapid declines in smoking. These declines stopped in the mid-1990's when funding was cut.

As evidence of the cost-benefit relationship, recent data from California and Massachusetts show that the health gain from lowering smoking prevalence can be detected within a few years of program implementation. Lower prevalence accounts for the prevention of tens of thousands of cancer and cardiovascular deaths each year.

These studies also report that comprehensive tobacco control saves \$2 to \$8 in healthcare costs for every dollar spent. These savings make tobacco control an excellent healthcare investment. We cannot afford to lose the momentum that we have established.

“We now know what works. We just need to do it.”

— Former U.S. Surgeon General, David Satcher, M.D.

Thank You John Downey Slade, M.D. 1949-2002 “An Authentic Hero”



Dr. John Slade, distinguished New Jersey physician and tireless crusader in the campaign to stop the harm caused by tobacco use, died on January 29, 2002, at a family home in Rabun County, Georgia. He was 52. Dr. Slade was a pioneer in raising public awareness of the addictive power of nicotine. His research to prove that cigarettes are nicotine delivery devices helped make it possible for the U.S. Food and Drug Administration to claim regulatory authority over tobacco products.

Dr. Steven Schroeder, president and CEO of The Robert Wood Johnson Foundation, called John Slade “one of the authentic heroes of the anti-tobacco movement.” Dr. Slade contributed to the U.S. Surgeon General's reports on smoking and health. He was a member of the team that conducted the first scholarly analysis of tobacco company Brown and Williamson's internal documents, which formed the basis for the film “The Insider.” His analysis led to a series of papers published in *The Journal of the American Medical Association*

“He knew just about everything worth knowing about the tobacco industry's history and about the whole political and social framework of cigarette smoking. Thanks to John Slade, millions of Americans have a better understanding and a better chance at not being enslaved to this terrible addiction as a result.”
— Dan Zegart, author of *Civil Warriors: The Legal Siege on the Tobacco Industry*.

(1995) and the book “The Cigarette Papers” (1996). He was a leader in the international tobacco control movement working for global changes in smoking laws.

In New Jersey, Dr. Slade played a major role in helping the Department of Health and Senior Services (DHSS) develop its Comprehensive Tobacco Control Program (CTCP), funded by the Master Settlement Agreement. Dr. George DiFerdinando, Jr., DHSS's deputy commissioner, called Dr. Slade, “The godfather of our tobacco control community.”

Dr. Slade was the Director of the Program for Addictions at the University of Medicine and Dentistry of New Jersey - School of Public Health (UMDNJ - SPH). In 1998, he was appointed professor of medicine at the Robert Wood Johnson Medical School.

Dr. Slade is remembered in the medical and public health communities as a leader in tobacco control and a strong public health advocate.

“Any list of the most effective, dedicated and savvy tobacco control researchers and activists would have John in the front line.” — Simon Chapman, Editor, *Tobacco Control: An International Journal*

“He nearly single-handedly brought tobacco control to the fore at the American Society for Addiction Medicine. Through STAT (Stop Teenage Addiction to Tobacco) he worked on many issues that helped us think about the ‘pediatric disease’ of tobacco use.” — Thomas P. Houston, M.D., American Medical Association Co-Director, SmokeLess States National Tobacco Policy Initiative.

“As I reviewed the (Brown and Williamson) documents, it rapidly became obvious that they warranted a careful analysis by experts in tobacco control... John not only had the scientific knowledge that was required, but also was steeped in the policy implications of this knowledge.”
— Stanton A. Glantz, PhD, Professor of Medicine and member of the Institute for Health Policy Studies and the Cardiovascular Research Institute at the University of California, San Francisco

“There is no person who has done more over the years to promote tobacco prevention and cessation.”
— Matthew Myers, Executive Vice President, National Center for Tobacco-Free Kids.

“New Jersey has lost a champion: a public health advocate and a rigorous scientist. He insisted that the science be accurate. He is a model for those of us in the New Jersey public health and healthcare arenas to emulate.”
— Clifton R. Lacy, M.D., Commissioner, Department of Health and Senior Services.

**Our Mission:
Decrease deaths,
sickness, and disability
among New Jersey residents
who use tobacco or are
exposed to environmental
tobacco smoke.**



**Comprehensive
Tobacco Control
Program**